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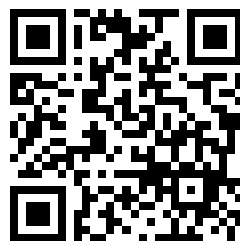
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WEDNESDAY, JANUARY 2, 1884.

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A Course of Lectures

ON

THE EYE: ITS DISEASES, AND THEIR REMEDIES.

*Being an Abstract of a Course of Lectures delivered in the
Royal College of Surgeons in Ireland*

By ARCHIBALD H. JACOB, M.D. Dub., F.R.C.S.I.,
Professor of Ophthalmic and Aural Surgery in the College;
Ophthalmic Surgeon to the House of Industry Hospitals.

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MUCO-PURULENT ophthalmia is very frequently a complication or a sequela of the exanthematous fevers—small-pox, scarlatina, and measles. The

inflammation is simply an extension of the general skin eruption to the conjunctiva, and it partakes of the character of the eruption peculiar to the original disease, presenting the characteristics in scarlatina of simple catarrhal ophthalmia, in measles of a much more decided muco-purulent inflammation, and in small-pox of a severe pustular ophthalmia, of either confluent character, or with distinct pustules. The occurrence of these eye symptoms in connection with the exanthemata marks the fact that the conjunctiva is a modified skin structure, and illustrates the propriety of treating its diseases on the same plan as other diseases of mucous membranes.

It is unnecessary for me to dwell upon the treatment of the simple catarrhal or muco-purulent conjunctivitis, which accompanies measles and scarlatina, for it differs in no respect from the treatment of these diseases where they occur idiopathically, except that leeching and blistering are not applicable. In the pustular form special to small-pox, special precautions are necessary, for there is much risk of the cornea becoming involved in ulceration and presenting cicatrices after the patient has recovered. It has been denied by some authorities that pustules are ever developed upon the ocular conjunctiva

or cornea, but I have myself seen undoubted pustular conjunctivitis accompanying small-pox which could not be confounded with any other disease, unless, indeed, an aggravated attack of phlyctenular ophthalmia concurrent with the small-pox. Bad forms of variola are now happily rare, in consequence of the beneficial influence of vaccination, but twenty or thirty years ago, when a large proportion of the Irish population was unvaccinated, and when small-pox inoculation was rife, the virulent form of the disease was common, and the workhouses were full of the blind victims of the eye disease attendant on it.

In the treatment of this form of pustular ophthalmia, the exposure of the eye to air and light, which is so beneficial in phlyctenular disease, is not suitable. On the contrary, the eye should be covered with a compress bandage, with the view of aborting the pustules and preventing avoidable irritation from the motion of the lids; but the pad should be removed several times, the eye cleaned of discharges, and a very dilute ung. hyd. oxid. flav., not stronger than gr. 3 to the ounce, applied. If the eye be kept continuously bandaged there is a risk of the formation of permanent adhesions or *symblephara* between the conjunctiva of the eye and lid, which, if at all extensive, are fatal to the future usefulness of the eye. As the disease passes off and the pustules are nearly healed, the pad must be thrown off and the usual treatment of the third stage of muco-purulent ophthalmia adopted. These pustules, though I have not seen them develop on the cornea itself, frequently occur on its conjunctival margin and—being deep and extensive—involve the cornea very seriously in purulent infiltration, abscess, ulceration, and even perforation, these being the chief dangers of the variolous form of disease, and resulting in disfiguring opacities, prolapse of the iris, and staphyloma. The occurrence of pustules in this situation must be watched, and if they appear should be made to restrict their dimensions by hot stuping and by opening the pustule the moment the pus shows itself. But, notwithstanding all these precautions, there will frequently remain partial loss of corneal structure and opacity.

A "secondary variolous ophthalmia" sometimes occurs

after the eruptive stage of the disease has passed away, but this is not characterised by the development of pustules. It is a simple muco-purulent ophthalmia, apparently related to the desquamative condition of the skin, and as it does not usually present serious corneal complication a special line of treatment is not needed.

Diphtheritic Ophthalmia. A form of acute conjunctivitis characterised by the deposition of a croupal membrane in patches, must be mentioned, but its symptoms and

treatment need not be dwelt upon by me, inasmuch as the disease is almost unknown in Great Britain. I have never myself seen a case in this country, but it is not uncommon in Germany, where it assumes an epidemic character. It differs essentially from the ordinary type of acute conjunctivitis by the absence of the muco-purulent discharge. The lids are greatly swollen, but instead of being soft and oedematous, they are hard, glistening, and very painful to touch. The discharge is sanious, sero-sanguineous, and scanty, and the conjunctiva shows a reddish-grey colour instead of the purple-red villous surface usual in ordinary ophthalmia. These symptoms merge in the stage of resolution of the disease into the symptoms of ordinary conjunctivitis, the lids being soft, the ocular conjunctiva vascular, and the discharge muco-purulent. The disease is more common in subjects of a poor, strumoid constitution, or where there is a taint of hereditary syphilis, and is extremely dangerous, the tendency to sloughing and ulceration of the cornea being greatly enhanced by the obstruction of blood supply arising from the hardness and tension of the conjunctiva. Incisions of the conjunctiva to relieve this tension are comparatively ineffectual, as they do not give exit to the infiltrated matter as they do in cases of ordinary chemosis. The treatment of these cases consists in as rapidly as possible improving the hygienic condition of the patient, and, by the aid of poultices and hot stupes, seeking to restore the circulation which is obstructed by the fibrinous infiltration. The rapid administration of mercury, which is contra-indicated in ordinary ophthalmia, is here necessary, for the purpose of causing the absorption of the infiltrated substance, but the treatment is at best only partially successful, and the progress of the disease is commonly so rapid that the cornea is lost before it is possible to bring the patient under the influence of the mercury.

Phlyctenular Ophthalmia. The forms of ophthalmia which I have described involve the entire conjunctiva, and are true inflammations running a definite course.

Phlyctenular conjunctivitis, or herpes conjunctivalis, is, on the contrary, an affection purely local, and not involving the conjunctiva generally. It is characterised by the recurrent development of minute phlyctens or herpetic pimples, the usual situation of which is upon the margin of the cornea. The attack commences with itching and smarting, which causes the patient to rub the eye constantly; this is attended with a very abundant discharge of tears, and with constantly-increasing photophobia, or intolerance of light, and the attack comes to an end by the phlycten breaking into a minute ulcer, and, after a day or two, healing up, only to be succeeded, *ad infinitum*, by other phlyctens which run a similar course.

The disease is one of low vitality and is almost special to children between the ages of 7 and 17, being never seen in the infant, and very rarely in middle life or old age. It is so commonly associated with the strumoid taint, with enlarged sub-lingual glands and herpetic eruptions about the nose, the angles of the mouth, and the lobes of the ears that it has been, heretofore, called strumous ophthalmia, and with great propriety, treated with iodides and cod-liver oil. When the disease is commencing a small granule of herpetic effusion is seen at the corneal margin to which a bundle of conjunctival vessels is seen to converge, and as the affection progresses the phlycten enlarges and the conjunctival vascularity extends more or less throughout the conjunctiva, but not

to the extent of inducing the muco-purulent discharge of a true conjunctivitis. As the phlycten forms the exposure of the eye to light becomes painful, and when

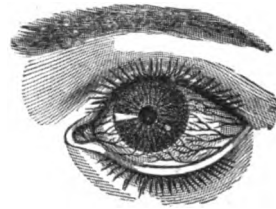


Fig. 6. Phlyctenular Conjunctivitis.

it has become an ulcer and has involved the corneal margin this photophobia becomes intense and is the chief feature of the disease. The attitude and appearance of the patient are quite sufficient diagnostic signs, and it is difficult to mistake any other disease for this phlyctenular ulceration, photophobia not being developed to the same extent in any other affection. The prognosis of the disease is good, and, as a rule, there is no danger to sight, nor any risk of disfigurement unless the cornea comes to be seriously engaged in the ulceration. In such cases a nebula will remain as the mark of each phlycten, and the accumulation of these slight opacities will eventually injure the sight, or the corneal ulcer may go deeper and perforate the anterior chamber in which case we may have a prolapse of iris and permanent damage to the eye.

The treatment of phlyctenular ophthalmia is above all things hygienic and tonic, and it ought to be well understood that in this disease the depressant and antiphlogistic line is altogether unsuitable and injurious. The only difficulty of the treatment lies in the photophobia which induces—almost coerces—the patient to seek the shelter of a warm and dark room, and to soothe the eye with hot stupes, poultices, and bandages. Such a course contributes materially to the disease, because the confinement to a close atmosphere, and the prevention of personal exercise are certain to add to the low condition of vitality which is the origin of the disease. For the same reason leeching, continued purgation and low diet are altogether injudicious, except when the herpetic ulceration has engaged the cornea and other deeper structures. In such a case, a couple of leeches and a hot sedative stupe may be necessary, and, in any case, a gentle antacid and stomachic aperient will be beneficial at the outset of the disease, but further than this depletion should not go, and to any extent to which this treatment may be carried must be made up afterwards by tonic treatment.

The course which I have found most beneficial generally is as follows:—If the case is seen when the phlycten is forming, give at once the mercury and chalk powder, which I have already suggested for incipient conjunctivitis, and accompany it with a quinine mixture. I find the compound tincture of bark with three grain doses of iodide of potassium very efficacious where it is desired to bring the system rapidly under tonic influence. At the same time, the dietary should be looked to, and made abundant and nutritious. For young subjects I prefer farinaceous food, such as porridge and corn flour and rice, abundance of milk—if digested—and also eggs, chicken, fish, and a little underdone fresh meat are useful, but I would not force an abundant meat dietary.

The idea which the average mother has of a generous diet for a child is a cup of beef-tea with plenty of arrowroot or jelly, none of which nutriments will to any extent supply the place of milk, eggs, and well cooked oatmeal. Beef-tea is entirely unobjectionable, and as a help to other means of alimentation it is useful; and the same may be said in a less degree of arrowroot, sago, tapioca, and other starch foods and of jelly, which is usually nothing better than a pinch of gelatine dissolved in water and nicely flavoured.

If the photophobia becomes intense, and after-ulceration

of the phlycten has taken place, it may be desirable, for the sake of keeping the eye at rest and preventing friction, to apply a wet compress and bandage over the eye, but the sooner it can be dispensed with the better, because the photophobia is greatly increased by keeping the retina in darkness, and therefore such light as can be borne should be admitted. For this reason the patient should not remain in bed beyond usual hours, and should on no account be permitted to lie on the face, or keep the eyes covered with band or handkerchief; or, if a child, to lie face downwards on the nurse's shoulder when carried out of doors. When at all possible the child should sleep in a cot by itself with not too much covering, and no curtains. The ventilation of the room should be abundant, and the light moderate, and the patient's eyes will be sufficiently guarded by sitting in a distant corner with the back to the light. In fact, fresh air, exercise, and moderate light act as a charm in these cases, and should be had every day, and all day if possible. There is no special risk to the eyes from catching cold, and therefore, even in unfavourable weather, the patient should go out—walking exercise being preferable to driving in carriages or cabs. To obviate the disposition to lie face down on the nurse's shoulder, or to keep the hand up to the eyes, the child—if able to walk—should be led by a person holding each hand, and allowed to rest by sitting down from time to time. The first day of this treatment will be painful, but each day of perseverance afterwards will show a decided improvement until the patient is perfectly well.

This photophobia may be, in some degree, alleviated by special local treatment, of which the installation of a three grain neutral solution of sulphate of atropia (a) is most favoured.

I cannot say that I have much confidence in atropia as a sedative, but I know that it is liable to increase the photophobia by admitting a flood of light to the retina through the dilated pupil. I shall, however, speak of the use of it and of eserine further on. I prefer the old-fashioned vinum opii, which I have found to be powerfully sedative in all irritable ulcers, sufficiently astringent and stimulant and not too irritating. When the ulcer is open, and is slow to heal the application of calomel upon its surface is very useful, but it must be done properly or not at all, or if a quantity of it is left within the lid it causes much irritation. It is also by no means easy to apply it effectually, as the photophobia makes it almost impossible to expose the cornea. The only way to manage it effectually in the child, is to put the head between your knees—the hands and legs being controlled by an assistant—and to raise the lid with a speculum. The point of a dry camel's hair brush being dipped in the dry calomel powder, the brush should be held horizontally between finger and thumb, and the brush filiped sharply with the third finger, so as to jerk the powder upon the ulcer surface.

If, after the ulcerations have healed up, a chronic conjunctivitis remains, it may be cured by brushing the lid with a ten grain solution of silver nitrate and by Pagentecker's ointment, for which I have already given a formula. The constitutional treatment is all important, and the hygienic treatment, to which I have already referred, should be supplemented with a long continued course of iodide of iron. A teaspoonful of equal parts of syrup. ferri iodide and syrupus cinchonæ thrice daily is suitable, but, in dispensary practice the less expensive simple syrup may be substituted for the syrup of bark, with sacrificing much of the efficiency of the mixture. This should be continued for at least six weeks, and the patient should be reminded that occasional relapses are to be expected before the disease is finally got rid of.

- (a) R Atropiæ sulphatis, 3 gr.;
Acid. sulph. dil., 3 gr.;
Aq. rosar. ad ℥j;
Ft. collyr.

The dilute sulphuric acid is added to ensure solution of the atropia salt, and the rose water being made of distilled water is suitable. The liq. atropiæ of the Pharmacopœia contains spirit, and is painful and irritating to use.

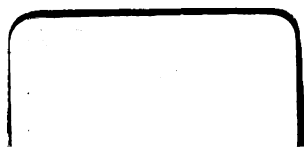
CATHETER FEVER. (a)

By SIR ANDREW CLARK, BART., M.D., LL.D.,
Physician to the London Hospital, &c.

SOMEWHERE about the year 1850, one of the medical officers of Haslar Hospital (who, I dare say, will be kept in remembrance by my former messmate, Sir Joseph Fayrer), between fifty and sixty years of age, of nervous constitution, but apparently in robust health, requested me to examine his urine. Accordingly, I submitted it to as careful an examination as I was then competent to make, and all that I could find out against it was, that it was too great in quantity, too low in density, and too pale in colour. He then informed me that he had trouble with his bladder, that he meant to consult Sir Benjamin Brodie, and that he wished me to accompany him for that purpose to London. Sir Benjamin examined his patient, drew off a large quantity of urine from the bladder, told him he was suffering from simple enlargement of the prostate, prescribed the regular use of the catheter, and with a few general cautions against a careless diet and exposure to cold he quickly but kindly dismissed us both. We returned to Haslar. In about a week, the patient was free from local discomfort, and without complaint of his general health, but then he began to feel and to look ill. He complained of *malaise* and weakness, and of general pains. He lost his appetite; was tormented by thirst; had nausea; became feverish; took to his bed; got daily worse; and, notwithstanding the efforts of his colleagues, who could not agree as to the nature of his malady, he died in about three weeks from the beginning of his illness. No post-mortem examination was allowed. The case here so imperfectly narrated made upon my mind an impression which has never been effaced; but, until about the year 1865, I saw no other case exactly resembling it.

In that year, I was summoned by Mr. Peter Marshall to visit a gentleman suffering from fever. Certainly he was in what is called vaguely amongst our elder brethren, a typhoid state. He was between fifty and sixty years of age. He was lying on his back in bed, apparently in a state of great prostration. The face was faintly yellowish and mottled, the lips dry, the pupils dilated, and the breath fœtid. The tongue was small, brownish red, dry, tremulous; there was complete anorexia. The bowels had been imperfectly relieved. The urine, habitually removed by the catheter, was low in density, acid, and deposited on standing, a little muco-pus, and contained a small quantity of albumen. The heart's action was quick and frequent, the pulse small and compressible. The bases of both lungs were congested. The skin, subicteric, and for the most part rough and dry, was here and there, chiefly about the hands and feet, bedewed with watery sweat. The acuteness of all the special senses was blunted; and the patient dull, heavy, and indifferent, could yet be roused to speak, and to answer clearly questions put to him. The temperature of the body at the time of examination in the afternoon was 103°. The story of this case resembled the story of the case first narrated. The patient, supposed to be healthy, but suffering from an affection of the bladder, was, a few weeks before my visit, placed upon the daily use of the catheter, did well for about a week, then became ill, and fell suddenly downward into the condition in which I saw him. Neither Mr. Marshall nor I ventured to form a definite diagnosis of the nature of the patient's malady; but, remembering the case at Haslar, I suggested that the fever, which, we agreed, was not a specific fever, had originated out of the condition begotten by the entrance upon catheter-life. I saw the patient only once. The remedies proposed, the food, the alcohol, the quinine, the aperients, were all of no use to the patient, and he died within a week of our consultation. With great difficulty, permission was obtained to make a post-mortem examination; and although it was made with both care and interest nothing definite was found outside the bladder, and nothing in it sufficient to necessitate or account for death. The prostate was enlarged, the bladder was dilated and thickened. Viewed from the inside, it was trabecular and slightly saccular; the mucous lining was congested, and, in part eroded, and everywhere coated with a greyish-white stinking mucus. There was nothing to be detected in the urethra or in the kidneys, although they were carefully examined. I was accustomed to such examinations, and neither Mr. Marshall nor I could say anything better of the cause of death, than it was due to irritative fever.

(a) An Address delivered at the last meeting of the Medical Society of London, Monday, December 17th, 1883.



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Ophthalmic Surgeon to the House of Industry Hospitals.

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MUCO-PURULENT ophthalmia is very frequently a complication or a sequela of the exanthematous fevers—small-pox, scarlatina, and measles. The inflammation is simply an extension of the general skin eruption to the conjunctiva, and it partakes of the character of the eruption peculiar to the original disease, presenting the characteristics in scarlatina of simple catarrhal ophthalmia, in measles of a much more decided muco-purulent inflammation, and in small-pox of a severe pustular ophthalmia, of either confluent character, or with distinct pustules. The occurrence of these eye symptoms in connection with the exanthemata marks the fact that the conjunctiva is a modified skin structure, and illustrates the propriety of treating its diseases on the same plan as other diseases of mucous membranes.

It is unnecessary for me to dwell upon the treatment of the simple catarrhal or muco-purulent conjunctivitis, which accompanies measles and scarlatina, for it differs in no respect from the treatment of these diseases where they occur idiopathically, except that leeching and blistering are not applicable. In the pustular form special to small-pox, special precautions are necessary, for there is much risk of the cornea becoming involved in ulceration and presenting cicatrices after the patient has recovered. It has been denied by some authorities that pustules are ever developed upon the ocular conjunctiva

or cornea, but I have myself seen undoubted pustular conjunctivitis accompanying small-pox which could not be confounded with any other disease, unless, indeed, an aggravated attack of phlyctenular ophthalmia concurrent with the small-pox. Bad forms of variola are now happily rare, in consequence of the beneficial influence of vaccination, but twenty or thirty years ago, when a large proportion of the Irish population was unvaccinated, and when small-pox inoculation was rife, the virulent form of the disease was common, and the workhouses were full of the blind victims of the eye disease attendant on it.

In the treatment of this form of pustular ophthalmia, the exposure of the eye to air and light, which is so beneficial in phlyctenular disease, is not suitable. On the contrary, the eye should be covered with a compress bandage, with the view of aborting the pustules and preventing avoidable irritation from the motion of the lids; but the pad should be removed several times, the eye cleaned of discharges, and a very dilute ung. hyd. oxid. flav., not stronger than gr. 3 to the ounce, applied. If the eye be kept continuously bandaged there is a risk of the formation of permanent adhesions or *symblephara* between the conjunctiva of the eye and lid, which, if at all extensive, are fatal to the future usefulness of the eye. As the disease passes off and the pustules are nearly healed, the pad must be thrown off and the usual treatment of the third stage of muco-purulent ophthalmia adopted. These pustules, though I have not seen them develop on the cornea itself, frequently occur on its conjunctival margin and—being deep and extensive—involve the cornea very seriously in purulent infiltration, abscess, ulceration, and even perforation, these being the chief dangers of the variolous form of disease, and resulting in disfiguring opacities, prolapse of the iris, and staphyloma. The occurrence of pustules in this situation must be watched, and if they appear should be made to restrict their dimensions by hot stuping and by opening the pustule the moment the pus shows itself. But, notwithstanding all these precautions, there will frequently remain partial loss of corneal structure and opacity.

A "secondary variolous ophthalmia" sometimes occurs

after the eruptive stage of the disease has passed away, but this is not characterised by the development of pustules. It is a simple muco-purulent ophthalmia, apparently related to the desquamative condition of the skin, and as it does not usually present serious corneal complication a special line of treatment is not needed.

A form of acute conjunctivitis characterised by the deposition of a croupal membrane in patches, must be mentioned, but its symptoms and treatment need not be dwelt upon by me, inasmuch as the disease is almost unknown in Great Britain. I have never myself seen a case in this country, but it is not uncommon in Germany, where it assumes an epidemic character. It differs essentially from the ordinary type of acute conjunctivitis by the absence of the muco-purulent discharge. The lids are greatly swollen, but instead of being soft and oedematous, they are hard, glistening, and very painful to touch. The discharge is sanious, sero-sanguineous, and scanty, and the conjunctiva shows a reddish-grey colour instead of the purple-red villous surface usual in ordinary ophthalmia. These symptoms merge in the stage of resolution of the disease into the symptoms of ordinary conjunctivitis, the lids being soft, the ocular conjunctiva vascular, and the discharge muco-purulent. The disease is more common in subjects of a poor, strumoid constitution, or where there is a taint of hereditary syphilis, and is extremely dangerous, the tendency to sloughing and ulceration of the cornea being greatly enhanced by the obstruction of blood supply arising from the hardness and tension of the conjunctiva. Incisions of the conjunctiva to relieve this tension are comparatively ineffectual, as they do not give exit to the infiltrated matter as they do in cases of ordinary chemosis. The treatment of these cases consists in as rapidly as possible improving the hygienic condition of the patient, and, by the aid of poultices and hot stupes, seeking to restore the circulation which is obstructed by the fibrinous infiltration. The rapid administration of mercury, which is contra-indicated in ordinary ophthalmia, is here necessary, for the purpose of causing the absorption of the infiltrated substance, but the treatment is at best only partially successful, and the progress of the disease is commonly so rapid that the cornea is lost before it is possible to bring the patient under the influence of the mercury.

The forms of ophthalmia which I have described involve the entire conjunctiva, and are true inflammations running a definite course.

Phlyctenular Ophthalmia. Phlyctenular conjunctivitis, or herpes conjunctivalis, is, on the contrary, an affection purely local, and not involving the conjunctiva generally. It is characterised by the recurrent development of minute phlyctens or herpetic pimples, the usual situation of which is upon the margin of the cornea. The attack commences with itching and smarting, which causes the patient to rub the eye constantly; this is attended with a very abundant discharge of tears, and with constantly-increasing photophobia, or intolerance of light, and the attack comes to an end by the phlycten breaking into a minute ulcer, and, after a day or two, healing up, only to be succeeded, *ad infinitum*, by other phlyctens which run a similar course.

The disease is one of low vitality and is almost special to children between the ages of 7 and 17, being never seen in the infant, and very rarely in middle life or old age. It is so commonly associated with the strumoid taint, with enlarged sub-lingual glands and herpetic eruptions about the nose, the angles of the mouth, and the lobes of the ears that it has been, heretofore, called strumous ophthalmia, and with great propriety, treated with iodides and cod-liver oil. When the disease is commencing a small granule of herpetic effusion is seen at the corneal margin to which a bundle of conjunctival vessels is seen to converge, and as the affection progresses the phlycten enlarges and the conjunctival vascularity extends more or less throughout the conjunctiva, but not

to the extent of inducing the muco-purulent discharge of a true conjunctivitis. As the phlycten forms the exposure of the eye to light becomes painful, and when

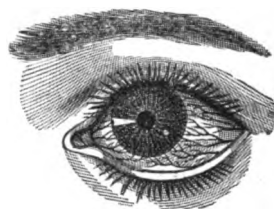


Fig. 6. Phlyctenular Conjunctivitis.

it has become an ulcer and has involved the corneal margin this photophobia becomes intense and is the chief feature of the disease. The attitude and appearance of the patient are quite sufficient diagnostic signs, and it is difficult to mistake any other disease for this phlyctenular ulceration, photophobia not being developed to the same extent in any other affection. The prognosis of the disease is good, and, as a rule, there is no danger to sight, nor any risk of disfigurement unless the cornea comes to be seriously engaged in the ulceration. In such cases a nebula will remain as the mark of each phlycten, and the accumulation of these slight opacities will eventually injure the sight, or the corneal ulcer may go deeper and perforate the anterior chamber in which case we may have a prolapse of iris and permanent damage to the eye.

The treatment of phlyctenular ophthalmia is above all things hygienic and tonic, and it ought to be well understood that in this disease the depressant and antiphlogistic line is altogether unsuitable and injurious. The only efficacy of the treatment lies in the photophobia which induces—almost coerces—the patient to seek the shelter of a warm and dark room, and to sooth the eye with hot stupes, poultices, and bandages. Such a course contributes materially to the disease, because the confinement to a close atmosphere, and the prevention of personal exercise are certain to add to the low condition of vitality which is the origin of the disease. For the same reason leeching, continued purgation and low diet are altogether injudicious, except when the herpetic ulceration has engaged the cornea and other deeper structures. In such a case, a couple of leeches and a hot sedative stupe may be necessary, and, in any case, a gentle antacid and stomachic aperient will be beneficial at the outset of the disease, but further than this depletion should not go, and to any extent to which this treatment may be carried must be made up afterwards by tonic treatment.

The course which I have found most beneficial generally is as follows:—If the case is seen when the phlycten is forming, give at once the mercury and chalk powder, which I have already suggested for incipient conjunctivitis, and accompany it with a quinine mixture. I find the compound tincture of bark with three grain doses of iodide of potassium very efficacious where it is desired to bring the system rapidly under tonic influence. At the same time, the dietary should be looked to, and made abundant and nutritious. For young subjects I prefer farinaceous food, such as porridge and corn flour and rice, abundance of milk—if digested—and also eggs, chicken, fish, and a little underdone fresh meat are useful, but I would not force an abundant meat dietary.

The idea which the average mother has of a generous diet for a child is a cup of beef-tea with plenty of arrowroot or jelly, none of which nutriments will to any extent supply the place of milk, eggs, and well cooked oatmeal. Beef-tea is entirely unobjectionable, and as a help to other means of alimentation it is useful; and the same may be said in a less degree of arrowroot, sago, tapioca, and other starch foods and of jelly, which is usually nothing better than a pinch of gelatine dissolved in water and nicely flavoured.

If the photophobia becomes intense, and after-ulceration

of the phlycten has taken place, it may be desirable, for the sake of keeping the eye at rest and preventing friction, to apply a wet compress and bandage over the eye, but the sooner it can be dispensed with the better, because the photophobia is greatly increased by keeping the retina in darkness, and therefore such light as can be borne should be admitted. For this reason the patient should not remain in bed beyond usual hours, and should on no account be permitted to lie on the face, or keep the eyes covered with band or handkerchief; or, if a child, to lie face downwards on the nurse's shoulder when carried out of doors. When at all possible the child should sleep in a cot by itself with not too much covering, and no curtains. The ventilation of the room should be abundant, and the light moderate, and the patient's eyes will be sufficiently guarded by sitting in a distant corner with the back to the light. In fact, fresh air, exercise, and moderate light act as a charm in these cases, and should be had every day, and all day if possible. There is no special risk to the eyes from catching cold, and therefore, even in unfavourable weather, the patient should go out—walking exercise being preferable to driving in carriages or cabs. To obviate the disposition to lie face down on the nurse's shoulder, or to keep the hand up to the eyes, the child—if able to walk—should be led by a person holding each hand, and allowed to rest by sitting down from time to time. The first day of this treatment will be painful, but each day of perseverance afterwards will show a decided improvement until the patient is perfectly well.

This photophobia may be, in some degree, alleviated by special local treatment, of which the installation of a three grain neutral solution of sulphate of atropia (a) is most favoured.

I cannot say that I have much confidence in atropia as a sedative, but I know that it is liable to increase the photophobia by admitting a flood of light to the retina through the dilated pupil. I shall, however, speak of the use of it and of eserine further on. I prefer the old-fashioned vinum opii, which I have found to be powerfully sedative in all irritable ulcers, sufficiently astringent and stimulant and not too irritating. When the ulcer is open, and is slow to heal the application of calomel upon its surface is very useful, but it must be done properly or not at all, or if a quantity of it is left within the lid it causes much irritation. It is also by no means easy to apply it effectually, as the photophobia makes it almost impossible to expose the cornea. The only way to manage it effectually in the child, is to put the head between your knees—the hands and legs being controlled by an assistant—and to raise the lid with a speculum. The point of a dry camel's hair brush being dipped in the dry calomel powder, the brush should be held horizontally between finger and thumb, and the brush filiped sharply with the third finger, so as to jerk the powder upon the ulcer surface.

If, after the ulcerations have healed up, a chronic conjunctivitis remains, it may be cured by brushing the lid with a ten grain solution of silver nitrate and by Pagentecker's ointment, for which I have already given a formula. The constitutional treatment is all important, and the hygienic treatment, to which I have already referred, should be supplemented with a long continued course of iodide of iron. A teaspoonful of equal parts of syrup. ferri iodide and syrupus cinchonæ thrice daily is suitable, but, in dispensary practice the less expensive simple syrup may be substituted for the syrup of bark, with sacrificing much of the efficiency of the mixture. This should be continued for at least six weeks, and the patient should be reminded that occasional relapses are to be expected before the disease is finally got rid of.

- (a) $\mathfrak{B}$ Atropinæ sulphatis, 3 gr.;
Acid. sulph. dil., 8 gt.;
Aq. rosar. ad $\mathfrak{ss}$;
Ft. collyr.

The dilute sulphuric acid is added to ensure solution of the atropia salt, and the rose water being made of distilled water is suitable. The liq. atropiæ of the Pharmacopœia contains spirit, and is painful and irritating to use.

CATHETER FEVER. (a)

By SIR ANDREW CLARK, BART., M.D., LL.D.,
Physician to the London Hospital, &c.

SOMEWHERE about the year 1850, one of the medical officers of Haslar Hospital (who, I dare say, will be kept in remembrance by my former messmate, Sir Joseph Fayer), between fifty and sixty years of age, of nervous constitution, but apparently in robust health, requested me to examine his urine. Accordingly, I submitted it to as careful an examination as I was then competent to make, and all that I could find out against it was, that it was too great in quantity, too low in density, and too pale in colour. He then informed me that he had trouble with his bladder, that he meant to consult Sir Benjamin Brodie, and that he wished me to accompany him for that purpose to London. Sir Benjamin examined his patient, drew off a large quantity of urine from the bladder, told him he was suffering from simple enlargement of the prostate, prescribed the regular use of the catheter, and with a few general cautions against a careless diet and exposure to cold he quickly but kindly dismissed us both. We returned to Haslar. In about a week, the patient was free from local discomfort, and without complaint of his general health, but then he began to feel and to look ill. He complained of *malaise* and weakness, and of general pains. He lost his appetite; was tormented by thirst; had nausea; became feverish; took to his bed; got daily worse; and, notwithstanding the efforts of his colleagues, who could not agree as to the nature of his malady, he died in about three weeks from the beginning of his illness. No post-mortem examination was allowed. The case here so imperfectly narrated made upon my mind an impression which has never been effaced; but, until about the year 1865, I saw no other case exactly resembling it.

In that year, I was summoned by Mr. Peter Marshall to visit a gentleman suffering from fever. Certainly he was in what is called vaguely amongst our elder brethren, a typhoid state. He was between fifty and sixty years of age. He was lying on his back in bed, apparently in a state of great prostration. The face was faintly yellowish and mottled, the lips dry, the pupils dilated, and the breath fetid. The tongue was small, brownish red, dry, tremulous; there was complete anorexia. The bowels had been imperfectly relieved. The urine, habitually removed by the catheter, was low in density, acid, and deposited on standing, a little muco-pus, and contained a small quantity of albumen. The heart's action was quick and frequent, the pulse small and compressible. The bases of both lungs were congested. The skin, subicteric, and for the most part rough and dry, was here and there, chiefly about the hands and feet, bedewed with watery sweat. The acuteness of all the special senses was blunted; and the patient dull, heavy, and indifferent, could yet be roused to speak, and to answer clearly questions put to him. The temperature of the body at the time of examination in the afternoon was 103°. The story of this case resembled the story of the case first narrated. The patient, supposed to be healthy, but suffering from an affection of the bladder, was, a few weeks before my visit, placed upon the daily use of the catheter, did well for about a week, then became ill, and fell suddenly downward into the condition in which I saw him. Neither Mr. Marshall nor I ventured to form a definite diagnosis of the nature of the patient's malady; but, remembering the case at Haslar, I suggested that the fever, which, we agreed, was not a specific fever, had originated out of the condition begotten by the entrance upon catheter-life. I saw the patient only once. The remedies proposed, the food, the alcohol, the quinine, the aperients, were all of no use to the patient, and he died within a week of our consultation. With great difficulty, permission was obtained to make a post-mortem examination; and although it was made with both care and interest nothing definite was found outside the bladder, and nothing in it sufficient to necessitate or account for death. The prostate was enlarged, the bladder was dilated and thickened. Viewed from the inside, it was trabecular and slightly saccular; the mucous lining was congested, and, in part eroded, and everywhere coated with a greyish-white stinking mucus. There was nothing to be detected in the urethra or in the kidneys, although they were carefully examined. I was accustomed to such examinations, and neither Mr. Marshall nor I could say anything better of the cause of death, than it was due to irritative fever.

(a) An Address delivered at the last meeting of the Medical Society of London, Monday, December 17th, 1883.

The study of this case gave birth to the opinion (now a confirmed belief) that the entrance upon catheter-life occasionally gives rise to a pernicious fever, which, in the majority of instances, destroys life, and is sometimes, without the intervention of any sensible structural change, sufficient to account for death. Since 1866, every year has added to my experience of such cases; and, for over ten years at least, I have been in the habit of mentioning them to surgeons with whom I have had the privilege of consulting. From Sir James Paget, and especially from Sir Henry Thompson, whom I have often met in such cases, I have received at various times much important information; but as I have received from neither of these distinguished surgeons explanations completely in harmony with my own experience and views of such cases as the one just narrated, and as further information might be now in their possession, or in the possession of others, I ventured, upon a recent occasion, at the Clinical Society, to mention the subject in the way in which it has occupied my thoughts, and to invite from my surgical contemporaries their latest experiences and conclusions concerning it. The constitution of the Clinical Society did not permit abstract questions of this kind to be discussed, and my object was not to offer, but to receive, information. My remarks, finding a place in the medical journals, and being by them widely disseminated, have elicited from practical surgeons in all parts a variety of interesting and instructive communications concerning the nature and causes of the fever which occasionally follows casual or habitual catheterisation. Nevertheless, as the exact character of those remarks which I made has been, doubtless by my own fault, misapprehended, and as the subject is of such importance as not only to justify, but to require, the statements made respecting it should be accurate and clear, I gladly, as I have said, comply with the request conveyed to me from various quarters to re-open the subject. Now, sir, it is not my intention on the present occasion to narrate a series of cases and to build thereon a dissertation upon what, for the sake of provisional convenience, I have called catheter-fever. I have not, indeed, at my command the materials necessary for such an undertaking; and if I had, devoid as I feel myself to be of the enlightenment and strength which flow out of the surgical instincts begotten by long surgical experience, I would not attempt it. I have seen many cases of catheter-fever, but I have never had charge of one. I have visited my cases only occasionally, and in consultation with other practitioners; and almost always my colleagues have been too busy to keep and to furnish me with minute and continuous records. Indeed, from the present temper of the public mind, the fear which patients have of being made the subjects of experiment, and the demands so thoughtlessly and even cruelly made upon a practitioner's time, it has become increasingly difficult to keep clinical records of any case for oneself; and the public, in what I must call its vicious stupidity, is thus hindering us from helping it so well as, otherwise, we might have the power to do. But, although my records of individual cases of catheter-fever are thus, from the necessity of the case, incomplete, I venture to think that, both by the study of their salient characteristics and by the questioning of those in charge of them, I have learned at least enough of their nature and importance to justify me in making certain propositions, and in asking certain questions concerning them. The statements which I propose making about this catheter-fever will be most conveniently embodied in a short series of propositions. But, before submitting them to your consideration and criticism, it will be necessary, in order to obtain a clear and comprehensive understanding of the subject underlying them, to discover the origin and to follow the historical development of those ideas which have shaped the theories of surgeons and determined their lines of practice.

I have here a table, which, I regret to say, is imperfect. It is a table prepared by my assistant, Dr. Delépine, who has devoted to it most careful study and most conscientious care; and it has, on account of the deficiency of indices to books, occupied an amount of time and caused a degree of labour which you can scarcely imagine. I shall have it, for further purposes, completed. In the meantime, it will enable those who do not follow me closely in reading to determine for themselves the order and development of the ideas which have been promulgated concerning this subject. I shall not, in my retrospect, follow as minutely as is here followed the development of these ideas; but I shall take the leading ideas; for, by holding to these leading ideas alone, I think we shall be able to survey the whole field.

In 1800 it was known, but not distinctly expressed, that surgical interference with the urethra and bladder was sometimes, and in certain circumstances, followed by an irritative fever. It was not, however, until 1810 that Moffatt, as quoted by Velpeau, described a case of stricture of the urethra, in which simple catheterism was followed by rigors, irregular fever, purulent arthritis, as it is called in France, and death. In 1832, ideas concerning the casual relationship of catheterism to consecutive fever first found form and expression in the writings and teachings of Brodie and Velpeau, and perhaps of Civiale. Brodie distinctly, and even emphatically, mentions the dangers of catheterism, and describes as occasionally occurring in consequence of it, paroxysms of irregular fever—like ague, and leading sometimes to prolonged debility, sometimes to continued fever, with rheumatic pains, and sometimes even to mania. He further says that, in such cases, death may follow, but he cites no case of its actual occurrence. Velpeau enters much more minutely into the nature and relations of the fever thus mentioned, and contributes several new ideas to the further development of the subject. He alleges that in some persons, perfectly healthy, not malarious, not exposed to its influences, even easy catheterism may develop a consecutive and continuous fever, and that this fever has five varieties. In the first it consists of a single paroxysm of fever, ending in *malaise* and debility, with recovery in a few days. The second consists of recurring paroxysms of fever, issuing in continued fever, and oftentimes fatal. The third consists of an inflammatory fever arising out of nephritis, phlebitis, and other local inflammation. The fourth consists of fever, associated with purulent arthritis. The fifth consists of a rapid succession of violent paroxysms of fever, speedily ending in collapse and in death. Velpeau then points out, and very clearly, that in the second and fifth varieties he has never found present at the necropsies any adequate structural cause of death, and in these cases he is disposed to regard the origin of the fever as caused by the re-absorption of vitiated urinary constituents. But on this, and indeed on similar points of pathogenesis, he is both obscure and vague. Civiale, whose great work is disfigured by passionate claims of priority in this matter (of which claims he furnishes no proof), and by the satirical invective which he launches against the juster and greater Velpeau, gives a full and admirable description of this catheter-fever; but, whilst admitting that the fever is due sometimes to the urethra, and sometimes to the bladder, and contending that the fever of the one differs essentially from the fever of the other, he almost angrily minimises the effects of surgical interference, and it would seem as if with a judgment disturbed by emotion, contends that in most cases the fever has existed before the use of the catheter, or that it is due to nephritis (*a*).

But in the latter part of Civiale's work, marked by greater sobriety of language and a more judicious tone of argument, (page 612, ed. 1860), he distinctly qualifies these strong assertions, changes his point of view, and says that the cause of fever is vague and uncertain, and that, in speaking of its nature, we can only guess.

In 1858, Mr. Phillips contributed some farther ideas concerning the conditions under which this fever is developed. Describing the fever, and in the main following the classification proposed by Velpeau (who, it may be remarked, is the source whence almost all subsequent writers have derived their inspiration, and sometimes, without acknowledgment, their ideas), he asserts, first, that the simplest as well as the severest catheterism, with the largest or the smallest instrument, may originate the fever; secondly (and this is the most important contribution, if it be a true one, which he has made), that, unless the affection of the urinary passage lies behind the bulb, the fever does not follow; and, third, that the predisposition to the fever does not lie in the state of the nervous system at all, but in the existence of certain diathesis and in chronic disorders of the general health.

In 1859, Marx, in a monograph of remarkable merit, reviewed the state of the question at his time, and contributed to its elucidation and development certain important facts and ideas, expressed with great clearness and used with judicial ability. He adopted a classification of the varieties of catheter-fever similar to that given by Velpeau; recog-

(a) I owe to Dr. Matthews Duncan my best thanks for a letter, in which he tells me that he himself has listened to Velpeau setting forth the characters of this very catheter-fever to which I am calling attention.

nised uncomplicated cases issuing in death without any discernible structural lesion outside the bladder, quoting eight or nine that occurred in his own experience; asserted that it may occur in persons of perfect health; and that, in them as well as in others not healthy, it may follow upon any state of the urinary organs requiring the passage of a catheter; and, finally, he declared with emphasis the fever to be positively uræmic, and ascribed its origin to insufficiency of the kidneys arising out of functional or of structural disease. In this work, perhaps for the first time, the casual relationship of catheterism to catheter-fever was most clearly and comprehensibly set forth, and a logical, coherent, and ingenious, if not accurate, theory of the genesis of the fever was propounded.

In 1867, the practical, and indeed, also, in some respects, the theoretical, aspects of this subject were greatly advanced by the publication of the now classical work of Sir Henry Thompson, on the urinary organs. In this work, characterised by great force, method, clearness, precision, and knowledge, he mentions the perils of catheterism, gives instructions for averting them, notices the occurrence, in a few exceptional cases, of a low, irritative fever, and quotes Sir Benjamin Brodie to show that, in a few weeks, it might terminate in death. But, furthermore, he says (and here he differs from almost every one of his predecessors in this line of inquiry), that in all such cases there will be found old-standing pyelitis, with dilatation and marked degeneration of the renal structures, and that in no circumstances could such patients long survive. Looking at the unrivalled experience of this distinguished surgeon, and remembering how often I myself have consulted with him about cases such as this that I am now considering, I confess to a feeling of disappointment that he has not made time to give to the profession a more serious and adequate account of this important matter, which he must know better than almost any one else.

In 1867 the distinguished President of this Society, Sir Joseph Fayrer, gave an admirable account of the varieties of catheter-fever; declared, if I understand him aright, that the predisposition to it lay in the malarious state and its consequences, or else in incipient or advanced disease of the kidneys or other parts of the urinary tract; that it began (and from him we have, for the first time, a clear and express statement on this point) in reflex disorder of the nervous system; that it was not toxæmic; and that catheterism alone, without injury or sensible irritation, was in these circumstances sufficient to originate the febrile phenomena and process. In 1868 Sir James Paget notices this fever, and makes some remarkable additions to our knowledge of it. He says that, when the urine is of low density and abundant; when the patient is gouty, dyspeptic, or otherwise chronically disordered; when, having a stricture, it becomes irritable, and weakens the health; or when, being old, something has occurred to cause temporary depression of the health, catheterism will be especially dangerous, and may bring about a fever, ending in death. He leans to the opinion, although he does not distinctly express it, that renal degeneration is the cause of the fever, but admits that, so far as his own experience goes, the cause is apparently inadequate. Lastly, he states that the mortality of such cases is from three to four per cent.; which, even with my grave views of the subject, is a much higher ratio than my own experience would have led me to expect.

In 1871 Mr. Banks, of Liverpool, describes the effects of simple catheterism, and classifies them into three varieties—first, rigor, with *malaise*, recovering speedily; second, rigor, with *malaise* and prostration, followed in a few days by fever and death; and, third, cases of shock, producing death within sometimes a single day. Admitting that renal disease predisposes to such attacks, he denies that they are due to suppression of urine, and ascribes them to shocks of greater or less severity propagated through the sympathetic nervous system. Here the nervous theory begins to preponderate over the other. In 1873 Malherbe, in his work on the fever of diseases of the urinary passages, presents a fairly just account of the state of our knowledge of this subject at the time of publication, and he adds certain important cases of his own. These cases are illustrated by a number of interesting and instructive temperature-charts. He avers that the fever may arise without local irritation; describes it as uræmic; alleges that the predisposition to it is renal; and whilst admitting—may, giving evidence of the admission—that in some cases, not a few, no structural

lesions are found after death, he yet holds to the hypothesis that the origin of the fever is in renal imperfection. In 1877 Mr. Marcus Beck contributed to the further elucidation of this subject two important papers bearing upon them the marks of practical knowledge, accuracy of observation, and careful thought. Describing the fever in which death may occur in from nine to forty-eight hours (and not, as I found, noticing the longer fever of which I speak), he holds that the predisposition to it lies in chronic disorders of the health, in renal imperfections, and in age; that the exciting cause is probably mechanical irritation or lesion of the urethra, and that the fever is begotten through irritation of the spino-cerebral and sympathetic nerves, reflected upon the kidney, and bringing about structural or other insufficiency thereof. Beck strongly supports the hypothesis that the fever is uræmic, but plainly his views are based on the study of old worn-out hospital cases.

Now, without carrying it further, it will be seen from this rough historical retrospect that catheterism is occasionally followed by a fever which has received the various names of urethral fever, urethro-vesical fever, urinary fever, uræmic fever, catheter fever, and so forth; that, in some cases, this fever is dependent upon, or associated with, purulent arthritis, ordinary pyæmia—what is known in England as surgical kidney, or interstitial nephritis—and that, in a small, but still noticeable percentage of cases, no adequate structural cause of death has been found. Now, it was of this last variety of fever that I spoke upon a recent occasion at the Clinical Society, and it was of this variety alone that I made, or mean to make, the following propositions.

First, about middle life in men perfectly healthy, or with no discoverable evidence of disease, except, perhaps, and even then not always, a low density of urine, the commencement of the habitual use of the catheter is sometimes followed by fever of the remittent type, which often ends in death; and, for the fatal issue in such cases, no adequate structural explanation can be found.

Secondly, it is important that such a fever arising in the midst of apparent health from such a seemingly small cause, and leading so often (as it certainly does), to a fatal issue, should be well and widely known, lest death should take the friends of the patient by surprise, and arrangements necessary to the welfare of a family should be left unmade.

Thirdly, although it is well known that in persons affected with renal disease, or in chronic gout, or with grave disorders of the general health, the commencement of habitual catheterism is attended with peril to life from secondary fever, the fact that this fever may arise in what seems to be good health, and, without the mediation of any visible structural lesion, issue in death, is not well known, or at least well known only to a few, and has, I repeat, no adequate place in English surgical literature, or in the English surgical teaching of this time. Of course this knowledge will be found, as I have in a very imperfect way shown you, in special monographs, and papers; but those are the luxuries of the few, and, for the most part, the luxuries of specialists who work in that direction; but such knowledge should be, as I think, fully imported into all common text-books, and so made accessible to the whole body of the profession.

Fourthly, this fever is neither distinctly uræmic nor distinctly pyæmic; although having some of the characters of each, it has all the necessary characters of neither. Probably it begins in the nervous system. Probably the disturbance of the nervous system reacts, in the first instance upon the general metabolism of the body, and, in the second instance, upon the secretory organs, beginning with the kidney. The effect upon the kidney may consist either in structural alterations of the kidney, invisible by the aid of our finest instruments of research, or, as seems to me much more probable, in alteration of the constitution of the blood, the dynamic condition of its constituents in the renal vessels essential to the elaborative action of the secretory cells thereof; and lastly, the concurrence of these conditions may, and often is, enforced by septic re-absorption into the blood.

Fifthly, a more complete knowledge of this variety of fever and of the conditions of its origin, maintenance, and increase, may, at least we may hope, lead to a material diminution of its mortality; and, even now, by treating in a serious manner entrance upon catheter-life, by taking the

precautions set forth by Sir Henry Thompson, by great temperance in the use of foods and stimulants, by rest, warmth, and by other general means upon which I shall not dwell, such mortality, I repeat, may be possibly considerably diminished.

Of these five propositions, the one at the present moment most open to attack is the fourth, wherein it is asserted that this fever is not distinctly and exclusively uræmic. For, in these days, it has come to pass that almost every writer of distinction adheres to the view of the uræmic origin and nature of catheter-fever, or the thing known under that and other names, and I am, as it were, left by myself very imperfectly armed to oppose it. I oppose it. I ground my opposition to the exclusively uræmic theory upon the fact that the phenomena of catheter-fever, not as they exist at a particular moment, but in their assemblage and in their progress together, are different from those of the ordinarily recognised uræmia. The duration is at once longer and shorter—longer than that of acute uræmia, and wanting its headache, its perversions of sensation, its changes in the urine, its convulsions, its profound coma; shorter than that of chronic uræmia, wanting its neuralgias, its recurring headaches, its defects of sight, its itchings of the skin, its vomiting, its characteristic breath, its attacks of dyspnoea and palpitations, its painful nervousness, its low temperature. Furthermore, the urine of the catheter-fever—of this variety, at least, of catheter-fever—is always loaded with micro-organisms of various kinds; and although it is deficient in urea, and contains more or less albumen, it deposits no tube-casts, and it is capable of amendment. Lastly, while chronic uræmia issues in death, catheter-fever may issue—sometimes does issue—in complete recovery. Sir Henry Thompson may remember that I saw with him a distinguished nobleman, not far from Oxford Street, who had to make an entrance upon catheter-life; and he very justly and wisely warned the relations that it was a serious procedure, and that he might suffer constitutional disturbance after the starting of this mode of life; and it happened that he did suffer this constitutional disturbance. It happened, indeed, that he had a mild variety of this fever which I am describing, and that it continued between a fortnight and three weeks. Eventually, with Sir Henry Thompson's help, he recovered; and I think I may say now—five, six, or seven years afterwards—he is in good health at an advanced age. Except in its long duration, in its occasional rigors of great severity, and its exceptional clearness of mind, the phenomena of what is called endocardial fever resemble more nearly those of the fever which I have called for the moment catheter-fever than any other malady with which I am acquainted.

Two questions of a practical kind arise out of this study of the history of catheter-fever. Seeing that by almost universal assent the fever originates at least in a disturbance of the nervous system, and seeing, furthermore, that in the cases accessible to me, at least, there is no account of the fever following in cases where narcotics or anæsthetics have been used, may it not be that the fever is capable of being cut short by the administration, on entering upon habitual catheterism, of narcotic or anæsthetic remedies? I remember that my great master, Syme, in Edinburgh, with a reason which his instincts very often knew better than his understanding, invariably gave his patients, whom he had to catheterise, opium, frequently a grain or two from the very beginning, and I must also add that he was singularly free from catheter accidents. The second question is this: Assuming the presence of the fever, and seeing that quinine has signally failed in controlling it, what are the drugs to be employed on such occasions, and what is the sort of hygienic management to be followed, especially in respect of food and alcohol, which are so variously used on such occasions, in order that the fever may be brought, if it be possible, to a successful ending?

Such, then, are the main conclusions which I have drawn for my fragmentary studies of this form of catheter-fever. I know that they are incomplete; I even fear that they may be inaccurate; but however this may be, I submit them to your consideration, and I console myself with the reflection that they may call forth the ripened experience of practical surgeons, who, in this matter, furnished with a larger knowledge and a more practised judgment, may be able not only to correct me where I am in error, and to confirm me in any small point where I may have caught the truth, but to supply us with the very knowledge which at this juncture we need and ask.

Clinical Records.

EDINBURGH PROVIDENT DISPENSARY FOR WOMEN AND CHILDREN.

Two cases of Peliosis Rheumatica.

Under the care of Dr. S. JEX-BLAKE.

THIS affection, first described by Professor Schönlein ("Pathologie und Therapie," vol. ii.), appears to be so rare in this country that its existence, at least in well marked and distinctive form, has been denied by some more recent authors. Some interest may, therefore, attach to a short account of two cases that occurred in my dispensary practice last winter, both of them appearing, curiously enough, during the same month.

CASE I.—G. R., a nursemaid in good service, æt. 16, applied for advice on Dec. 12th, 1882. She had a sore throat, with inflamed tonsils, and also suffered from severe coryza, but was much more alarmed by a rash which appeared plentifully over the whole surface of her lower limbs, but did not extend to the upper part of the body. It consisted of purplish petechiæ, of small but irregular size, and the general effect resembled that which might have been produced by spattering the legs with a brush charged with rather light-coloured ink. The pulse was about 100, temperature only slightly above the normal, and the previous night's sleep had been pretty good. I sent the patient at once to bed, and treated her for the sore throat and cold without any special reference to the rash.

Dec. 19th.—The patient's mother reported that the sore throat and cold had almost disappeared, but that the rash continued much the same, and that some distress was caused by pains in the legs, apparently of a rheumatic character. Salicylate of soda was then given in the ordinary doses.

In about ten days the pain and the rash had both disappeared, and when I saw the patient next, on January 16th, she was perfectly well.

CASE II.—G. B., a schoolboy, æt. 9, was brought by his mother, on Dec. 26th, 1882, for treatment for swelling and pains in the legs, and on inspection a plentiful rash, almost exactly resembling the one previously described, was found on the lower limbs, and, as in the former case, on these only. His pulse and temperature were about normal, and his general health good. The history of this case was more distinctly rheumatic, as the starting-point of the illness seemed to be exposure to cold and wet during a snow-storm, encountered on the way to school, after which the boy sat in damp clothes during the time of study.

He was treated with salicylate of soda, and a week later the eruption had much diminished, but the pain, though relieved, had not disappeared. I then advised his mother to give him a diet of fruit and vegetables, instead of meat, and the dose of salicylate was somewhat increased.

Jan. 5th.—The pain had gone, and the rash was fast fading.

19th.—The rash had entirely disappeared, and there had been no return of pain. The salicylic treatment was now given up, and some cod-liver oil ordered with Parriah's syrup of the phosphates.

30th.—A few spots had re-appeared, but faded again without any special treatment.

Feb. 13th.—Returned to report himself perfectly well.

Within the last few weeks (December, 1883) inquiry has been made respecting both patients, and it has been ascertained that in neither case has any relapse occurred.

IN the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follow:—Calcutta 29, Bombay 22, Madras 39, Paris 24, Brussels 25, Amsterdam 30, Rotterdam 23, The Hague 18, Copenhagen 26, Stockholm 22, St. Petersburg 29, Berlin 24, Hamburg 26, Dresden 26, Breslau 31, Munich 27, Vienna 25, Prague 32, Buda-Pesth 27, Rome 27, Turin 25, Venice 28, Lisbon 27, New York 22, Brooklyn 18, Philadelphia 20, and Baltimore 18.

Transactions of Societies.

ACADEMY OF MEDICINE IN IRELAND. PATHOLOGICAL SECTION.

A MEETING of the Pathological Section was held at the Royal College of Surgeons on Friday evening, Nov. 30, Mr. A. H. CORLEY, F.R.C.S.I., President of the Section, in the chair.

Dr. E. H. BENNETT, Hon. Sec., read the minutes of the previous meeting, which were confirmed.

PSEUDOGLIOMA.

Mr. JOHN B. STORY exhibited an eyeball removed from a boy, aged eight months, for inflammation in the interior of the globe. Numerous microscopic preparations were shown demonstrating the pathological distinctions between this disease and glioma retinae, of which three undoubted specimens were exhibited for purposes of comparison. Mr. Story agreed with most authorities in holding that in some cases where the diagnosis was so difficult it had to remain for a time at least uncertain.

Mr. SWANZY said that, as he understood the case, it seemed to be one of the spontaneous formation of pus in the interior of the eyeball—a purulent infiltration of the interior of the eyeball, starting from the choroid. That being so, the specimen was rather a rare one; for according to general experience, such an occurrence was connected in some way with septic disease, the direct result of a wound or injury to the eyeball; or with septic blood disease. They knew that this purulent choroiditis might occur in cases of metria, or of septicaemia after surgical operations, and from other causes. It also occurred in cerebro-spinal meningitis. He was not aware of any instance in which it had occurred spontaneously. It was hard to understand how it should. He had never seen a case of purulent choroiditis in connection with vaccination after inflammation; but he had seen affected eyes that seemed to be the result of purulent infiltration of the choroid, and in cases in which he learned that there had been inflammation of the arm after vaccination. It was easy to understand septic matter being carried from the arm to the vascular coat of the eyeball.

Dr. ARTHUR BENSON said there had been great difficulty in making an exact diagnosis. Before the eyeball was extracted there was so much inflammation that he was of opinion it was not true glioma. On enucleating the eyeball it was found that the inflammation had extended to the orbit, and that there was further disease all round; so that it seemed as if the case was one for more or less dissection; but it turned out that there was only a thickening of the tissues, and no protrusion of anything through the sclerotic.

Mr. STORY, in reply, said that the occurrence of spontaneous suppurative hyalitis or choroiditis was very rare; but he did not see why it should be impossible for pus to originate in the eye any more than elsewhere. Spontaneous suppuration had occurred in other places in the same child, and there were spots on the skin. The occurrence of spontaneous suppurative hyalitis was not, however, a thing unknown; for in a paper published in the last number of the Transactions of the Ophthalmic Society, Mr. Nettleship recorded several cases of pseudoglioma, and Mr. Brailley, in Guy's Hospital Reports, recorded the occurrence of spontaneous suppurative hyalitis and spontaneous diffuse morbid changes of the eyeball. One of the reasons for enucleation in the case in question was the fear lest the second eye should become implicated.

PERVIOUS URACHUS, WITH REMARKABLE DISEASE OF BLADDER.

Dr. C. B. BALL exhibited specimens taken from a patient *et. 10*. Twenty months previously to his death the patient was admitted into Sir Patrick Dun's Hospital suffering from incontinence of urine. He had frequent attacks of hæmaturia. The water was alkaline, and contained considerable quantities of pus. Sounding gave negative results. These symptoms subsided under the treatment, and he was discharged, but was readmitted January 13, 1883, with urine flowing from the umbilicus, none coming by the urethra. His mother stated that three weeks before his re-admission a small gathering had formed at the umbilicus, which broke, and since then all the urine had come by the abnormal opening. Attempts to pass any instrument through the urethra into the bladder having failed, a laminaria tent was placed in the umbilical opening.

This was followed by dribbling of urine from the urethra in three hours, the first that had passed naturally for seven weeks. A catheter could now be passed without difficulty, but not retained in the bladder. Canterisation of the umbilical cicatrix with a subcutaneous ligature passed round the umbilicus when granulation was established closed the opening for ten days; but fresh suppuration supervening, the fistula reopened. A further and more extended canterisation was again followed by closure. The bladder now to a certain extent regained the power of holding water, it being noticed on one occasion that he retained his urine for two hours. Three weeks subsequently, without apparent stoppage of the urethra, the umbilical orifice reopened, urine now flowing by both channels. A plastic operation was performed, and a progressive occlusion of the abdominal opening took place. This continued intermittently for two months, and he was discharged on Oct. 15th. On Nov. 18 he was seized with peritonitis, and died the same day. A post-mortem examination was held. Upon opening the abdomen a small quantity of fluid was found in the peritoneal cavity, with abundance of recent lymph. The omentum was adherent to the front abdominal wall, apparently as the result of old-standing peritonitis. The bladder was much contracted, and the walls increased in thickness. Springing from the fundus was an elongated tongue-shaped cavity, reaching up to a level with the umbilicus, measuring $2\frac{1}{2}$ in. by $1\frac{1}{2}$ in. Upon opening the bladder a number of new growths were found, resembling in appearance the columns carnae of the heart. Some were attached by one extremity only, others by both ends, a space being left between the side and the wall of the bladder. They also frequently intersected. The microscopical examination of these growths showed them to be composed of fibrous tissue covered with mucous membrane. There was no evidence of true papillary structure. The obstruction to the urethra was caused by a septum attached posteriorly immediately below the opening of the ureters, and stretching to the front wall. This was divided in opening the bladder. Springing from the fundus, the cavity before mentioned communicated with the bladder by a large opening, and its walls contrasted markedly with the bladder walls, being exceedingly thin and smooth on the surface. In the front of this, two openings communicated with the peritoneal cavity, by means of which the fatal extravasation took place. A microscopical examination of the wall of this cavity showed it to be lined with mucous membrane, thus demonstrating the fact that this was a case of dilated urethra. The ureters and kidneys presented appearances of long-standing bladder destruction.

The PRESIDENT said he saw the case while the patient was in hospital, and seeing now the result of the post-mortem, he did not quite agree in the opinion that the urachus was completely obliterated. Obstructions in either the bladder or the urethra had such a degree of force that they would enlarge an unobliterated urachus.

Dr. BENSON said Dr. Ball's case reminded him of one of a man in the City of Dublin Hospital who came there for a chest affection. Whilst in hospital he directed attention to a small lump about an inch below the umbilicus. It got larger, grew soft, and was opened. The man died of chest disease and kidney disease combined; and they traced an abscess backwards into the cavity of the abdomen, and found that it originated in the apex of the wall of the bladder. The abscess had evidently commenced in a very backward part of the wall of the bladder. He was doubtful at the time whether it could be ascribed to the urachus or not. He searched for the urachus at the time, but found no trace of it.

Dr. BENNETT observed that this case had a greater surgical than pathological interest; but the Section was of course limited to the latter view. The difficulty of diagnosis in such cases was extreme. He had seen the case with his colleague from the beginning, and he could not arrive at anything like a satisfactory diagnosis of it. The extreme freedom with which a probe passed in the first instance suggested the possibility of a pervious urachus. The great practical point was that, notwithstanding that, in other respects, the boy was in comparatively good health, yet, whether surgical interference was resorted to or not, his life hung on a thread. Although trifling external conditions were presented, the case might have become disastrous at any moment by rupture.

Mr. STORY thought Dr. Ball had laid too much stress on the supposed existence of a membranous diaphragm in the bladder. He said that in the early part of the case he could pass a probe through the umbilicus and a catheter through the urethra. If a membranous diaphragm had been there he

could not have done so. Possibly the membranous diaphragm was only of partial extent.

Dr. BALL, in reply, said that where an obliteration represented the urachus there was some trace of a mucous membrane to be found in the middle of it. He did not mean to convey that that was pervious. The first time the boy was brought to the hospital great difficulty was found in passing the sound, his first attempt to do so being a failure. But Dr. Bennett succeeded in passing a sound by depressing the handle. Afterwards he passed a catheter through the urethra, and a probe through the urachus, and made them touch.

CYSTO-SARCOMA OF THE BREAST.

Dr. BENNETT exhibited and described a cysto-sarcoma of the breast. He said the specimen had been in the strongest spirit since last June, and had shrunk so much that a very imperfect idea of its original dimensions could now be formed. The drawing exhibited of a similar tumour taken from a patient of the late Dr. Rawson, of Carlrow, exactly represented the original condition of the specimen under notice. In Dr. Rawson's case the tumour weighed 13 lbs.; the present specimen weighed 14 lbs. As far as he could ascertain, the patient suffered from it about six years. Her age was between 43 and 44. In every other respect she was healthy. The tumour had been noticed from the first as a changing one; but she had never suffered the smallest distress from it, save by reason of its weight. It first appeared as an irregular lump on the breast, and afterwards grew irregularly, sometimes remaining quiescent and at others enlarging. During the last two or three months its weight became so cumbersome that she applied for advice. The name of the tumour was that adopted by Müller—cysto-sarcoma phynodes. It had branching masses passing through it, and the whole of their surfaces were covered with epithelium of the mammary ducts. The pectoral muscle was so intimately adherent to and absorbed by the tumour that it was impossible, in removing the tumour, to save the muscle. The latter had to be divided across almost entirely. But it was no great loss to the patient, for the muscular tissue had been almost reduced to a mere membrane. Another feature was that the skin, although it exhibited big bosses, was in many parts extremely thin, and was everywhere entirely separated from the substance of the tumour. So great was the weight of the tumour that on an attempt being made to raise it in the course of the operation, the skin came away bodily, leaving only the nipple. Over the surface were large veins, which gave rise to an apprehension that there would be troublesome bleeding; but, strange to say, in the operation they had only to ligature two little trifling vessels in the lower part of the tumour, which they might almost have let alone. Dr. Purser had made a microscopical examination of the solid masses of the tumour, which proved that they were sarcomatous masses varying in density, being in some places soft and in others dense and fibrous, but in all cases typical spindle-celled sarcoma.

Dr. ROBERT McDONNELL asked, did the cyst contain mucine, and also had any signs displayed themselves of a return of the disease? Some years ago he exhibited to the Pathological Society a tumour similar to this which he removed from a lady in the neighbourhood of Dublin. It weighed 14 lbs., and its history was very similar to that of Dr. Bennett's specimen. It was quite painless, and only gave inconvenience from its bulk. It was very readily removed, and the difficulty of controlling hæmorrhage was very slight. In fact, the skin contracted so rapidly that the pressure on the veins sufficed to control it. The tumour was found to consist of soft spindle-shaped sarcoma, but it was full of mucine. He had seen several similar tumours, though not so large as this, and he had found them all full of mucine. In the case of the lady he had mentioned, the tumour returned in a year, and was successfully removed; but two years later it returned again, and was irremovable, and the patient died.

Dr. BENNETT said the tumour abounded in mucine, as was evident by the threads which could be drawn, and from the surfaces of the sections even after a long immersion in spirit, and when the faces of the sections were laid against each other. The patient ceased to be under his observation a month after the operation, and he had heard nothing but favourable reports since.

TUMOUR REMOVED FROM THE DURA MATER.

Dr. WALTER BEATTY showed a tumour growing from the dura mater covering the upper surface of the right hemisphere and involving a considerable portion of that hemi-

sphere. The specimen was taken from a patient under the care of Dr. Head, in the Adelaide Hospital. The microscopic examination made by Dr. J. H. Scott showed it to be a spindle-celled sarcoma, the cells in fact forming nests. The chief points of interest about the tumour were (1) the fact that there was a depression of bone inwards, causing a depression of the dura mater, and with it the centre of the upper surface of the tumour; and (2) the fact that many years before the patient received a very severe blow from a bottle on the right side of his head, opposite the seat of the tumour, causing temporary unconsciousness. The connection, however, of the growth of the tumour with this injury was not clear.

The PRESIDENT thought the original injury had nothing to do with the growth of the tumour. He was not satisfied that the projection was not the result of fracture of the internal table.

Dr. SWANZY said he examined the patient's eyes, and only found in one eye a slight tendency to optic neuritis.

Dr. BENNETT said, on the question whether the appearances on the inner table of bone were due to fracture, he believed these appearances to be such as to exclude the idea of injury. There was a layer of new bone which possessed none of the characters of the bone displaced.

Dr. BARTON believed there were evidences that the injury was the cause whence the tumour had sprung.

Dr. QUINLAN asked, was the blow of the bottle over the site of the tumour?

Dr. BEATTY: It was stated to be on the right side of the head, and the tumour was on the right side.

Dr. STORY said a respectable percentage of sarcomatous growth in the eyeball was traceable to injuries. Prof. Foulkes, in his work on sarcomatous growth of the choroid, stated that ten per cent. of such cases had histories of antecedent injury. Too much stress, however, ought not to be laid on that, because persons having any wrong with their eyesight had a tendency to attribute it to some external cause.

Dr. HENRY KENNEDY said he had seen disease of the bone exactly similar to this which was traced to syphilitic poisoning. The supposition could scarcely be permitted of a tumour growing for 23 years. He had seen tumours of the kind develop in the brain, but with a vast deal more suffering than occurred in the present case.

Dr. BEATTY, in reply, said he got no syphilitic history in the case. He had no opportunity of examining the spinal cord, but the rest of the brain looked quite normal.

The Section then adjourned.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY. MONTHLY MEETING.—FRIDAY, DECEMBER 7TH, 1883.

Dr. THUDICHUM, President, in the Chair.

Dr. DAWSON WILLIAMS read a short paper on certain hygienic considerations with reference to water-closets, observing that a badly-constructed apparatus might itself give rise to obnoxious smells, and even to disease, although the drains and sewers of the house and town were in good order. He illustrated this remark by reference to the ordinary old-fashioned pan-closet, and pointed out, by means of diagrams, the obvious and serious faults in its construction, yet it was a form of closet not only in common use, but one which was constantly being introduced into new houses. What was wanted in a w.c. was as simple an apparatus as possible, which should provide a water-valve allowing the free, easy, and complete passage through it of all matters. The apparatus ought further to keep itself clean, and ought to be as nearly noiseless as possible. The points requiring attention in the selection of a w.c. were—1. That the basin should be of a suitable size and shape—a practical point often neglected. 2. That the trap should be simple. 3. That the water supplied at each delivery should be sufficient in quantity, and have sufficient head to clear the trap—a point only to be ascertained by trial. 4. That there should be as little metal-work as possible, since metal-work necessitated joints, which were very liable to leak, as well as being a corner for dirt. After referring to the clumsy construction of the old leaden D traps, and the manifest advantages of the glazed earthenware syphon traps, Dr. Dawson Williams gave a short description of a form of latrine and of certain automatic flushing cisterns, and con-

cluded by observing that all the various patterns of w.c.'s might be seen in action at the Parkes Museum.

A short discussion followed, in which the President, Dr. Benham, Dr. Alderson, Dr. Campbell-Pope, and Dr. Gower Davies took part.

Dr. J. B. ATKINSON read the following case of

CEREBRAL TUMOUR.

Patient, E. H., *et. 29*, was admitted to Kensington Infirmary on November 10, with the following history:—She had enjoyed good health up to about eighteen months ago; since then she had suffered a great deal from headache, and noticed that her eyeballs were gradually becoming more prominent. Her menses ceased three years ago. No history of sickness, convulsions, or syphilis. Her speech had never been affected. On admission, patient was very apathetic in manner, and still complained of the constant pain on the top of the head. On examination there was no disease of the lungs, heart, &c., and no enlargement of the thyroid body. On December 3 she became much worse, and appeared somewhat collapsed. Temp. 97°. The pains in the head (vertex) then came on in paroxysms, and the patient rapidly sank, became comatose, and died on the 4th. A post-mortem was performed, and a large, soft, lobulated tumour was found at the base of the brain; it filled the sella turcica, and seemed to involve the pituitary body and optic commissure. The growth was somewhat pedunculated, and grew forwards, causing a distinct depression in the right orbital lobe, not involving, however, the brain substance, but seeming to grow down into the fourth ventricle. Microscopically, it showed the structure of a soft glioma.

Dr. J. B. ATKINSON then showed a specimen of a heart with very marked vegetation on the mitral-valve, leading to four large wedge-shaped infarcts on the spleen.

France.

A RETROSPECT OF 1883.

PHYSIOLOGY IN FRANCE.—It will be conceded on all hands that to no kingdom in Europe does the science of Physiology owe so much as to France. The speculative physiology represented so brilliantly at the termination of the last century by Haller was completely eclipsed at the commencement of this century by experimental physiology. The magnificent labours of Xavier Bichat then commenced to sap the foundations of the old edifice, and the splendid achievements of Majendie cast it to the ground. A new path opened, in which Flourens and Claude Bernard resolutely laboured. Experimental physiology is a science of French origin; yet the teaching of physiology in Paris is not quite what it ought to be, owing to the want of sufficient laboratories for the instruction of students. The Professor of Physiology at the Academy of Medicine is a man of clear and methodical mind, and one whose oratorical talents are universally admired, a fact testified to by the large number of students who attend his course, but in his case, as is now so common in Scotland, and especially at the University of Glasgow, he treats each year but a limited portion of the course of physiology, so much so that if a student wishes to have a complete course of physiology, he must attend the Faculty of Medicine for at least seven or eight years. The same thing, again, happens in France as does at the Scotch Boards. At the examination the student is not asked on what portion of the course his studies have been directed under the teacher, but he is unjustly examined on subjects on which he may never have heard a lecture. Subordinate lecturers ought to be appointed; but the remuneration is usually so uncertain that it is difficult to obtain good physiological tutors. It is not a little striking that of the nine chairs of physiology in France, there are four in Paris. We, therefore, agree with the view that these are quite inadequate for such a country as France. The danger to Physiology in France is

due to the bad favour of the Government officials, and surely in what may be termed its parent country, Physiology will not be permitted further to decay without adequate State support.

A VACANT CHAIR AT THE FACULTY OF MEDICINE.—Six months have now elapsed since the lamented death of M. Parrot, and the chair of Diseases of Children which then became vacant continues still unoccupied. This is not a little singular, considering that in Paris there must be many eligible practitioners who have devoted special attention to the subject of this chair, and who would probably willingly accept the position.

FRENCH MEDICAL SOCIETIES.—As usual, many excellent papers were read at the Paris Medical Societies during the year. These have been so numerous that the limits of our space merely permit the enumeration of the most prominent of them. At the Society of Biology, Brown-Séquard continued the demonstration of his experiments on "General Anæsthesia by the Inhalation of Chloroform and Carbonic Acid;" M. Rabuteau communicated investigations on "Thallium," pursuing the demonstration of a law which he some time ago announced, that the poisonous energy of a metal is in a direct ratio to its atomic weight. M. Arsonval read a paper, "On the Influence of Magnetism on Fermentation;" Dr. Sinety communicated a series of researches, "On the Influence of Typhoid Fever on Syphilis and Blenorrhagia." During the course of typhoid he stated that he had seen syphilitic manifestations disappear entirely, and blenorrhagia, on the contrary, to become complicated with cystitis and lymphangitis. Paul Bert brought under the notice of the Society, "The Influence of Refrigeration on the Temperature of the Body;" M. Vigual communicated "On the Development and Growth of Nerves;" M. Burg on "Explanation of Metalloscopic Phenomena;" Brown-Séquard on "Encephalic Hæmorrhages consequent on Lesions of the Cord;" "Anæsthetic Sleep," by Aubert, of Lyons; "Inhibition," by Richet; "Experimental Researches on Malignant Pustules," by MM. Capitan and Charrin; "Microbes in Normal Blood," by M. Ollivier; "Local Physiological Action of Antiseptic Substances," by Laborde, in which he showed that so-called antiseptics cause coagulation of the albuminous substances which bathe the wound, and determine inter-vascular phenomena of a like nature; and that their too strong application may cause gangrene, &c.

At the ACADEMY OF MEDICINE there was read an important paper by M. Nocard, "On Oxygenated Water as a Means of Modifying the Potency of Certain Viruses;" "Diverse Methods of Treating Typhoid Fever," by M. Germain See, on which a long and important discussion followed; "On Purulent Rheumatic Conjunctivitis," by M. Panas; "Prophylaxis of Typhoid Fever," by M. Rochard; "On the Total Extirpation of the Uterus," by M. Demons; "On the Prophylactic Administration of Human Contagious Diseases in Paris," by M. Martin; "The Causes of the Diminution of the Population in France," by M. Decroix, in which tobacco comes in for blame; "On the Influence of Heat on Simple Chancres," by Aubert, &c.

CLINICAL COURSE OF NERVOUS DISEASES AT THE SALPETRIÈRE.—M. Charcot, some of whose signally able and intelligent papers on aphasia have been translated in these columns, commenced his course at the Salpêtrière on Friday, the 30th November. M. Charcot, in opening the course, insisted on the necessity in clinical medicine of descriptions after nature, and in presence of the subject of observation, and entered upon interesting details regarding *ataxia*, recalling especially the hereditary nature of the affection, and

the secondary etiological importance of accidental causes, such as excesses of all kinds, syphilis, traumatism, &c. The lectures will be continued every Friday at 9.30 o'clock. On Mondays the students, at the same hour, will be exercised in examination of patients, under the observation of the Professor.

COURSE OF CUTANEOUS AND SYPHILITIC DISEASES AT ST. LOUIS.—On the same date (Friday, the 30th November) Professor Fournier commenced his clinical lectures at the Hôpital St. Louis in presence of a numerous audience. The course was inaugurated by a lecture on phagedænic gangrene of the genital organs in a healthy young man, who, in the course of twenty-four hours, lost almost the entire skin of the penis and scrotum. The speedy progress of the disease, its spreading nature, and the absence of any known cause, inclined M. Fournier to consider it as due to some septic origin.

OPENING OF THE COURSE OF GENERAL ANATOMY AT THE COLLEGE OF FRANCE—If the experimental is the only method of research, there are two methods of teaching it, viz., the subjective and the objective. The first possesses the great advantage of cleanliness and rapidity. The second only allows the affirmation of a small number of facts repeated at long intervals, in order to allow time for the rejection of preconceived ideas. It is this method which Ranvier, following his illustrious master, Bernard, observes in teaching his class, which meets every Tuesday and Thursday at 4 o'clock. For eight years M. Ranvier has worthily occupied this chair, and his incumbency of it has been characterised by signal progress in the department of histology.

OPENING OF THE COURSE OF CLINICAL OBSTETRICS OF THE FACULTY OF MEDICINE.—Professor Pajot took possession of this chair on the 11th ult., rendered vacant by the death of Professor Depaul. Such is the appreciation in which this *savon* is held that many of the students were unable to find room in the amphitheatre. Among the audience were the following physicians: MM. Tarnier, Tillaux, Gallard, Charpentier, Pinard, &c., and M. Mard. Professor Pajot gave an exposition in clear and eloquent language of his intended course. He commenced by condemning that prejudice, which regards obstetrics as a science little studied, of secondary importance, and of easy comprehension. The field is so vast that one is obliged to lop off several collateral branches, such as embryology, teratology, &c. He insisted on a physiological basis for a correct knowledge of the pregnant condition. He stated that at the present time no one should neglect the antiseptic method in midwifery, it ought to be observed with extreme rigour, and Professor Pajot enlorged M. Tarnier for having been the first to put it in practice at "the Maternity." Professor Pajot in concluding referred to the two excellent adjuncts founded by his predecessor, M. Depaul, viz., the library and museum, which were at the disposal of investigators. The aim which he pursued, he said was scientific and high, that France ought not to be behind other nations in this department, but ought to be able to hold high the obstetric banner.

DR. KOCH'S INVESTIGATIONS INTO THE ORIGIN AND NATURE OF CHOLERA.

In our issue for Oct. 24th, 1883, we gave a translation of Koch's official report to the German Government on the cholera in Egypt. As the epidemic was then subsiding in that country, Koch, with the sanction of his Government, decided to go on to India and continue his investigations. The following is a translation of the main points in his

second report. He says: "I first selected Bombay as the place in India which seemed most adapted for the continuation of the investigations, because numerous cases of cholera had occurred there in August and in the first half of September. But since then the epidemic has rapidly diminished, and appears now to have quite disappeared. According to the judgment of several English officials well acquainted with Indian life, Calcutta was pointed out to me as the town most suitable for the aims of the Commission, because cholera always prevails there more or less. In consequence of these communications I was induced most respectfully to request your Excellency to permit the Commission to go to Calcutta.

"Before, however, the Commission left Egypt I considered it indispensable to examine carefully certain questions, which are most important for the prevention of cholera. The first point was whether the assertion made with great emphasis from several sides be correct, namely, that this year's cholera epidemic in Egypt was not imported from India, but originated in the country itself, and that for the future Egypt must be placed on the same footing as India with regard to the breeding of this dangerous pestilence. In order to form an opinion on this point, the Commission went on the 6th of October from Alexandria to Damietta, where the epidemic commenced, and there made most careful investigation for several days into the origin of the plague. I reserve my detailed report on the results thus obtained.

"Those questions about the efficiency of quarantine and the importation of cholera by pilgrims going to and from Mecca were of still greater importance. With these points, too, the Commission occupied itself during its stay in Alexandria, and carefully inspected the arrangements and management of the quarantine establishments at Gabari and Mels, near Alexandria, and of the establishment lying at the mouth of the eastern arm of the Nile at Damietta. When, however, the last outbreak of cholera amongst the pilgrims at Mecca was reported, and it was determined that the pilgrims coming from Djeddah were to be kept in quarantine at Tor, so favourable an opportunity was offered of obtaining information about these important matters that I felt myself bound not to let the occasion pass. But, as there is no regular communication with the Egyptian places of quarantine on the Red Sea, there was nothing to be done but to claim the assistance of the Egyptian Government to enable the Commission to visit the quarantine ports. The Commission proceeded to Suez from Cairo on the 30th of October; on the 31st it proceeded to Tor, paying another visit there, and finally inspected the quarantine hospital at the Springs of Moses, near Suez.

"This expedition was most instructive. We had the opportunity of seeing on the first visit to Tor the quarantine camp, which was fitted up for the reception of the pilgrims, but not yet occupied. The same day one of the Austrian Lloyd steamers, with nearly 500 pilgrims on board, entered the port of Tor. According to the statement of the ship's doctor, all were well on board. But during the disembarkation of the pilgrims and their conveyance to the camp, both of which took place in the presence of the Commission, some of the pilgrims appeared very ill, and were suspected of cholera, so that they had to be sent to the quarantine hospital. At our second visit to Tor we found that another ship had arrived with pilgrims, who had already landed. Meanwhile, cholera had broken out in both camps; there were three deaths from cholera among the pilgrims of the first ship, and one amongst those of the second ship, and a corresponding number of cases of illness. Whilst the Commission was present in the hospital one cholera corpse and several patients with characteristic symptoms of cholera were observed. In general the Commission exerted itself while inspecting the quarantine establishments at El Wedj, Tor, at the Springs of Moses, and the Sanitary Institution at Suez, to obtain as deep an insight as possible into the conditions of the importation of cholera into Europe, and hopes, both from its own investigations and from the information received from the officials and pilgrims, to be shortly in a position to deliver a trustworthy opinion on the subject.

"Besides these investigations the Commission inquired into various subsidiary questions connected with the epidemic—such as the supply of and filtering of water, the influence of the rise and fall of the Nile on the course of the epidemic, the mode of burial, infection of the ground by urinals, meteorological influences, &c. Several more dissections were

made at Alexandria, and valuable observations collected on dysentery and the occurrence of tubercles, and further about certain parasites which exist in the pyloric artery, and are often found in corpses in Egypt."

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 2, 1884.

CATHETER FEVER.

NOTHING tends so much to demonstrate the progress that is being daily made in our knowledge concerning the causation and pathology of disease, as the frequency of such discussions as that which took place at the meeting of the Medical Society of London on the 17th ult. Prior to that time it might, with some appearance of justice, have been affirmed that the question of fever resulting in patients subjected to catheterisation was at least fairly well understood; and that the explanation which ascribed it either to toxæmic symptoms or to irritative lesions was in unison with experience. It is always a difficult matter for the surgeon whose whole life is a practical acquaintance with clinical facts, to import into his consideration what is for him a theoretical ground of belief, especially when he is unable to follow out the proof of it *post mortem* in the body of his patient. Ordinarily, when dealing with examples of fever occurring in patients who have entered on a "catheter life," he can picture with more or less completeness and accuracy the exact conditions existing in the organs at fault, and can associate them with lesions of defined extent and of appreciable importance. When, however,

he is further called upon to admit the presence of unmistakable fever, even though it be denominated a "low" or "irritative" fever, or called by any other distinctive appellation; that in progress and results it may have characteristics in common with the form of fever well understood and well known to go along with particular structural defects, while, at the same time, no one of these distinctive lesions co-exists with it; then the faith of the surgeon is taxed beyond its strength, and rather than accept what is, in the present state of knowledge, almost impossible to recognise, he prefers to adopt other mode of explanation more in consonance with his own practical experience.

Such a condition of doubt has now been awakened by the able address on "Catheter Fever" delivered by Sir Andrew Clark on December 17th at the Medical Society; and such difficulty in approving his conclusions has arisen as is referred to in the preceding paragraph. Premising that it was not his purpose to ask for attention to the surgical state known under the title of urinary fever, uræmic fever, or other familiar name by surgeons, Sir Andrew proceeded to describe what he wished to convey by the term catheter fever; and, among other propositions for discussion, enunciated the following distinctive features of the disease: "This fever is neither distinctly uræmic nor distinctly pyæmic. Although having some of the characters of each, it has all the necessary characters of neither; probably it begins in the nervous system; probably the disturbance of the nervous system reacts in the first instance upon the general metabolism of the body, and in the second instance upon the secretory organs, beginning with the kidney; the effect upon the kidney may consist either in structural alterations in the kidney, invisible by the aid of our finest instruments of research, or (as seems to me much more probable) in alterations of the constitution of the blood, that dynamic condition of its constituents in the renal vessels essential to the elaborative action of the secretory cells there; and lastly, that the occurrence of these conditions may be, and often is, enforced by septic reabsorption into the blood." Unless carefully studied and thought out, this statement will probably not convey much information to the mind; but when once thoroughly understood, it will be found to contain two salient factors of belief—(1) that catheterism may influence the nervous system—in the way of shock, if such a supposition is preferred—in a certain number of cases, in such fashion as to lead to the production of (2) an obscure and even dangerous form of constitutional disturbance, of a feverish nature, and under the influence of which the nutritional exchanges of the body are imperfectly or abnormally fulfilled. The acceptance of this proposition makes a necessary demand on the faith of everyone who has not himself enjoyed opportunity of observing, or is not endowed with capacity for observing, the special series of events which make up the clinical picture of a case such as Sir Andrew Clark has described. For these the attitude of unbelief presents attractions greater than one of adhesion to a view that has more of difficulty surrounding it than that which enables the sequence of cause and effect to be rapidly imagined, in agreement with well-recognised and frequent instances of direct connection between local structural

mischievous and constitutional affection. The whole discussion that followed the reading of the paper went to demonstrate the truth of this observation; and it leaves the impression that Sir Andrew Clark is entitled to declare, as he did declare, that notwithstanding all the criticism he secured, he is still as little really understood as at the time when he first propounded the question for consideration.

In explanation of the symptoms exhibited by such patients as were taken to be examples of the form of catheter fever under consideration, Sir Henry Thompson insists that its appearance in elderly men is sequential to long-standing urethral obstruction, and then it co-exists with advanced renal disease in all cases, and the conclusion he arrives at is, "that it is not an attack of any catheter fever, but the want of the catheter at an earlier stage of the malady, which has placed these individuals in a dangerous condition . . . and that the only association the word has with this fever is the important fact that the catheter was wanted and not used." In this way, however, Sir Henry Thompson approaches to agreement with Sir Andrew Clark, inasmuch as he admits the pre-existence of some such condition as the latter has well described under the term "renal inadequacy;" how produced does not for the moment matter. In a state of nutritional degeneracy so induced the introduction of a catheter is followed by "catheter fever;" and while Sir Henry insists that gross changes in the urinary organs are answerable for the result, Sir Andrew contends that the nervous system being directly and immediately affected, reacts on the constitutional state, and so leads to structural kidney changes of a kind inappreciable by our present instruments of examination. In a sense each meets the other; but also, neither fully occupies the ground the other assumes, for Sir Henry Thompson so classifies the cases he deals with as to exclude consideration of those to which Sir Andrew Clark most especially alludes, and which want all those evidences of pathological change that are a primary factor of his opponent's description.

More in accordance with the views of Sir Andrew are those expressed in a clinical lecture by Mr. A. T. Norton, entitled "What is that Condition which has been called Urethral Fever?" (printed in the *Lancet* of April 29th, 1882). Mr. Norton, after describing cases in which passing a catheter was followed immediately by paralysis of parts of the sympathetic nerve, branches of the cerebro-spinal nerves, hemiplegia, herpes due to nerve irritation, albuminuria, &c., concludes that so-called urethral fever is a reflex paralysis, or, in other words, it is an exciting impression upon, or injury to, a set of peripheral nerves, which, by reflexion through a centre, may result in paralysis of the whole or part of the united cerebro-spinal and sympathetic nervous systems, either transient in character, or ultimately through the vaso-motor system, bringing about structural change, or even suppuration, in organs or other tissues.

However devoid of direct bearing on the paper which excited it, the discussion must rank among the most important that have taken place of late; whether regarded for the excellence of the speeches made during it, or for the authoritative position enjoyed by most of the

speakers. Mr. Savory incidentally gave utterance to a truth that deserves most careful recollection, viz., that the amount of urea excreted, rather than any other character of a suspected urine, should be taken as the criterion of the efficiency of the renal organ. Mr. Savory further gave the weight of his high opinion in support of the contention of Sir Andrew Clark to the effect that it is not only by pathological changes that alterations in the kidney can be assumed to exist. Mr. Savory also is certain that in many cases where fatal results ensue after catheterism, the kidneys are seriously affected, although not in ways corresponding with descriptions given in books on kidney diseases; they are not characterised after death by any very striking changes. On the principal point at issue, the cause of the condition to which Sir Andrew Clark has drawn attention, Mr. Savory registers the opinion that it is due to constitutional disturbance produced through the nervous system; and in this he practically arranges himself side by side with him. The subject, however, as Sir Andrew has declared, is not yet exhausted; and it must be reconsidered with, as he suggests, a closer regard to the ground laid open for discussion.

THE IRISH CONJOINT EXAMINATION SCHEME.

We publish to-day a letter by Dr. Barton in defence of the proposition that the Irish Colleges shall surrender their separate licensing powers and bind themselves to a diploma-granting coalition, which proposal we criticised from its most important aspects in our issue of December 19.

Dr. Barton has not succeeded in convincing us that the scheme would serve any good public purpose, and if he did, we doubt that he would succeed in the attempt to satisfy the Fellows of the College of Surgeons as to the expediency of sacrificing £1,000 to £2,000 a year of the collegiate income in order to carry out the sentimental idea of a symmetrical Irish licence in medicine, surgery, and midwifery.

Now, as to the propriety of insisting that the practitioner shall be properly tested and qualified in these branches of knowledge, we are entirely in accord with Dr. Barton and with the recommendations of the Royal Commission, though we are somewhat surprised to find the opinions of that Commission in such unexpected favour with those who repudiated them this time last year; but we do not believe that any voluntary coalition of licensing bodies can afford sufficient guarantee that the practitioner has been effectually tested or is competent for his work.

We know to how low a grade conjoint examination can descend by our experience of it elsewhere, and we see not the least reason to suppose that those monetary and teaching interests which degraded it in Scotland will not produce the same effect in Ireland. We therefore insist that this proposed Irish conjunction would not in the least degree serve the purpose, i.e., to erect a minimum competency standard of education, at which the Medical Reform Bill aims, and that it therefore could not, and ought not, in any way to supersede the

necessity for a compulsory conjunction between all the licensing bodies in each kingdom, supervised and guaranteed by a vigilance committee independent, it is to be hoped, of monetary influences.

To obtain such tribunal of competency as this we would be content that the Irish Colleges should sink their power of separate licensing, being satisfied that they would be more than recouped for the concession by material advantages arising from the transaction; but we altogether object to the proposition that they should voluntarily surrender their individuality without thereby improving education, counteracting downward competition, or serving any other useful public purpose. If the proposed conjunction does not effect these purposes we can hardly suppose that Dr. Barton is serious in his statement that a patched-up coalition between the two Colleges, in which the three other Irish licensing bodies are not participants, would "remove the only good reason which can be advanced for depriving them of their old-established privilege of conferring a registrable title."

Dr. Barton goes on to say that "there is a *certainty* of the Colleges being in a very much better position (by reason of this conjunction) for seeking an important modification of the new Bill; and there is another *certainty* that if the Government do not see fit to agree to the change the opposition to the Bill will be made on such fair and just grounds that it will command support from all sides."

So far from agreeing in this statement, we are emphatically of opinion that the present movement will seriously prejudice the chance of the Colleges' obtaining amendments to the Bill. It will exhibit them to Government and Parliament as a couple of institutions which, having made money as long as they could by the sale of diplomas which they now admit to be only half qualifications, now seek to save for themselves the power to carry on the same lucrative trade regardless of the public welfare. In our opinion, the "*certainty*" is that such an attitude would at once put the Colleges outside the pale of negotiation, and ensure that the Bill—if passed at all—would be passed in spite of them and without regard to their interests.

But Dr. Barton's letter contains fallacies as to the effect of this scheme on the collegiate finances which cannot be allowed to pass as truths. We have already asserted—and we believe the statement cannot be disputed—that the Irish College of Surgeons stands to lose at least £1,000 a year, and possibly much more, by this bargain. Dr. Barton considers that our arguments on this point "cannot be satisfactory to anyone who knows what an attraction a full qualification for one examination is to students." We are, in fact, invited to assume that the conjoint examination will bring new candidates to the Colleges in sufficient numbers to recoup them for this assured loss. We, however, do not believe that it will bring half-a-dozen extra candidates, and we should have supposed that Dr. Barton, who knows so well the causes which have alienated Irish students from the Colleges, would have seen that his hopes are illusory. Every teacher in Dublin knows

right well—and it has been proved beyond all possibility of doubt by the statistics quoted in the Commissioners' report—that Irish students go to Glasgow and Edinburgh *not* to seek a conjoint diploma, *not* to escape diploma fees, *not* for ease of examination, but because they can pass there on a year's less study than in Dublin.

Nominally four years of study are required throughout the kingdom, but, as a matter of fact, a student who has completed the entire curriculum necessary for the Scotch double diploma is still some courses short of the Dublin requisites, and if he wants a Dublin diploma he must spend a winter in making up these deficiencies. This it is which sends the Irish student out of his own country; but the Dublin teachers have been slow to recognise the fact because it would have pointed to the necessity for cutting down lecture-courses.

Until the Dublin course is brought to the Scottish level students will emigrate, no matter what other blandishments may be lavished on them by the promoters of the conjoint scheme, and we therefore do not believe that any coalition will attract any considerable number of applicants so long as a year's difference in the period of study exists.

When Dr. Barton writes that under the Medical Bill "the entire income of the College which it now derives from its qualifying title must cease," we are compelled to charge him with unacquaintance with the provisions of the Bill. He ought to know that the Bill gives to the Colleges the right of continuing the three primary professional examinations, and allows them to charge what fees they please; and that it also gives them their equitable share of the final diploma fee after the examiners have been paid. All, in fact, that the Colleges would lose under the Bill would be the right to grant separate licences for registration, and the promoters of the conjoint scheme do not seem to estimate this privilege very highly, seeing that they propose to surrender it at will in the flurry of apprehension at the coming reforms.

Notes on Current Topics.

The Health of Newcastle-on-Tyne.

THE excessive death-rate of Newcastle-on-Tyne has for some time past been a subject of much anxiety to those who are entrusted with the sanitary administration of the city; and the medical officer of health, Mr. Henry Armstrong, has drawn up an able and exhaustive report in this connection, and which was published on Friday last. The diseases principally influencing the high mortality have been measles, affections of the respiratory organs, and kidney complaints, a large percentage, however, being attributable to scrofula, tabes, and other wasting diseases, and premature births. Taken on the aggregate, the death-rate for 1883 in Newcastle has reached a figure *thirty per cent.* higher than that registered in the year immediately preceding, and even that was not a low one. It is important to note that the mortality arising from nephritis and other renal affections has been *two hundred and six per cent.* higher this year than last, and the

explanation given is that the result is due to the effects remaining over from precedent epidemics of scarlet fever. The ultimate cause leading to this disastrous result, however, is not, in our opinion, suggested by Mr. Armstrong's report, inasmuch as he is singularly silent respecting the influence of the Newcastle water supply in determining the health of the city. This is far from being satisfactory. It is of such a nature that, in periods of greatest danger from infection, the regular supply of water for domestic use is supplemented by means of fluid pumped from the River Tyne at a point a few miles above the city, but below where the sewage not only of several considerable villages, but also of the town of Hexham, is poured into the river. Moreover, the supplemental water is withdrawn at a time when, through drought, the natural level is at its lowest, and therefore more sewage-laden than in the intervals of rainfall. That fever may be, and often is, conveyed into large towns by "drinking" water drawn from sources that should never be permitted to afford such a supply is a most obvious truth in sanitation; and the history of epidemic fever along the Tyne Valley, taken together with the information supplied by Mr. Armstrong as to renal disease sequential to scarlatina, irresistibly suggest a relation between cause and effect that will demand the careful attention of whosoever essays the purification of Newcastle. We have on previous occasions referred to the great improvements effected in Newcastle within the past few years, and this latest report of the city's medical officer indicates the activity that is still being exhibited in the same direction, while it also gives promise of yet more complete measures in the future. We have referred to it now for the two reasons—(1) That it is an important and ably-drawn document on a subject of the first importance in itself, and (2) that it is marked by the omission to which we have referred, and which, to the eye of an observant visitor to Newcastle, deals with one of the worst errors connected with the sanitary administration of the flourishing metropolis of the Tyne.

The Case of Messrs. Bower and Keates.

THE sympathy shown towards Messrs. Bower and Keates by the profession is taking a very practical and satisfactory shape, and may be accepted as indication of a determination to protect such medical men as may become subjects of vexatious prosecution in the discharge of their professional duties. Not only has a very respectable list of subscriptions to the defence fund already been announced, but the two Royal Colleges of London have each passed resolutions condemnatory of the persecution endured by Messrs. Bower and Keates, and approving the proposal to lend them official aid under the circumstances in which they have been placed. In connection with the meeting held for this purpose at the Royal College of Surgeons of England, we are requested to state that the absence of the name of the President of the Royal College of Surgeons from the committee appointed to carry out the measures deemed fit in regard to the case of Messrs. Bower and Keates is due entirely to his not having been made aware of the intention to hold a meeting upon the subject. Hence he, as President of the College, has been unable to add the sanction of his authority to a movement which has his entire sympathy and approval.

The late Mr. James Shuter.

THE friends of the late Mr. James Shuter, F.R.C.S., whose death caused so great a feeling of regret in the profession, have decided to raise some suitable memorial of the deceased surgeon. The movement has originated amongst some of Mr. Shuter's friends and colleagues at St. Bartholomew's Hospital, and these now invite subscriptions towards it from past and present students of the School, and from others who may exhibit interest in the success of the scheme. The office of treasurer to the fund about to be raised has been accepted by Dr. Robert Martin and Mr. Luther Holden (at present absent from England); and the honorary secretaries—to whom cheques, &c., payable to the Shuter Memorial Fund, and crossed Coutts & Co., should be sent—are Messrs. Bruce Clarke, F.R.C.S., 46 Harley Street, W.; and A. Clune Fletcher, 12A Charterhouse Square, E.C.

The Coombe Lying-in Hospital.

ON Thursday week the election of a Master for this institution, *vice* Dr. Kidd, whose term of office has expired, was held. Fourteen Guardians and Governors attended, and there were three candidates—Dr. Mason, junr., Dr. Neville, and Dr. William Roe—all ex-assistants of the hospital. The Right Hon. the Lord Mayor occupied the chair; but as the charter gives the chairman a vote only in case of a tie, his Lordship's functions were confined to declaring the result. The electors on the first round voted for two candidates out of three, each elector being at liberty to send in one or two names, as seemed to him best. The result was—for Dr. Mason, 12; for Dr. Neville, 7; and for Dr. Roe, 3. A vote was then taken between Drs. Mason and Neville, with the result that the former received 9 votes to the latter's 4. Dr. Mason's appointment will give general satisfaction, but it is simply fair to add that the two other candidates were excellent. One only, however, can win in such a contest.

Small-pox v. Pemphigus.

THE *Blomfontein Gazette* of Nov. 22 last contains a letter from one who signs himself "M.D.," and from which it appears that much confusion has been created at Kimberley by failure on the part of medical men there to distinguish between the eruption of small-pox and that of pemphigus. It is a little curious to read the suggestion gravely made in the letter to the effect that the professional aspects of the whole affair should be carefully drawn up by some disinterested medical man, giving both sides clearly and distinctly, and that this draft should be signed by all of the medical gentlemen who have given opinions either one way or the other, then duly forwarded to some authority able to give an opinion or decision. Such a step would, M.D. believes, be advantageous to themselves and to their professional brethren in South Africa who may be similarly placed as themselves; and he further suggests than any experiments—such as inoculation of the contents of the bullæ—and results should be forwarded; also a description of the present epidemic cutaneous disease amongst the Kafirs, which, as far as his experience goes, partakes of two characters—viz., *pemphigus acutus* or *vulgaris*, and *frambesia*.

The matter is certainly an interesting one, and we shall wait with some curiosity to see how far M.D.'s recommendations are followed.

Fatal Explosion of a Mixture.

At Manchester an inquest was lately held relative to the death of one Turley, a shingler. It appeared that deceased went to the shop of a pharmaceutical chemist for three pennyworth of quicksilver and three pennyworth of aquafortis. He had been in the habit of purchasing similar quantities in order to mix them into a kind of ointment. Both articles were placed in the same bottle. Deceased then placed the bottle in his breast pocket and left the shop, but shortly afterwards the stuff exploded and the contents of the bottle burnt the face and eyes of the poor fellow so seriously that he died at the Manchester Eye Hospital. In his voluntary statement, the chemist said that he had never known the mixture to explode before, though he had always served deceased with the articles separately, generally placing the quicksilver in a pill box. He should not have mixed the two, but deceased, after being served with the quicksilver, pushed the bottle towards him, and said "Give me three pennyworth of aquafortis." The inquest was adjourned, it being probable that a verdict of manslaughter against the chemist would be returned.

The Autopsy of Marion Sims.

THE New York *Medical Record* publishes the result of a post-mortem examination made to investigate the cause of death of this distinguished obstetrician. "The heart (it says) was enlarged with adherent pericardium. The valves were competent. The calibre of each coronary artery was markedly narrowed by atheroma, which was partly calcareous. In the muscular septum, at the upper part of the interventricular septum, there was a patch of fibrous myocarditis as large as a silver quarter of a dollar with the beginning of an aneurismal pouch. There was a similar fibrous myocarditis in the papillary muscle which controlled the anterior segment of the mitral valve. Both ventricles were dilated and the left hypertrophied. The lungs were slightly congested and oedematous. The parietal and visceral pleura were everywhere adherent. The kidneys and liver showed lesions of chronic congestion."

A MEETING of the Fellows of the Royal College of Surgeons in Ireland will be held on Thursday, the 3rd of January, at four o'clock p.m., to witness the election of a Professor of Dental Surgery. It is understood that Dr. Theodore Stack, of the Dental Hospital in York Street, Dublin, will probably be chosen.

DR. MOSES GRIFFITHS, D.L., and J.P. for the County of Pembroke, aged 95, died at his residence on the 29th Nov. He served in the Peninsula as army surgeon from January 7, 1810, to the end of the war, including the battles of Busaco, Fuentes d'Onoro, Liege, and assault of Ciudad Rodrigo, siege of Badajos, battles of Salamanca, Vittoria, Pyrenees, Nivelle, Nive, Orthes, and Toulouse. He was wounded at the affair of Vich-Bigone, served in India, Arabia, and the Burmese Empire from May, 1818,

Death of Professor Reichert.

LAST week, in our Retrospect of 1883, we mentioned that Professor Waldeyer, of Strassburg, had been called to Berlin to undertake part of the work hitherto under the care of the esteemed Professor Dr. Karl Boguslav Reichert, and this week we have to announce the death of the latter gentleman at the age of seventy-two. Reichert was a distinguished pupil of Johannes Müller, and on the death of this eminent anatomist he was removed from Breslau to the post he held up to the time of his death, this event taking place on December 21st last. He was Professor of Anatomy and Physiology, Director of the Berlin Anatomical Institute, and Member of the Academy of Sciences. His death will render necessary further changes, as it is now well recognised that the duties undertaken by him for so many years are too onerous for any one individual to perform with satisfaction to all parties.

An Impostor.

THE profession is so frequently subject to imposition and fraud that its organs do well to expose cases as they occur as cautions to the victimised and those who perpetrate the acts. On Friday last a man, who refused his name and address, was sentenced to three months' imprisonment at Leamington for a series of frauds upon medical men in Warwickshire. He represented that his name was John Murray Gibbs, brother of Dr. Heneage Gibbs, with whom he was upon unfriendly terms, and that he had returned, weakened by rheumatic fever, and with five motherless children, from New Zealand, where he had lost both his wife and practice, obtaining thereby various sums of money.

It may be as well also to mention here that another individual, a passed member of the profession, though fortunately not now on the Register, is soliciting assistance to convey him to the Colonies, in order to commence life afresh. This person has been thus engaged for some years, and seems to make it pay, as he is as far from the Colonies now as ever, and smelled as strongly of alcohol as usual, when we recently came across him.

WE have satisfaction in recording that Mr. Orolly, of Dublin, whose alarming illness from typhoid fever we recently recorded, is entirely recovered, and has resumed his practice.

WE are asked to mention that Dr. Louis Parkes, who has just gained the certificate of Sanitary Science at the University of London, was a student in Dr. Corfield's hygienic class and laboratory at University College, London.

THE baronetcy recently announced in our columns as about to be conferred upon Professor Lister was officially gazetted on Friday last. It affords us unqualified pleasure to offer in the name of the profession our New Year's congratulations to Sir Joseph, and to express the hope that he may have many years of health to enjoy the honour so well deserved.

Jervis Street Hospital, Dublin.

THE election for the post of Surgeon to this hospital, in the room of Dr. James Edward Kelly, who had relinquished the intention of returning from San Francisco and resuming his practice, took place on Friday last, the candidates being Dr. Gunn and Dr. Gogarty, and the result of the voting was that Dr. Gunn scored 71 votes against Dr. Gogarty's 50, and was, thereupon, elected. Dr. Clancey, who was spoken of as a candidate, did not offer himself. Rumour says that money changed hands in connection with the election, a considerable sum going to the outgoing surgeon, and a further sum accruing to the hospital funds by the "making" of governors at 20 guineas apiece, who were expected to vote for one or other candidate. If this be true, we are gratified to observe that the competition was reasonably close, for the event will go some way to prove to future purchasers of hospital appointments that the payment does not necessarily secure them from a hot contest, and possibly from defeat. We hail the transaction as one more proof that the system of buying the charge of the sick in Dublin hospitals is coming to an end.

THE Lettsomian Lectures of the Medical Society of London, session 1883-84, will be delivered by R. Brudenell Carter, F.R.C.S., Ophthalmic Surgeon to St. George's Hospital, on January 7th and 21st, and February 4th, 1884, at 8.30 p.m. Subject—"Modern Operations for Cataract."

WE are asked to announce that Mr. H. H. Johnston will give a discourse on "Kilima-Njaro, the Snow-clad Mountain of Equatorial Africa," on Friday evening, January 25, at the Royal Institution. Professor Bonney's discourse on "The Building of the Alps," announced for that evening, will be given on April 4.

THE highest annual death-rates from diseases of the zymotic class in the large towns last week were—From measles, 4.7 in Brighton, 2.7 in Salford, 2.6 in Manchester, and 2.4 both in Derby and Birkenhead; from scarlet fever, 3.6 in Leeds, and 3.1 in Newcastle-upon-Tyne; from whooping-cough, 1.8 in Huddersfield, and 1.4 in Sheffield; and from "fever," 2.6 in Preston and 1.9 in Blackburn. The 39 deaths from diphtheria included 19 in London, 6 in Glasgow, 3 in Hull, and 2 in Dublin and Birmingham. Small-pox caused 4 deaths in Birmingham, 2 in London, 2 in Sunderland, and 1 in Glasgow.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

A NOVEL THEORY OF VOICE TRAINING.—Dr. Carter Moffat delivered a lecture in the Christian Institute, Glasgow, on Friday last, to a large audience, mainly composed of professional men and musical critics, on voice training by chemical means. Dr. Moffat maintained that the presence of peroxide of hydrogen in the air and dew of Italy had some connection with the beauty of the Italian vocal tone. A series of illustrations by people taken from the audience, who inhaled a chemical compound made to represent Italian air,

were largely satisfactory—a full, clear, rich, mellow tone being produced by one application. Several gentlemen present gave their favourable opinion of the new idea. Dr. Moffat's own illustrations were quite unique. Taking what was originally a voice of power and resonance but destitute of intonation, he showed by chemical means this could become a tenor of great range. Some twenty notes, ranging from the lower to the higher register, were sung without any effort by the possessor of a voice of this character.

THE FELLOWSHIP OF THE EDINBURGH COLLEGE OF SURGEONS.—At the last meeting of the College the following gentlemen were elected Fellows:—James M'Connochie, L.F.P. and S. Glasg. (1865), M.D. Glasg. (1872), Glasgow; James Stevenson Forrester, L.R.C.P. and S. Ed. (1873), Chatham; Archibald Somerville, M.D. and L.R.C.P. and S. Ed. (1873), Leek, Staffordshire; William Gillespie, L.R.C.S. (1878), and L.R.C.P. Ed. (1882), Methven, Perthshire; James W. B. Hodsdon, L.R.C.P. and S. Ed. (1880), M.D. and C.M. Q. Univ. Irel. (1881), Edinburgh; Alexander Stewart Brown, M.R.C.S. Eng. (1878), London; James Dewar, L.F.P. and S. Glasg. (1869), Buxton; Robert Torrance, L.R.C.P.E. (1870), L.R.C.S.E. (1874), Newcastle-upon-Tyne; John Macdonald Brown, M.B., C.M., Ed. (1880), F.R.C.S. Eng., Edinburgh.

INTERESTING TO DENTISTS.—While a servant girl in Thurso was cleaning a fish on Friday, the 21st ult., she found in its stomach a complete set of false teeth.

EDINBURGH PROVIDENT DISPENSARY.—The annual meeting of the subscribers to this institution was held last Thursday, under the presidency of Dr. Teape. An abstract of the treasurer's account showed that the income during the year amounted to £105 3s. 1½d., and the expenditure to £93 7s. 1½d., showing a gain of £12 16s. on the year. As, however, the account was begun with an unfavourable balance of £41 9s. 6d., there is still a balance due to the treasurer amounting to £28 13s. 6d. The Ladies' Acting Committee reported that they had attended to upwards of thirty urgent cases brought under their notice by the medical officers and nurses, and had afforded much-needed relief in the way of clothing, provisions, &c. In moving the adoption of the report, the Chairman remarked on the good work the dispensary was doing, and laid special emphasis on the fact, brought out in the report, that there had only been two fatal midwifery cases out of the 1,500 attended. Another commendable feature in the working of the institution was that no expense was incurred on account of management—a fact which brought out the self-sacrifice of those who conducted and directed the affairs of the Dispensary.

"THE HISTORY OF THE UNIVERSITY OF EDINBURGH."—The promised History of the University, by the Principal, Sir Alexander Grant, has made its appearance in the form of two bulky octavo volumes. The work will doubtless find a place on the shelves of all graduates of the University. We hope to be able to give at some future date a detailed account of its contents.

ST. ANDREWS UNIVERSITY ASSESSORSHIP.—The election of an Assessor to the Council of St. Andrews University has resulted in the return of the Hon. Richard Cross, M.P.; by a majority of 386 votes. The candidates nominated at the meeting of the General Council were Dr. Cleghorn, of Strathvilly, Fife, and Dr. Richardson, F.R.S., of London, the late Assessor, and a strong desire was expressed by several of the members present that, as Dr. Richardson had held the office for three terms, his supporters should not press his candidature on this occasion, but should allow Dr. Cleghorn to be

unanimously elected. This suggestion being declined, Dr. Cleghorn retired, and Sir Richard Cross was nominated in opposition. The supporters of the latter calculated that the medical vote, which predominates in the constituency, would, as on previous occasions, go largely in favour of Dr. Richardson. Sir Richard's committee, however, turned the election into a political contest, and so divided the medical vote. The total available vote is 1,462, and 1,095 voted. The voting was by means of voting papers, the electors being resident in all parts of the three kingdoms. The polling closed on Friday night, and the enumeration of the votes took place on Saturday. The result was—For Sir Richard Cross, 727; for Dr. B. W. Richardson, 341. There were seven spoiled papers. At the last election in 1879, Dr. Richardson received 541 votes, and Dr. Carpenter, who was put up against him, 480.

Correspondence.

THE CONJOINT EXAMINATION SCHEME.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—An article in your issue of December 19th discusses the action now being taken by the Council of the Royal College of Surgeons of Ireland with the College of Physicians to form a combined court of examiners, in order that students may obtain a full qualification in medicine, surgery, and midwifery through one examination. The view taken in that article seems to me one-sided, and calculated to prejudice unfairly the minds of the Fellows of the Colleges. *Audi alteram partem* is a sound maxim before we make up our minds on any vexed question; so I appeal to you to permit the Fellows to hear through your columns what appears to me—and I may add to a large majority of the Council of the College of Surgeons—the true state of the case.

The Royal College of Surgeons in Ireland has for years been raising the standard of examination for its Letters-Testimonial (as its qualifying title is called), and I believe it may be favourably compared with that of any surgical licence in the world; but it remains, and must remain, what the Royal Commission has called a "half qualification," the existence of which has been held as a main reason for legislation (see clause 7, Report of Royal Commission).

In the Bill which nearly became law last session it was a fundamental principle that no name should be placed on the Register unless the owner thereof was qualified in medicine, surgery, and midwifery—in fact, the complete removal of all half-qualifications. The soundness and justice of this none could dispute, but the means by which the late Bill accomplished this left the Colleges without either work to do or means to support them. That Bill failed to pass, and the new Bill has not yet seen the light. An opportunity is therefore now afforded the Colleges to remove the only good reason which can be advanced for depriving them of their old-established privilege of conferring a registrable title, and this they can do by combining, and thus conferring a complete qualification in medicine, surgery, and midwifery, which combination is provided for and encouraged by the Medical Act of 1858.

The various objections which the opponents of this union of the Colleges allege against it may be thus classed:—1st. Financial. It is said to mean a loss to the College of Surgeons of over £1,000 a year. The grounds upon which this statement is made are perhaps satisfactory to the writer in the *Medical Press*, but cannot be to any one who knows what an attraction a full qualification for one examination is to students, and who, calculating upon what appears to them reasonable data, make out no loss at all; but be this as it may, one thing is certain, that the entire income of the College, which it now derives from its qualifying title, must cease as soon as any Bill passes containing the provisions of the late Bill. Contending, therefore, about problematical loss of this kind, in face of a certain cessation of income, is childish.

2. The *Press* approves of combination, but it must be voluntary—that is, the student must be free to choose whether he will have the half qualification or the complete

one—in other words, the entire strength and use of the combination is to be laid aside, and no real or honest endeavour made to meet the reasonable demands of the Government.

3rd. After all, our opponents say, you have no certainty that you will obtain a modification of the Bill by this voluntary surrender of your power of single qualification; and we reply—true, but there is a *certainty* of the Colleges being in a very much better position for seeking an important modification in the new Bill, should it be the same as that of last session, and there is another *certainty*, that, should the Government not see fit in the first instance to agree to the change we ask for, our opposition to the Bill will then be made upon such fair and just grounds that it will command support from all sides, and procure during the course of the Bill through Parliament the modifications we demand.

We do not desire to obstruct medical reform, but we desire to meet the reasonable demands of the Government, and thus make it unnecessary to deprive our Colleges of their *chartered rights*, and this, by making a combination which even the *Medical Press* admits is most desirable in the interest of the student and of the profession.

I remain, Sir, yours, &c.,

JOHN KELLOCK BARTON,
Past President, Royal College of Surgeons, Ireland.

THE ROYAL UNIVERSITY OF IRELAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The third resolution to which I wished the attention of Convocation to be directed at the autumn meeting is, "That the Senate be requested to admit undergraduates of the late Queen's University in the Faculty of Medicine to two examinations in the year." In discussing the second resolution, I endeavoured to show that *one* examination in the year was not sufficient to enable the University to attain the objects which called for its creation. I propose in the present letter to point out how the students of the late Queen's University are thus seriously hampered in the pursuit of their medical curriculum.

The Queen's regulations, under which these students entered, provided for *two* examinations in the year, and required the fees for degrees to be paid only on the *first* occasion; if a student were unsuccessful he might present himself at subsequent examinations without paying again. The Senate of the Royal has thought it right to prevent such students presenting themselves for examination a second time in the same year, and insist on their paying fees at *every* examination.

Now, Sir, I believe the Senate has the legal power to do this, but I think few will consider it equitable. The Queen's students have fulfilled their part of the contract, and the Royal may very reasonably be asked to perform the other part, which would have been done by the Queen's University if it still existed. I hold and believe that there is an *essential* difference with regard to the examination fees paid to the two Universities. The Queen's charged for the degree, and the Royal charges for the examination. Surely, then, it is not right for the Royal to accept the Queen's fees from Queen's University students and make them pay over and over again for a degree which they do not receive when unsuccessful but which they pay for as if they did. I have before me a letter from a gentleman who says he is a student of the late Queen's University, that he was unsuccessful at the last degree examination, and that he is now informed by the secretaries that he must now pay the fees again and present himself for examination in *additional subjects*!! Is this fulfilling the promise that these students would be examined under the old Queen's rules? On their behalf, I ask the Senate at their next meeting to give these matters their serious consideration; and wish again to urge on them the desirability of obtaining power to confer a registrable obstetrical qualification; and I desire to thank you, Sir, for your kindness in allowing me to discuss these resolutions in your columns.

Yours, &c.,

CHARLES FREDERICK KNIGHT, M.D.

91 Harcourt Street, Dublin,
4th December, 1883.

South London School of Pharmacy.—The following prizes were awarded to the successful competitors at the School

examinations terminating the 7th Dec., 1883, and presented on the 21st ult.:—Senior Chemistry Medal, Mr. Burford; Certificate, Miss Flora Mitten. Junior Chemistry Medal, Mr. Williams; Certificate, Mr. Heaver. Botany Medal, Mr. Wilkinson; Certificate, Mr. Burford. Materia Medica Medal, Mr. Heaver; Certificates, Messrs. Williams and Wilkinson (equal). Pharmacy and Dispensing Medal, Mr. Heaver; Certificate, Mr. Turner. Extra Certificates, Messrs. Dutton, Hall, Taylor, and Pomeray.

Notices to Correspondents.

✂ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

THE ROGERS TESTIMONIAL FUND. (EIGHTH LIST.)

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—The following additional subscriptions have been received since the announcement in last week's number of the *Medical Press*.

Yours, &c.,

J. WICKHAM BARNES, Hon. Sec.

Poor-law Medical Officers' Association,
8 Bolt Court, Fleet Street, London, December 31, 1883.

Dr. Farquharson ..	£1 1 0	R. Jeffreys, Esq. . .	£0 10 6
Well Wisher ..	1 1 0	W. D. James, Esq. .	0 10 6
Jas. Somers, Esq. .	1 1 0	Jno. Wood, Esq. . .	0 10 0
C. D. Waite, Esq. .	1 1 0	W. Powell, Esq. . .	0 10 0
Jno. Storr, Esq. . .	1 1 0	A. T. Moore, Esq. .	0 10 0
H. Taylor, Esq. . .	1 1 0	E. R. Denton, Esq. .	0 5 0
Messrs. Haynes ..	1 1 0	M. R. Behrendt ..	0 5 0
H. G. Sadler, Esq. .	1 1 0	Dr. B. Laverick ..	0 5 0
Dr. Eytton Jones ..	1 1 0	Ignotus ..	0 5 0
Dr. A. Leachman ..	1 1 0	S. J. Erwin, Esq. .	0 5 0
Dr. Grime ..	1 0 0	H. A. Lawton, Esq. .	0 5 0
Dr. Bain ..	0 10 6	R. Hickman, Esq. .	0 5 0
J. W. Hayward, Esq. .	0 10 6		

X. has forgotten to enclose his card; this is a rule we always insist upon, especially when the letter is in the nature of a personal attack. Our correspondent's charge may be well-founded and *bona fide*, but we must have name and address as evidence of good faith.

A WIDOW.—As the relic of a deceased member of the profession, your claim would receive more consideration. There is a much lower scale of fees demanded for the sons of deceased members at the Epsom College, something like 25 per cent. less than for the general public.

DR. PATERSON (Perth).—Proofs will be sent you in due course; probably in about a month's time.

SEWAGE AS AN EVANGELISING AGENT.

THE *Sanitary Engineer* of New York is responsible for the following amusing mixture:—A reporter had to attend two meetings, one for the conversion of the Jews to Christianity, and the other, which followed immediately after, was on the subject of conversion of sewage into lime and cement. In the printer's hands the folios got mixed up, and the report read:—"The Chairman, after the meeting had been opened with prayer, explained that the conversion of the Jews was one of the greatest works that could engage the attention of our sanitary authorities. Filtration was the most perfect method that could be adopted for purification, but a filter had its limits. There was a popular notion that the sewage contained a vast amount of wealth, but the sludge must be taken out of it for purposes of irrigation, as it otherwise choked the pores of the land, and they were a wandering race spread over the whole face of the habitable globe. They were denied the inimitable blessings of Christianity, which might be counted by thousands of tons per annum allowed to run to waste, when by a judicious admixture of lime and clay, the benighted Hebrews who sat in darkness might easily be converted into lime and cement for building purpose, and if thus deodorised, after being first dried and burned in a kiln, this ancient race would once more take its proud position among the nations of the world. Subscriptions were earnestly solicited for the purpose, though he (the speaker) disclaimed any idea of making a profit out of the process, and, in conclusion, he urged increased efforts in the good work, showing that, thus deodorised by a very novel process of evangelisation in large tanks constructed for the purpose, the grateful Hebrews might flow over the land without injury to vegetation, while the expense of conversion, which was progressing as rapidly as the best friends of Christianity could wish, would be more than repaid by the sale of the phosphate of lime and valuable cement for building purposes."

DR. SALTER.—The view we take is the one all but universally held in the profession, and is most assuredly the only one tenable on the subject. Your letter is only a sample of very many that have been written to us in this connection, and the expressions of surprise it contains are nearly synonymous with those of numerous other writers. We are obliged for the offer made.

DR. DIXON, MR. SEDGLEY, MR. W. R. EDWARDS, DR. K., DR. F. E. V., MR. TAYLOR, and MROK.—See answer above to Dr. Salter.

MR. MARSACK (Tunbridge Wells).—Your interesting case shall appear in an early number.

INDEX.—The work is too voluminous, and we could not recommend it for your purpose; Bryant's, Gant's, or Holmes' smaller text-books on surgery would be preferable.

S. P. R.—The drug referred to is of Mexican origin, and as it has but recently been upon the English market, we have had no personal experience of its effects. You can get it doubtless for experimental purposes of any of the leading drug houses.

DR. W. H. P.—We will examine the essay and send you a private note.

DR. WHITE will please receive our best thanks for the information.

M. LE DR. RICHELOTZ (Paris).—The *cliches* will be acceptable, and the article interesting this side of the Channel. It will afford us pleasure to undertake the translation.

MEETINGS OF THE SOCIETIES.

THURSDAY, JANUARY 3RD.

ROYAL INSTITUTION.—At 8 p.m., Professor Dewar, On Alchemy in relation to Modern Science.

HARVEIAN SOCIETY.—At 8.30 p.m., Dr. T. Calcott Fox, On Urticaria in Infancy and Childhood.—Mr. G. Cowell, On the Treatment of Purulent Ophthalmia of Infants.

FRIDAY, JANUARY 4TH.

PATHOLOGICAL SOCIETY OF LONDON.—At 8.30 p.m., Annual General Meeting for Election of Officers, Report of the Council, &c.—The following preparations will be shown:—Three Examples of Pancreatic Disease; Further Specimens of Vacuolation of the Liver; Entozoon in the Lungs of an Animal; Epithelioma of the Ear; Medullary Sarcoma of the Skull of a Child.

SATURDAY, JANUARY 5TH.]

ROYAL INSTITUTION.—At 8 p.m., Professor Dewar, On Alchemy in relation to Modern Science.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.—At 8 p.m., Mr. T. Pickering Pick, Case of Stone in the Female Bladder.—Dr. Clippingdale and Messrs. Potter and Lunn, Cases of Morbus Coxæ.—Mr. Hendley, On a Case of Ammoniated Mercury Poisoning.

MONDAY, JANUARY 7TH.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.—At 8 p.m., Annual General Meeting for the Election of Officers for the ensuing Session.—Casual Communications by Mr. Morton Smale and Mr. Storer Bennett.—Paper by Mr. Bland Sutton, On Comparative Dental Pathology.—Valedictory Address by the President.

Vacancies.

Birmingham General Dispensary.—A Resident Surgeon. Salary, £150, with £30 for extras, no board. Applications to the Secretary before January 15.

Granard Union, Street Dispensary District.—Resident Medical Officer. Salary, £186. Election, January 8.

Marylebone Infirmary.—Assistant Medical Officer. Salary, £130, with furnished apartments and board. Applications to be made this day (Wednesday) to the Clerk of the Guardians, Marylebone Ed., London, W.

Appointments.

CUMMINS, W. E. A., M.D., M.Ch.Q.U.I., Visiting Physician to the Cork Workhouse.

GARDNER, P. H., M.R.C.S., House Surgeon to the Royal Portsmouth, Portsea, and Gosport Hospital.

GRIFFIN, J. M.B., C.M. Ed., Senior House Surgeon to the Royal South Hants Infirmary.

GUNN, C., M.D., M.Ch.Q.U.I., Visiting Surgeon to Jervis St. Hospital, Dublin.

LIPSCOMBE, A. A., M.R.C.S., House Physician to the London Hospital.

FELLM, H. L., L.D.S. Eng., House Surgeon to the Dental Hospital of London.

ROBINSON, M. K., M.D. Erlan., M.R.C.S., Medical Officer of Health for the Blean, Bridge, Dover, East Ashford, Eastry, Elham, Thanet, and West Ashford Rural Sanitary Districts, and the Dover, Herne Bay, Hythe, and Broadstairs Urban Sanitary Districts.

ROBERTS, G. A. E., Assistant House Surgeon to the Royal South Hants Infirmary.

SHAW, L. F., M.B. Lond., House Surgeon to the Victoria Hospital for Children, Queen's Road, Chelsea.

SINCLAIR, B., Medical Officer for the Parish, and Sanitary Officer for the Borough, Inverary, Perthshire.

WALKER, W. H. S., L.K.Q.C.P.I., L.R.C.S., &c., re-appointed Resident Medical Officer to the Hospital for Sick Children, Glasgow.

Births.

BEVERIDGE.—December 23, at Totnes, Devon, the wife of H. T. S. Beveridge, M.D. Ed., E.N., of a son.

Deaths.

HARDING.—December 24, at his residence, Eagle House, Hornsey, N., John Fosse Harding, F.R.C.S., aged 75.

HOUSEMAN.—December 20, at 68 Jesmond Road, Newcastle-on-Tyne, John Houseman, M.D., L.R.C.S. Ed., M.R.C.S., aged 72.

FRING.—December 16, at Pwllheli, Peter Burnett Fring, L.R.C.P. Ed., M.R.C.S. Eng., aged 33.

WHEELER.—December 19, at his residence, St. Lawrence-on-Sea, Thomas Rivington Wheeler, F.R.C.S., aged 65.

WRIGHT.—December 21, at St. Neots, Hants, Samuel Wright, M.R.C.S., F.L.S.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 9, 1884.

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Original Communications.

A CASE OF GUNSHOT INJURY WITH UNUSUAL THORACIC COMPLICATIONS.

By WILLIAM STOKES,

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A TWO-FOLD reason actuates me in bringing the following case of gunshot injury under the notice of the Surgical Section of the Academy. The first is that from the happy rarity of such cases here, and the peculiar signs and symptoms in this particular one, it is likely to prove of interest; and the second is the hope I entertain that certain thoracic phenomena observed in it, and of which I find it difficult to offer explanation, may, and I trust will, be elucidated by some of the academicians here this evening.

On Sunday afternoon, September 16, Mr. J. M., at about 36, a clerk in the Ordnance Survey Department, was admitted into the Richmond Surgical Hospital, suffering from a gunshot injury which he had accidentally received about an hour previously. The wound was received near Cabra, about a mile from the hospital, and he was able to walk there without assistance, arriving at 7.30 p.m.

On examination, a bullet wound was found over the left scapula about an inch from its vertebral edge and two and a-half from the inferior angle. There had been no hæmoptysis and very little external bleeding; but the patient was pallid and weak, complained of great difficulty in breathing, and said he felt as if his heart was "getting paralysed and had not sufficient room." The patient was put to bed but did not remain in it for more than a few minutes as he said he felt himself "getting smothered." He could, undoubtedly, breathe much more easily standing or sitting upright, in which position he remained for several hours. At 10.15 p.m., Dr. Thornley Stoker, in my unavoidable absence from town, kindly visited the patient, and on probing the wound found that it passed outwards and slightly

forwards. On percussion, the area of cardiac dullness was found to be sensibly increased. There was a distinct tumour about an inch or an inch and a-half below, and to the right of, the left nipple, and over which a remarkably distinct crackling or crepitating sensation could be felt. The tumefaction was of an area as large as the circumference of a Tangerine orange and had enough prominence to be distinctly visible. Over this loud gurgling sounds could be heard. "The supposition in my mind," Dr. Thornley Stoker observed, "was that blood and air were present either in the pericardium or sufficiently near to it to receive marked impulse from the heart. The sound was a loud gurgling, such as the bursting of gigantic bubbles would be likely to produce, and was distinctly audible at a distance of ten feet from the patient. There was dullness in the lower part of the pleural sac."

Shortly after his admission his temperature was 96 deg.; pulse 80; and respirations 56.

During the night the patient slept very little, was greatly troubled with cardiac spasms, dyspnoea, and intense thirst.

At 10.30 a.m. I saw the patient for the first time. His face was somewhat flushed and had an expression of great anxiety. The pulse, 120; temp., 101.5 deg; resp., 56. On the anterior surface of the chest, at a point corresponding a little to the right of the situation of the cardiac apex, was a distinct tumefaction not so prominent, I was informed, as on the previous evening, but increased in width. On making gentle pressure over it a distinct crackling sensation was communicated, suggesting simultaneously the ideas of fracture and emphysematous crepitus. Over and in the immediate vicinity of this were heard distinct friction sounds, which I believed were due to pericardial inflammation, a view which subsequent investigation did not verify. The left side was found, on percussion, to be absolutely dull except at a small space about two inches in diameter situated a little to the left of the cardiac base and which was found to be not dull but distinctly tympanitic. The respiratory sounds were feeble, particularly so on the inferior and posterior aspect of the

chest wall. The pulse, temperature, and respirations remained unchanged during the day. The patient was ordered mercury, grey powder in 3-grain doses thrice daily.

The following morning, September 18, the patient was found to have slept a little, but no material change was observed to have taken place; the temperature, pulse, and respiration in the morning being 101.2, 127, and 42 respectively, and in the evening 101.3, 130, and 40. The patient's thirst was very great, as well as the pain over the anterior and lateral portions of left side of chest. Large linseed-meal poultices were ordered to the chest, and ice to allay the thirst.

On September 19 I found the patient in a condition of extreme exhaustion; the dyspnoea had greatly increased, and the horizontal position was no longer tolerable. He had to be raised up and well supported by pillows. The temperature rose during the day to 104.3 deg.; the respirations to 44; and the pulse to 130. The heart's action was very weak, and both respiratory and cardiac sounds very feeble. Towards evening the patient became somewhat delirious. At our President's (Dr. Banks) suggestion, he was ordered pills containing grey powder, quinine, and digitalis.

The day following (September 20) the patient was found to have had a very bad night, the symptoms of dyspnoea, cardiac distress, &c., all being increased. During the night, too, the bowels were moved six times; the temperature, pulse, and respiration in the morning being 100.2, 140, and 48 respectively, and in the evening 102, 134, and 36. On examination, there was found to be considerable fulness on the left side, with displacement of the heart towards the right side. There was great difference in the radial pulses, that on the left side being considerably feebler than on the right. The respiratory sounds were very feeble, especially on the posterior aspect of the lung on the left side. On comparing the two sides of the chest by measurement, the left was found to exceed the right by one and a-half inches. That on the right side being seventeen inches, and on the left eighteen and a-half inches. The evidences of effusion being so clear, I tapped the chest with a Dieulafoy's aspirator and drew off fifty-six ounces of a dark reddish serous fluid, on letting which stand, no blood coagula formed. The operation was attended with immediate and great relief to all the symptoms. Pulse became stronger, and the difference between the radial pulses was no longer to such an extent perceptible. The breathing became easier. The patient became much more cheerful and hopeful of his ultimate recovery, and his face lost the expression of anxiety it had from the time of his admission into the hospital.

For the next few days this satisfactory condition of things continued; pulse, temperature, appetite, freedom from pain, power of sleep, and hopefulness on the part of the patient, all being such as to make my colleagues and myself entertain favourable anticipations as to the result. These anticipations, however, were not to be realised.

On Tuesday morning, September 25, the dyspnoea again became very urgent. The cardiac dislocation was considerably increased. Pulse and temperature rose; and much distress was caused by cough, accompanied with profuse bronchial expectoration, but untinted with blood. Heart's action and respiratory sounds became very weak. Moist râles could be heard on both anterior and posterior aspects of right side of the chest. A consultation of my surgical colleagues, Drs. Thomson, Stoker, and Corley, with Dr. Banks and Dr. Gordon, was held, to determine if paracentesis should be again performed. A decision not to perform it was come to, chiefly on account of the condition of the right lung which was rapidly filling with catarrhal secretion, and the condition of extreme prostration the patient was in.

A 3 o'clock p.m., the patient was suddenly much worse. His face got congested, swollen, and almost purple in colour. He was bathed in profuse perspiration, and the dyspnoea was painful in the extreme to witness. Hot turpentine stupe, Hoffman's ether, brandy, and turpentine were given in small quantities at short intervals; but the patient got worse and worse, and at 12 p.m. he became delirious in which state he remained until 2.30 a.m. when he died.

The autopsy, made by Dr. Thornley Stoker, who saw this remarkable and exceptional case in the first instance, and who throughout took a very deep interest in its progress, was performed nine hours after the patient's death. The wound was situated apparently an inch from the vertebral edge of the left scapula, and two and a-half inches from its inferior angle. On introducing a probe, it was found to pass forwards, outwards, and downwards, piercing the scapula about an inch from the inferior angle. The bullet then was found to have entered the thoracic cavity between the seventh and eighth ribs, splitting the lower border of the seventh rib and fracturing the eighth rib. At this point was found a small portion of cloth evidently belonging to his clothing, which formed there a plug. Some splinters of bone were also found in this situation. Here, also, we came on a large abscess burrowing among the adjacent muscles. There was a large collection of grumous fawn-coloured fluid in the pleural sac, and the lung greatly, in truth, almost completely, collapsed. The bullet was found to have penetrated this, passing through the superior border of inferior lobe, and emerging at the anterior border over the pericardium, and was lodged in the angle between the diaphragm and the sixth intercostal muscle in the line of junction of the cartilage with the ribs, and surrounded and retained there by a mass of recent lymph. Of this there were copious deposits, not only on the pleura, but also numerous flakes of it were detached and floating about in the enormous pleural effusion. On the right side the pleura was normal, but the lung was congested, emphysematous, and with numerous hemorrhagic infarctions. There was no evidence of any pericardial complication.

The latter fact proved that I was in error in supposing that the remarkable loud friction and crepitating sounds were partly, if not altogether, due to traumatic pericarditis, and that the subsequent gradual subsidence and ultimate disappearance of them was due to effusion separating the serous surfaces from each other. In place of this the pericardium was found normal, and the loud friction sounds were obviously connected with pleuritic and not pericardial inflammation, thus affording a signal illustration of the difficulty that, at times, attends the differentiation of the friction sounds of pericarditis from those of pleuritic inflammation. In this case the collapsed condition of the lung doubtless prevented observance as to whether there was any correspondence between the friction sounds and the pulmonary motions, thus intensifying, in consequence, the difficulty of diagnosis.

A remarkable feature to be noted, also, was the subsidence, for several days, of dyspnoea, notwithstanding the existence of so copious a pleuritic effusion, and also the absence of succussion sounds, although at the commencement, at all events, of the case, a double portal, by which air could enter the cavity of the pleura, existed—one being the wound in the chest, and the other that in the lung.

The phenomena, however, which are to my mind of most interest and greatest difficulty of explanation were the remarkable tumefaction situated to the right of the left nipple, which was observed on the patient's admission into hospital, and from which were heard—even at a considerable distance—the loud gurgling, bubbling sounds already mentioned; the gradual subsidence and ultimate disappearance of this tumefaction, as well as th

sounds connected with it, and also the persistence, on gently pressing the situation of the tumour, of that peculiar form of crepitation which was well compared by Dr. Banks to what one experiences on walking on crisp snow during a hard frost.

Again, the remarkable area of tympany observed in front of the chest when the patient was in the horizontal, but disappearing and becoming absolutely dull when in the erect position, is extremely difficult of explanation, and the information afforded by the autopsy in reference to this was, to my mind, distinctly negative.

The case is of importance, too, as illustrating the greater danger attending gunshot fractures of the ribs when the lesion is produced at the point of entrance of the missile. This fact has been strongly emphasised by Surgeon Brinton, whose remarks are quoted in the splendid "Medical and Surgical History of the War of the Rebellion," by Surgeon-General Barnes, United States Army. Mr. Brinton observes that an unfavourable prognosis might be almost uniformly given when a ball struck a rib on entering, deflected inwards the sharp points of the broken rib and drove before it bony spicules; whereas, if the projectile passed in through an intercostal space, and fractured the ribs on emerging from the thorax, far less apprehension need be felt." P. 488.

The only other point I would allude to is, in reference to treatment, and on this I shall be very brief. As regards instituting any search for the missile, having regard to our necessarily complete ignorance as to its whereabouts, and to the vital nature of the parts we had to deal with, I do not think that even so daring an operator as the late Marion Sims—whose recent death all interested in the progress of surgery must deplore—and whose views in reference to the treatment he thought should have been adopted in the case of President Garfield are doubtless well-known to all present, would—even while adopting the most rigid antiseptic precautions—have proposed or sanctioned any such procedure.

I consulted several of the standard works of British military surgeons for the record of any case similar to the foregoing one in the hope of obtaining light or leading in reference to either its pathology or treatment, but my search was, as I anticipated, somewhat like an attempt to draw water out of a lime kiln—fruitless. The treatment that was adopted was, in the main, anodyne and supporting. The only operative interference carried out being the paracentesis, and in reference to this, the question might reasonably be raised as to whether it would not have been wise to insert perforated tubing, and kept up drainage, adopting at, and subsequent to, the operation, the strictest Listerian antiseptic precautions and dressings, the importance and necessity for which in all such cases has recently, I may observe, received a fresh impulse in the Address on Gunshot Wounds, delivered in Bellevue Hospital Medical College, New York, by our eminent countryman, Sir William MacCormac.

I did contemplate adopting drainage at the time I performed paracentesis, but at the close of the operation, the patient became so weak that I did not deem it prudent to proceed any further.

Such are, briefly stated, the main facts connected with the history of the foregoing remarkable instance of gunshot injury, an analogue to which I have searched for in vain. It is, in truth, rare to find a case presenting unusual but clearly defined physical phenomena in which post-mortem investigation has not succeeded in throwing a ray of light to penetrate the obscuring mist. In this instance, however, in many particulars it failed to do so, and consequently the phenomena already referred to, the absence of hæmoptysis, the tumefaction over the heart observed immediately after the accident, and which subsequently disappeared, the loud gurgling bubbling sounds connected with it and heard at a distance from the patient, the area of tympany observed

on the anterior surface of chest when patient was in one position and disappearing when in another, and the absence of succussion sounds; these, while doubtless offering ample scope for speculative ingenuity, must, so far at least as I am concerned, for the present remain unexplained.

Lectures

ON

THE DIFFERENT FORMS OF APHASIA— TYPE, BOUILLAUD BROCA.

By J. M. CHARCOT, M.D.,

Professor to the Faculty of Medicine, Paris; Physician to the Salpêtrière Hospital; Fellow of the Clinical Society of London, &c.

(Concluded from page 240 last vol.)

GENTLEMEN,—This is sufficient regarding the clinical study of our case. It now devolves upon us to determine as much as possible the anatomical substratum of this affection of language so remarkably limited and circumscribed. At the outset two questions present: Where is the seat of the pathological change? In what does it consist?

You are all conversant with the valuable researches of Bouillaud, of Dax, and of Broca relatively to the localisation of articulate speech. Consequently I can dispense with any formal discussion on this matter in order to arrive at the conclusion that in the case of our patient there is a lesion at the foot of the third frontal convolution on the left side or its anatomical dependencies. There is nothing better established at least, so far as concerns the form of aphasia which we are considering at the present moment, than that localisation of Broca not long ago so little discussed. Contrary opinions have not been wanting, and have been even published in considerable number. But few of these withstand criticism, and I agree with the conclusions arrived at by Dr. Broadbent in his valuable paper "On the Cerebral Mechanism of Speech and Thought." (a)

With him, I have never encountered a veritable exception to the law of Broca, and with him, I do not believe that any of the cases presented as annulling it will bear serious examination. Among these, as Dr Broadbent has justly remarked, there is a certain number which are written under the aphasic rubric which are cases of labio-glosso-laryngeal paraplegia, of dementia, or of apoplectic stupor; others of genuine aphasia without destructive lesion of the third left frontal convolution, but in which the Sylvian artery has been obliterated by a thrombus, and where consequently the absence of an aphasic complication, at least transitory, had constituted, on the contrary, an exception to the rule. Others, again, where the pathological change did not affect the grey cortex of the convolution but rather the subjacent white fibres, which as we shall see, amounts to almost the same thing. In another class of cases, where no aphasia occurred, it has been stated that the convolution of Broca was diseased. This, however, has been based on an imperfect knowledge of cerebral topography, as the region designed has not been that to which, properly speaking, this name applies.

Further, in the group of contrary observations there is reason to exclude the cases of lesion of the third frontal convolution without aphasia, but occurring in left-handed subjects; and the cases also in left-handed subjects in whom aphasia coincided with a lesion of the third right frontal convolution. Quite recently, at the Clinical Society of London, (b) Dr. Taylor recorded an example of the first kind, and (c) Dr. Habershon an example of the second. It is the same regarding these

(a) "Med. Chir. Trans.," 1872, p. 172.

(b) "Clinical Society's Trans.," 1881, t. xiv, p. 89.

(c) Loc. cit., p. 101.

where, notwithstanding the existence of aphasia and that the subject thereof was not left-handed, a lesion of the third left-frontal convolution is discovered, dating from early infancy. One is forced to the conclusion that in such circumstances a functional substitution is established, the third right frontal convolution fulfilling the functions of its homologue on the left side. (a)

Another cause of error consists in that when speaking of aphasia one neglects to keep in view its varieties. Thus, to cite only one example, in the affection written of under the term *word-blindness*, in consequence of the more or less complete suppression of the auditive representation of words, certain aphasic complications may be begotten where the articulation of language is concerned only secondarily by some kind of *contre-coup*. At times, as we shall see, it is one of the temporal convolutions of the left side which is originally implicated, and a lesion of the convolution of Broca is consequently not to be looked for.

It appears to me useless to follow out these observations further; for if at the present time the seat of the lesions to which we ascribe the perversions of language described under the terms *agraphia*, *word-blindness*, and *word-deafness*, is not yet in all its aspects definitely settled, this does not obtain in the case of aphasia called motor, ataxic, or logographic, the sole form which Bouillaud and Broca had in view in their studies, and of which the case with which I am about to present you offers an example remarkable alike by its purity and simplicity. This form of speech impairment demonstrates the rule almost universally acknowledged, I repeat, that there exists coincidentally a superficial or deep, transient or permanent, lesion, affecting either the grey cortex of the third left-frontal convolution or the white fibres which unite it to the nuclei of the olfactory bulb.

Allow me in this connection to recall to you in indicating in a more precise manner that part of the third frontal convolution which, according to the researches of Broca, specially regulates the function of

the articulation of language. You will observe (fig. 68) how the foot of the third frontal describes with tolerable regularity by its folds the figure of the letter M, whose two median limbs constitute the portion termed by Broca *the cape*. But it is either on the posterior limb or that which unites the inferior part of the ascending frontal to the rest of the third frontal that we must search for the lesion to which motor-aphasia is due.

When this lesion which we are considering is accurately circumscribed to this region the fact is demonstrable by certain observations; and that besides is explained in the majority of cases by the fact that in certain subjects the vascular territory of the third frontal convolution enjoys an autonomy at least relative, inasmuch as it is supplied by a special artery whose obliteration, sometimes transient, sometimes permanent, determines in the corresponding region of the cortex disorders easily recognised.

It is to be observed that in cases of small localisation the aphasic disorder manifests itself without being accompanied by any paralysis of the face or members. It was thus in a case, related by M. Legroux, (a) which occurred in my wards. The plate which accompanied the description and which I now show you (fig. 69)

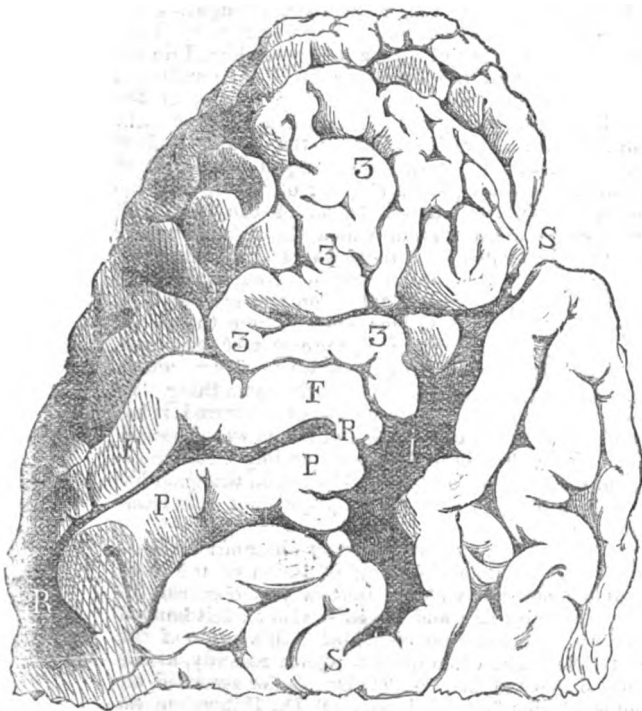


FIG. 68.

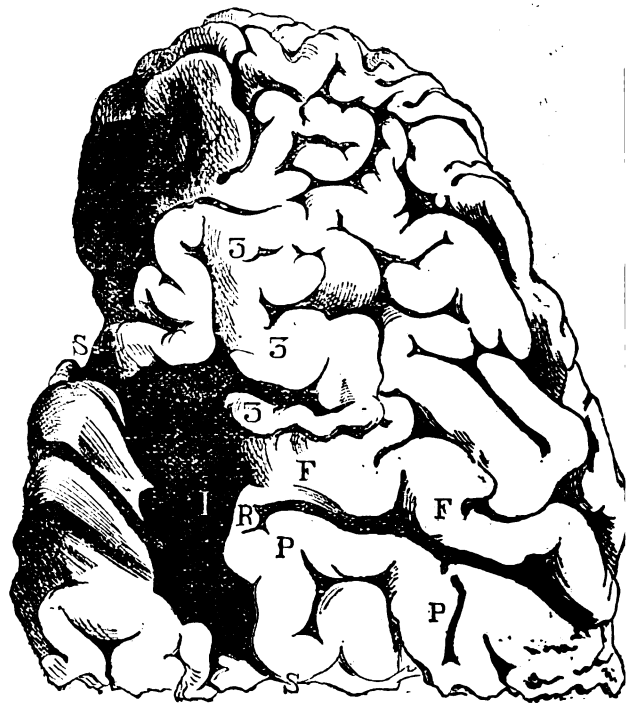


FIG. 69.

indicates a *yellow patch* at the foot of the third left-frontal convolution. This occurrence reminds me of the case of the patient Lelong, published by Broca, and that which Rosenstein has related in the *Journal Hebdomadaire* of Berlin. (b) Without doubt, examples of this group might easily be multiplied; but a localisation as exact is truly a rare thing. In general, the lesion extends to the convolutions, which have neighbouring functions in common with the region of Broca. At the present time you will have no difficulty basing on the results acquired by the application of the anatomical method in determining what the consequences will be of the extension of the lesion to the regions whose *ensemble* constitutes what it is expedient and justifiable to designate the motor zone. It is thus that paralysis of

(a) "Atrophie Partielle du Cerveau," Cotard. 1868; p. 80.

(b) Legroux, "De l'Aphasie." Thèse d'Aggrégation, 1875.
(b) "Berliner Klin. Wochensh.," 1884, s. 182.

the ordinary movement of the tongue, of the inferior facial, of the upper extremity, and ultimately of the inferior extremity of the right side, either simultaneously or alternately becomes superadded to motor-aphasia when the ascending frontal convolution has become the seat of disease. Let us remain, gentlemen, firmly persuaded of these cardinal facts, confirmed daily by observation in human beings and against which certain contrary facts furnished by vivisection cannot prevail.

The region of the neighbouring island of the third frontal is frequently simultaneously affected. In these times, lesions of the island considered in their bearing on logoplegic aphasia have been much spoken of. Can this latter be, as has been supposed, the direct consequence of a lesion limited to the lobule of the island? The fact is, as pointed out by M. Boyer, (a) that in the cases brought forward to support this opinion it more frequently happens that sometimes the grey substance and sometimes the white sub-cortical bundles were affected simultaneously with the substance of the lobule. Some cases, however, do exist tending to establish the fact that the cortex of the lobule of Reil may exceptionally become, to the exclusion of the circumvolution of Broca, the substratum of the organization of movements of the tongue and lips in the articulation of words. I have had frequent occasion in the course of these lectures to remark that aphasic aberrations are equally produced in cases where the lesion of third convolution affects the grey substance, and in these where it has destroyed the subjacent white fibres which unite it to the nuclei of the bulb. Has this difference of localisation its corresponding cortical manifestation? or, in other words, can we distinguish clinically between motor-aphasia due to lesion of the cortical substance and motor-aphasia of sub-clinical origin? This is a question with which many observers have been engaged, and on which I purpose in my next lecture offering certain observations.

THE INDICATIONS OF TREATMENT IN ACUTE RHEUMATISM.

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(Continued from page 527, last vol.)

Now as to treatment. Nothing perhaps illustrates more clearly the wonderful ingenuity and, at the same time, the vast resources displayed by medical men in presence of a disease so protean and formidable as rheumatism, judging from the diversity, and, it must be confessed, the seeming disparity of the remedial means to which they have had recourse for its cure. Veratrum, colchicum, blisters, blood-letting, warm-baths, ice, quinine, chalybeates, mercurials, anodynes, alkalies, and acids—all have been tried in the treatment of rheumatism—all have succeeded and all have failed alternately, according, as I believe, the type or stage of the disease had, or had not, been duly appreciated and recognised by the physician, thus verifying the remarkable saying of Diocles: "Medicines are as nothing, or as the hands of God, accordingly as they are ignorantly or skilfully prescribed." Either the disease has greatly changed in its gravity or type since the palmy days—not to go further back into antiquity—of Sydenham, Bonilland, and Ohomel, or our mode of viewing it entirely differs from that of those distinguished pathologists, leading us to adopt a milder course of treatment, and to trust more in the resources of Nature; otherwise it would be difficult to account for the utter desuetude into which many of the remedies then in vogue—more especially venesection—have recently fallen. For my own part, I am strongly inclined to believe that the disease is unalterable—that it

is the same now, in every respect, both in type and character, as it was in the time of Hippocrates; and that the change in question is due solely and simply to the more general diffusion of sounder pathological doctrines, and the more exact observation and analysis of clinical facts. A change in the system of treatment, however, does not necessarily imply a step in advance, as it must show something besides mere novelty to recommend it, without which, after a full and fair trial, it inevitably falls to the ground to give place to another which may prove, perhaps, as ephemeral and visionary as itself. This something is success, true and unequivocal, which, I believe, the treatment now almost universally adopted can justly claim as the criterion of superior merit. What practitioner, I would ask, ever thinks nowadays of treating rheumatism by bleeding, blistering, and purging? Not that they are without benefit in certain special cases; but to employ them indiscriminately, and, as it were, preferentially, is entirely out of the question. The cases which require the lancet, calomel, black draught, *et id genus omne*, are so few and exceptional as to scarcely claim our serious attention. The only cases, indeed, which might, with any show of reason, justify their use are those complicated with pleurisy, peri- or endo-carditis, inflammation of the eye, brain, &c.; but even here, except in extremely robust and plethoric constitutions, milder and less drastic measures will generally suffice. As to blisters, one would suppose that they had been long since relegated to an eternal limbo, never to rise again, as cumbrous, cruel, and obsolete barbarisms of the past; but this is far from being the case. If able and enthusiastic advocacy can accomplish it, the blister treatment bids fair to regain its lost ground in therapeutics, and to supplant many of its more popular rivals. Thus, Dr. Herbert Davies says:—"Blisters well and early applied (while the fever is high and the pain most acute) around every inflamed joint and followed by large poultices, to favour the discharge of large quantities of serum, produce rapid and full alleviation of the pain, reduce the pyrexia quickly, and speedily restore the use of the painful joints, acting *cito, tuto*, and, I would almost say, *jucunde*." Dr. Davies is also quite confident that blisters thus applied prevent the migration of the disease, and especially metastasis, to the heart; that relapses become less frequent and less severe, and the duration of the disease is very materially shortened. They also (and this is very important) render the urine alkaline. We can better imagine than describe the intense suffering, not to say the exquisite torture, inflicted on a sensitive and delicate lady by the simultaneous application of, say, four or a half-dozen blisters to the joints; and may not be deemed guilty of unjust or harsh criticism when we pronounce the "remedy worse than the disease." But perhaps Dr. Davies has only the sterner sex in view. However, if all the advantages claimed for it be realised—and we see no reason whatever to doubt them—all objections, especially those of a sentimental nature, must weigh light in the balance, and disappear before the extraordinary results achieved.

In the treatment of disease in general (and this applies most particularly to rheumatism) our chief aim should not be so much to shorten its duration as to conduct it, by guarding against and preventing serious complications, to a safe issue. Indeed, in our anxiety to limit its duration, we are only too apt to ignore and set aside the recuperative powers of Nature, and by embarking upon a speculative system of medication, we often run the risk of dashing against the rock we would fain avoid. There is, and can be, no fixed, definite, or specific line of treatment for any disease, as every case, however similar in general characters, must be met on its own merits, and treated accordingly. No other affection, perhaps, offers a more striking instance of the inexorable logic of this rule than does acute rheumatism, as there is, perhaps, no other so protean in its character, or so variable and diversified in its duration, course, and complications. Thus in the early stage of the disease, when the pyrexia is at its height, as shown by the increased temperature, thirst, dry skin, quick

(a) Dr Boyer, "Études Cliniques sur les Lésions Corticales des Hémisphères Cérébraux." Paris, 1879.

bounding pulse, &c., it would be highly injudicious, not to say, dangerous, in my opinion, to prescribe stimulants and ferruginous preparations, especially the acid forms, or persalts, as such remedies—all theories advanced in their favour notwithstanding—would be almost sure to end in disastrous failure. Hence refrigerants, saline aperients, diaphoretics, and alkalies especially, are clearly indicated, and have been prescribed from time immemorial by the ablest and most distinguished lights of the profession, proving that empiricism is not only often right, but even not unfrequently outstrips the tardy and cautious advance of experimental and positive science, and traces out the true path to follow. The alkalies are pre-eminently curative, as they not only act as antiphlogistics, by retarding or entirely checking metabolism, or tissue change, but they neutralise the acid products of combustion as rapidly as formed, and, by rendering them more soluble, hasten their elimination from the system. They also protect the alkaline constituents of the blood, or replace them, if already removed, thereby preventing the great emaciation and anæmic phenomena so conspicuous and constant in the course of acute rheumatism. They also, so far as I have observed, not only cut short the ordinary duration of the disease, but they very effectually prevent, in the majority of cases, the secondary complications of remote organs, such as the lungs, heart, and brain.

Seeing that the alkalies of the blood are all indiscriminately attacked by the uric acid, one would naturally suppose that it would make very little difference as to which of them we might select as remedies in the disease; but this is far from being the case, as we learn to our disappointment and bitter cost from practical experience—lime, soda, ammonia, and magnesia occupying the lowest grade in the scale of therapeutic agents, while potash and lithia take the highest rank. This may be owing to the fact that the chemical combination in salts, resulting, from the latter class being more soluble are the more readily eliminated from the system; while the former, being comparatively insoluble, are, in a great measure, retained, and act as local irritants to the parts with which they come in contact. The reverse of this, strange to say, obtains in gout—ammonia, soda and magnesia being, according to my experience and observation, the most effectual remedies; while potash and lithia are, at least, but feebly palliative.

These remedies (alkalies) should be continued so long as the urine and perspiration show an acid reaction, or even for some time subsequently; for it is very remarkable how rapidly the acidity of the excretions in question reappears, when we too hastily, or abruptly, suspend their administration. As, however, the saline constituents of the normal healthy urine are capable of decidedly reddening litmus paper, and thereby leading us, unless well on our guard, to suppose that the effect in question is due to morbid acidity, we should test the suspected fluid by a solution of the bicarbonate of potash, not the liquor, for obvious reasons. When, if acidity be really present, effervescence, more or less brisk, immediately ensues. But their too-prolonged use is not without some danger, although of the two evils I would choose the latter as the safer and less objectionable, as they sometimes lead, directly or otherwise, to a protracted convalescence. It is here where the good judgment and the acumen of the practitioner are severely tested; and, in the ordeal, either signally fail, or conspicuously show themselves. Should the tongue be clean and moist, the pulse soft or compressible, the temperature natural or sub-normal, the appetite keen or fairly good, the local pains entirely absent or much abated, the morning remissions well established, and contrasting favourably with the evening exacerbations, and the urine neutral or decidedly alkaline, there can be little doubt of the propriety or necessity of a change in the basis of treatment. Here chalybeate tonics, ammonia, bark, &c., are clearly indicated, and will be found, on trial, to meet our most sanguine expectations. Here, especially, the persalts of iron and quinine, separately or in combination, and

given in heroic doses, will, in the great majority of cases, leave little or nothing to be desired so far as promptness of action and therapeutic efficacy are concerned.

When the disease is not met with in the chronic form, or assumes it, as it occasionally does in some phlegmatic constitutions despite all treatment, no remedy, so far as I have observed can equal, or even approach, in energy, the iodide of potassium, in combination with quinine, both substances being given in as full and large doses as the system will permit. Should quinine be not tolerated as is sometimes the case, whether given in large or small quantity, ammonia may be safely and appropriately substituted, as it has the great (double) advantage of covering the disagreeable, nauseous taste of the iodide, and of increasing, so far as I can judge from a rather extended experience, its therapeutic efficacy. Here, too, counter-irritation to the joints, in the form of iodine, sinapisms, and stimulating embrocations (blisters rarely), is clearly indicated, and very materially assists the constitutional treatment in arresting inflammatory action and promoting the absorption of serous effusion and fibroplastic material deposited in the parts. Indeed, without it, the latter not unfrequently fails, or may be said to "drag its slow length along." In very feeble and cachectic subjects, steel-wine and chalybeates in general, combined with cod-liver oil, when there exists much emaciation or when the digestive organs are capable of assimilating it, are eminently serviceable, for otherwise it (cod-liver oil) is sure to do more harm than good, by exciting nausea, vomiting, and occasionally, purging. Still, I am disposed to think that much of the intolerance met with in daily practice regarding the use of oil is often rather due to the careless and very perfunctory manner of prescribing it, than to any idiosyncrasy or want of moral courage and perseverance, on the part of the patients. We are all of us, unfortunately—so much are we the slaves of custom and routine—only too apt to look upon cod-liver oil as a powerful specific, not only in all stages of phthisis, but in all diseases marked by asthenia and strumous taints, that we almost instinctively employ it as our sheet-anchor—our *refugium peccatorum*!—quite regardless as to the proper time of its administration, and oblivious of the patient's constitution and ability to digest it. It is in this way, I am fully convinced, that our most valuable therapeutic agents are often unjustly condemned, or fall into disfavour, through no intrinsic fault of their own, but simply from the thoughtless and slovenly manner of their application and employment. The consequence is that in a very large majority of cases, we are obliged to suspend it; or when we enforce it contrary to the feelings and repugnance of our patients we find to our surprise, and, it may be, our regret, that they often unceremoniously withdraw themselves from our supervision. When I am thoroughly satisfied that oil is the only remedy in any case, I take care to prescribe it—at least, to begin with—in minimum doses, say, a teaspoonful three times a day; and when tolerance is shown, to gradually increase the quantity. Another mistake, I think, often made is by giving it immediately before or after meals. This very often excites nausea and vomiting, and produces an insuperable disgust in the minds of patients against it. This is very easily rectified, for by waiting two or three hours after meals, or about the time that stomach digestion is ended, and intestinal begins, the oil rarely induces any unpleasant effect, and is probably assimilated or, at least, saponified or emulsified, after the chyme has passed the pylorus.

In conclusion, I purpose saying a few words on the salicylic treatment of rheumatism.

The effects attending the use of the salicylate of soda (for it is the only form I invariably employ) may be briefly stated to be rapid defervescence and analgesia, which usually ensue from twenty-four to forty-eight hours from the outset; slowing of the pulse; diminution of uric acid and urates in the urine, which, however, is not accompanied, so far as I have observed, by an increase of the secretion. But then, *per contra*, there

appear, with equal suddenness, *tinnitus aurium*, deafness, vertigo, sub-delirium, insomnia, and so forth. The pupils, if anything, become somewhat dilated, without, however, intolerance of light or dimness of vision supervening. The patients not unfrequently experience a vague indefinite apprehension of some impending evil; so much so that, to use their own words, "they are afraid to close their eyes." The analgesic effect of the salicylate exerts, I believe, a powerful moral influence upon patients towards curtailing the duration of the disease. They recover, to all appearance, rapidly, simply because their pains rapidly subside—*Possunt quia posse videntur*. But, unfortunately, herein lurks an unforeseen source of danger, and which if not guarded against may lead to serious complications and relapses. The patient should, therefore, be kept closely to his bed for several days after the symptoms, both general and local, of the disease have disappeared. In this way he will escape much unnecessary suffering; and the treatment, the discredit of failure which otherwise would surely attach to it.

The tinnitus is often so severe and amazing as to be compared to the ringing of church bells, the blowing of steam whistles, and the like. This, with the delirium, spectral illusions, and other hallucinations, quickly subsides on the suspension of the drug; or, which I consider a better plan, as it maintains a show of treatment, by giving it in minute doses, say, a teaspoonful of solution (equivalent to three grains) every three hours. The pyrexia (for I have rarely met with a temperature that could be dignified by the name of hyperpyrexia) and the pain and swelling of the joints usually disappear in from twenty-four to forty-eight hours from the commencement of the treatment.

The action, physiological and therapeutical, of salicylate of soda is *sui generis* entirely different from that of opium, belladonna, or any other anodyne or alterative I know of. By lowering the temperature and depressing the heart's action, it arrests the undue oxidation of the nitrogenous or fibrous tissues of the system, and consequently the excessive production of urea and uric acid, the latter more especially. This is shown on examination of the urine, however superficial, which, in the large majority of cases, will appear clear and limpid. It also rapidly becomes neutral or alkaline, and quite free from sand or lateritious deposit. Owing to the promptness with which the ordinary duration of the disease is shortened, very little emaciation or anæmia results, and the convalescence is equally satisfactory. The drug, in a word, is anti-rheumatic in the same sense, and quite to the same degree, that mercury and the iodide of potassium are anti-syphilitic or the sulphate of quinine anti-periodic.

From my experience of the action of the drug, I should hesitate very decidedly in giving hourly doses of ten or twelve grains, as recommended and practised by some writers on the subject. I have never failed to produce all the constitutional and therapeutical effects of the salicylate by ten, or, at most, twelve grain doses administered every three hours. Even with this comparatively small quantity, alarming cerebral symptoms (salicisms) not unfrequently occur, when its immediate suspension, or lessening of dose, becomes absolutely indispensable. Tinnitus, deafness, delirium, and other nervous phenomena subside with remarkable celerity, by merely taking the precautions mentioned. Instead of endeavouring to counteract the depressing effect of the drug upon the heart and muscular system in general by the administration of nutrients and diffusible stimulants, I much prefer withholding it altogether; or, which may be better (as it conveys at least a show of treatment) give it in minute doses and at prolonged intervals.

I have never observed any serious derangement of the stomach or alimentary canal, characterised by nausea, vomiting, or purging attend its use, when employed in the manner indicated. Our object, as already asserted, in treating all diseases, and rheumatism especially, should not be so much to limit their duration, as to conduct them to a safe issue.

Nothing, perhaps, demonstrates more clearly the pathological relationship, if not identity, of gout and rheumatism, than the behaviour of salicylate of soda in both affections. Indeed, so far as I have observed, it would be difficult to say which complaint is more speedily and effectually relieved by its action. In illustration of this, I could adduce some remarkable examples, but as this paper has already fully reached the length I originally intended it should, I shall postpone their consideration for a future, and, perhaps, more fitting occasion.

Rotherhithe, Nov. 29th, 1883.

Clinical Records.

NORTH-EASTERN HOSPITAL FOR CHILDREN.

Suppression of Urine—Convulsions—Death.

Under the care of Dr. ARMAND SEMPLE.

Notes by G. TULL, TREVOR, Registrar.

R. G., a girl, æt. 2 years and 2 months, was admitted into the Connaught ward on October 17th, 1883.

Family History.—Father and mother healthy. There are four children alive. Mother has had one miscarriage.

History of present attack.—The child has been ill since the 15th of October, when the mother noticed that its legs were swollen. It also had a sore throat and cough. The mother says that it passed no water for eighteen hours on October 16, and that the little it has passed during the last two days has been very thick. The father had a sore throat last week. There are no bad smells about the house. The child has never had scarlet fever; nor is there any scarlet fever in the immediate neighbourhood that the mother knows of.

On admission.—Child looks ill. The legs and feet are swollen. Breathing very rapid. There are rhonchi all over the chest with coarse crepitations here and there. Heart sounds healthy. Pulse 130 per minute, very feeble. Cries a good deal when examined.

Almost immediately after admission the child became much worse. The breathing became very difficult. Ordered one teaspoonful of brandy every two hours, and two teaspoonfuls of ammonia and ipecacuanha mixture every four hours.

The child remained very ill all the afternoon. The respirations continued to be rapid and shallow.

At 7.30 p.m., temp. was 103.2, reduced to 102.6 by three grains of sulphate of quinine.

At 11.15 p.m. the child suddenly stopped breathing, its gaze became fixed, and it was quite motionless. The nurse thought that it was dead, but this attack only lasted for about one minute, when it resumed breathing. The respirations were 60 per minute, and the pulse was 136 per minute. She has hardly passed any urine since admission in the afternoon, and as the little she has passed runs into the napkins, no examination can be made.

18th.—Morning temperature 102.6, pulse 120, respiration 60. Bowels open twice since admission. There is no urinous smell about the body. Has passed a little water into the napkin. Child is very weak and breathing very rapidly. Râles all over the chest both in front and behind.

11 a.m.—While the chest was being examined she was seized with a violent convulsion. Both sides of the face were equally affected. The feet and legs twitched slightly at first, but the twitchings afterwards became more violent. The eyes rolled from side to side, and then became fixed. Pupils equal. Pulse very feeble. Given a drachm of brandy which was easily swallowed. This attack lasted about ten minutes. Afterwards the patient lay quietly on her back with eyes open and fixed. Respirations quick and irregular.

1.30 p.m.—Child had another convulsive attack. Both sides of the face were equally affected. The eyes were fixed and staring. Pupils equal, not much dilated. The fingers were flexed across the palms of the hands; the arms twitched very violently; the legs only moved feebly. The head was jerked from side to side. The spasms were distinctly clonic, and very rapid, being over 100 per minute. This lasted for about 15 minutes, the spasms then became weaker and weaker and the child died.

19th.—Autopsy made 24 hours after death. Body well nourished. Post-mortem congestion on the back and shoulders. Rigor mortis well marked. Fingers flexed across

the palm. Feet and legs cedematous. No urinous smell about the body.

Brain.—The sinuses of the dura mater full of dark fluid blood. No sign of any thrombosis. The meninges generally were congested. No lymph or loss of polish of the surface. No sign of any tubercle. The brain itself weighed 38 ounces, and was healthy. Ventricles did not contain any excess of fluid. Tympanic cavities examined by removing a piece of petrous bone. The right tympanic cavity contained mucopurulent material, the left was empty. No caries of the temporal bone.

Chest.—On opening the chest the pleural cavities were found to contain some thickish fluid which smelt strongly of urine. There was a good deal more in the right side than in the left. On this side there were some pleuritic adhesions of recent date. Right lung consolidated at the base. Left lung much congested, no consolidation. No tubercle in pleura or lungs. Larynx and trachea healthy.

Heart.—Weight, 4½ ounces. Valves and tissue healthy. No pericarditis.

There was a small quantity of fluid in the abdominal cavity. No peritonitis. Mesenteric glands not enlarged.

Liver.—Weight, 20 ounces; congested.

Spleen.—Weight, 2½ ounces; rather soft.

Supra-renal capsules healthy.

Urinary system.—Kidneys weighed 4½ ounces together. The capsules stripped off readily. Both organs were congested; the pyramids in particular being of a deep red colour. They smelt strongly of urine. The ureters were healthy and undilated. Bladder empty and healthy. Urethra healthy. No mechanical cause for the suppression of urine could be found.

Transactions of Societies.

ACADEMY OF MEDICINE IN IRELAND.

SURGICAL SECTION.

A MEETING of the Surgical Section was held in the Royal College of Surgeons, December 7th. Mr. WHEELER, President, in the chair.

LIVING SPECIMENS.

Mr. Stokes, case of excision of the knee-joint for caries in a patient, æt. 36. Mr. Benson, case showing appearances of Jequirity ophthalmia. Mr. Barton, case of double tibial osteotomy. Mr. Lambert H. Ormsby, case of osteotomy for genu valgum.

SPECIMENS EXHIBITED BY CARD.

Messrs. Thornley Stoker, Hayes, Stokes, Lambert H. Ormsby, and Dr. M'Ardle exhibited specimens by card.

REMOVAL OF NASO-PHARYNGEAL TUMOURS.

MR. THORNLEY STOKER read a paper on the removal of naso-pharyngeal tumours. He dealt only with those growths with broad bases of attachment which are properly called tumours as distinguished from pedunculated growths or polypi, and the essential character of which is that, while lying in the naso-pharyngeal cavity and invading other situations they primarily spring from the base of the skull. He detailed two cases in which he had operated successfully, one in 1874, and the other two years ago. In the former case the tumour was fibrous and was taken away through the anterior nasal opening, access being gained to the fossa by making an incision along the side of the nose and enlarging the long opening by removing the nasal edge of the superior maxilla with a forceps. In the second case the tumour was a mixture of the cartilaginous sarcomatous and myxomatous forms. It was of large size, had produced "frog-face," impaired the sight of one eye and ear, and injured the sense of smell. It was also removed by an anterior operation. The nose was divided along its dorsum, its halves turned aside, and the tumour removed by scooping and scraping. It involved the long roof of the nose and pharynx, and three upper cervical bodies, large portions of which had to be taken away with the disease. The patient made a most unexpected recovery and is now in good health. His eyes have approximated to each other, and his hearing is completely, and his sight and smell partly, restored. Mr. Stoker referred to the principal operations which had been performed in the removal of these growths, but stated that his own observation of naso-pharyngeal tumours led him to

the belief that, in the great majority of cases, such heroic measures as operations through the palate by the removal of the superior maxilla or by displacement of it, are unnecessary, and that the disease can generally be attacked and taken away through more limited openings than these operations afford. For coming to this conclusion he had two chief reasons, first, that the growth of the tumour has by the time operation is demanded generally separated the superior maxilla to a considerable extent, so that as the surgeon cuts away the disease he finds his fingers in a cavity where he has room enough for action and exploration, and secondly, that the rough kind of scooping, gouging, or cutting, which is the most efficient means of attacking these tumours when the surgeon proceeds to remove them, does not require much space for its exercise. He did not wish to be understood as denying the necessity of the more formidable operations in some cases. What he sought to convey was, that cases which, to all appearances, require these extreme measures may be radically dealt with by minor means. He did not think a surgeon could even say with certainty what steps he might have to take when beginning to operate, and should, therefore, commence with such a measure as one of those detailed, and alter his hand if he found it insufficient. Photographs both before and after operation were shown of the case in which the nose had been divided along the dorsum, an operation in some respects different from any procedure previously adopted and free from the objection of producing deformity.

Mr. THOMSON, in opening the discussion, said he was present at the operations, and he could bear out thoroughly what Mr. Stoker had said as to the gravity of them. Undoubtedly Mr. Stoker had been extremely fortunate in not having had any return of the tumour in those cases. He had himself had under observation a case which had been under the care of Dr. Robert McDonnell a couple of years ago. A boy, named Richardson, who had come from Limerick, was suffering from naso-pharyngeal tumour, and from his description it appeared that Dr. McDonnell had removed the tumour through the mouth with a snare. When the boy came to him in January last the left side of the nose was filled with a large tumour which could be felt projecting into the pharynx behind. Having failed to get it away by snaring, he determined on a more severe procedure. He slit up the side of the nose, dividing the nasal bones with a forceps, and he was then able, by passing one finger into the mouth through the pharynx, and the other through the nares, to get at the fragment of the tumour. It was attached to the septum of the roof of the nasal cavity. The attachments to the roof of the nose being slight he was able to break them down and remove the tumour in one mass. In three weeks afterwards the boy went away well. Last month, however, he returned, the tumour having recurred, and it presented over the antrum. From the previous history and the fact that he had taken the tumour out of the antrum on the former occasion and that it was fixed as it lay, he was under the impression that it had grown again in the antrum, and, forcing its way through the anterior wall, had made its exit. Being of opinion that it was necessary to remove the upper jaw, casts were made for the purpose. But when he reflected the cheek he found it had not come through the wall, but that it lay on the wall. It passed backwards along the side of the superior maxilla, and escaped through the pterygo maxillary fossa, terminating in the position described. He was able to pass his finger into the nose, and pulling upon it he found it had an attachment on the external wall of the nose, the left side. There was nothing to justify the removal of the superior maxilla. Accordingly he wrenched the tumour out of its place, and he could feel the pedicle giving way. The tumour was about the size of his two fingers placed together. It was a single long tumour similar to the one previously removed. The boy had since gone to the country. He mentioned the case to show the virulence of those tumours springing from the naso-pharyngeal parts, and the hopelessness attending the apparently radical operation.

Dr. ROBERT McDONNELL stated that although he had removed several tumours of the kind he had not been so fortunate as Mr. Stokes in their non-return. At the same time some of them had returned only after long intervals. In the case of a national school mistress from the West the tumour came through the hard palate. It was gouged away, a large cavity being made through which the finger could pass into the nostril, and the rest of the tumour was taken through the mouth. About six years elapsed before the tumour recurred. The case detailed by Mr. Thompson was a remarkable one. The boy had come to himself i

Steevens' Hospital several years ago suffering from a large tumour which pressed forward through the soft palate. When that was drawn forward a roundish mass presented itself which was most inviting for slipping a noose round. He had tried to snare the tumour, but without success, until Dr. Cruise assisted him in producing an instrument with which to slip the noose backwards. Having snared the tumour a large piece came away, and it was obvious the noose went through the substance of the tumour instead of around the base. The effect was, however, to lessen the bulk and improve the condition of the patient; so that he went home. After six or eight months he reappeared with a tumour of very large size which interfered with speech and swallowing and rendered respiration through either nostril very difficult. His snoring at night was so peculiar that it disturbed all the patients in the ward. With his finger he (Dr. McDonnell) could feel what seemed to be the base and pedicle of the tumour growing from the same situation somewhat as described in Mr. Stokes's case, namely, from the under part of the junction of the sphenoid with the occipital bone. He was able positively with the finger of the left hand thrust into the mouth to feel the attachment. He had determined trying to remove the tumour by putting his finger in and using a gouging instrument passed into the nostril. He removed a piece that surprised him, being very little smaller than an ink-bottle. It came with his hand from the mouth. The operation was a most formidable one. The blood was gushing from the mouth and nostrils. When the tumour was taken out the large mass of sponge it took to fill the cavity amazed him. It controlled the hæmorrhage and the boy made a good recovery. About that time last year he again applied for admission to Steevens' Hospital; but he (Dr. McDonnell) had been himself obliged to go away, and then the boy fell into Mr. Thomson's hands. He had exhibited the tumour at the Biological Club. It was identical in structure with that described by Mr. Stokes, and belonged no doubt to the group of sarcomata, but was of that class in which the connective tissue elements sustained cartilage cells verging towards the condition called myxoma.

The PRESIDENT said he had had several cases of nasopharyngeal tumour under his care, including one very similar to that which had just been mentioned. The tumour had been removed previously, and he was consulted upon its return. It occupied the floor of the nose and the antrum. He removed the upper jaw which he exhibited at the Surgical Society some years ago. There had been no return of the disease.

Mr. THORNLEY STOKER did not reply.

Mr. STOKES brought under notice the particulars of a
CASE OF GUNSHOT INJURY WITH UNUSUAL THORACIC
COMPLICATIONS,
which will be found on page 19.

Mr. THORNLEY STOKER said Mr. Stokes's most interesting paper was bristling with paradoxes, a great number of which seemed to him incapable of explanation, although he had himself carefully watched the case. On the evening of the man's admission into hospital the bubbling or gurgling sound was a most remarkable phenomenon, the like of which he had not seen approached in any case before, and he could find no better simile than that it resembled the breaking of gigantic bubbles audible at a distance of upwards of ten feet. The knowledge given by the autopsy bore out his opinion of the cause of the sound. He had attributed it to the rough admixture of air and fluid in the immediate vicinity of the heart, whose impulse imparted the motions, for the pleural sac contained both blood and air. The sounds were synchronous with the action of the heart. He was inclined to believe that the pericardium was wounded, but in that he was wrong, the air was about the pericardium, and the sound was due to the churning together of the blood and air produced by the excited action of the heart.

Dr. Cox detailed two cases of pistol wounds of the thorax. One occurred on the night of the 12th July some years ago in county Sligo. A young fellow was out at night sitting with one or two others on a stile, when a shot was fired by one of a party of men who were proceeding home, and the bullet entered about an inch below the left nipple. In this case the probe passed in straight, but the foreign body could not be detected. There was no hæmoptysis, dyspnoea, pain, or apparent imminent danger. Below the scapula on

the same side he detected a slight amount of dullness, and he formed the opinion that the bullet had glanced off the rib and had lodged in that position. Shortly afterwards symptoms of pneumonia supervened, from which, however, the patient recovered, and an abscess formed in the situation where the dullness had been originally detected. On the abscess being opened the bullet came out. In a second case a bullet passed into the thorax fracturing the clavicle. In this the bullet was not extracted, but the patient made an excellent recovery.

Dr. BEATTY suggested that portion of the lung which remained floated forwards, and, being relaxed, produced tympanic sound. In ordinary cases tympanic sound was heard. He asked what was the condition of the lung, or was this sign present?

Mr. STOKES said the injured lung was perfectly collapsed.

Dr. H. KENNEDY said when pleural effusion existed the sound was tympanic, not from the state of the lung, but because of air in the pleura. When the position of the patient was altered, so was the air. In reference to the comparatively sudden death when pleural effusion existed—which was much more common formerly than now—the patient's life was frequently lost by the comparatively sound lung getting affected. The duty thrown upon it was so great it resented the increase by a sort of passive congestion, which rapidly took place, and was a most unfavourable sign. Where paracentesis was now so rapidly done, such an accident could be averted. As to the sounds over the heart, it was remarkable what sounds were obtained when the pleura alone was engaged, the slightest friction modifying or developing them to a very great extent. The late Dr. Stokes had dwelt on the fact of eliciting sounds of this sort by pressure, the stethoscope being applied, and the hand of a second party used to press lightly on either side. In the case under discussion the heart's action gave rise to the friction sounds that led Mr. Stokes to think the pericardium was engaged.

Dr. BENNETT said he had had the good fortune to see the case during its apparently favourable course, when it was supposed it would end in recovery, and when the physical sign Drs. Kennedy and Beatty had discussed was present. The tympany on altering the position of the patient gave him a very clear idea that there was a small quantity of air in the pleura which rose to the top, ascending as the position was changed. Another point of great interest was that it was clearly established by the post-mortem examination that there was an extensive wound of the lung, and yet there was no hæmoptysis. It was recorded by Fraser, in his Surgery of the Crimean War, that the presence of hæmoptysis was of great value as an absolute diagnostic sign, but that the opposite was not to be inferred. A very extensive wound of the lung might exist without any hæmoptysis.

The PRESIDENT mentioned that Surgeon-General Longmore and Inspector-General Mounatt had drawn attention to the dangers that arose when missiles carried before them any portion of the ribs or spicula of bone. There were cases in which bullets had been lodged in the substances of the heart, and there were no symptoms at all, and bullets had been found in the pericardium.

Dr. LENTAIGNE thought they ought not to be deterred from paracentesis by fear of death during the operation. In a great many cases the result might be satisfactory. At the Medical Section he had exhibited a patient whose mammary artery had been wounded, and on whom he performed paracentesis three times. On the first occasion he removed five pints of almost pure blood from the pleural cavity, and just before the operation the patient seemed to be moribund. The same thing happened on two subsequent occasions. The man fully recovered, yet the cavity refilled. In the end he performed the radical operation, incising with a knife and putting in a drainage-tube. The case turned into one of empyema.

Mr. STOKES, in reply, said he was not quite satisfied with the explanation given by Drs. Kennedy, Bennett and Beatty of the phenomenon. There were no sounds which would indicate a free air in the pleura, and the position of the patient was changed owing to restlessness. Assuming free air was there, it was remarkable, if Dr. Bennett's view was correct, that the air should always mount up in a certain position to exactly the same spot. A small area, two inches in diameter, situate at the base of the heart, and that it should appear in no other portion of the chest. The explanation of Dr. Kennedy and Dr. Beatty would be adequate,

if there was evidence of free air in the pleura, but there was not. He was himself aware of the fact of several cases of gunshot wounds being recorded where the lung was injured, and there was an absence of hæmoptysis, but he could not explain the phenomena witnessed in the case he had now recorded. He did not perform the second operation of paracentesis, the lung being completely collapsed, and the patient would not be sensibly relieved by the withdrawal of the fluid. The opposite lung was completely choked by catarrhal secretion, and therefore, he did not think there would be anything gained by subjecting the patient to another paracentesis.

The Section then adjourned.

LIVERPOOL MEDICAL INSTITUTION.

The Sixth ordinary meeting of the session was held on Thursday, Dec. 20th 1883,

Mr. T. SHADFORD WALKER, President, in the Chair.

Dr. HOWIX exhibited Duke's axis traction forceps with belt for extra traction.

Dr. HAYWARD showed a curious Malformation of the Heart in which the foramen ovale was closed. A large opening existing, however, between the two ventricles, capable of admitting two fingers. The aorta was much enlarged, whilst the pulmonary artery was exceedingly small.

Mr. RICHARD WILLIAMS showed a case of Primary Syphilitic Sore of the Conjunctiva. The patient was a girl, æt. 18, who presented herself at the Eye and Ear Infirmary two weeks ago, with the right eye red and painful. It had then been bad about a month. She had been engaged in nursing a child that died with an eruption on its feet and buttocks, and anuffles. The ulcer which was indurated was situated in the inner angle of the right eye. The pre-auricular gland was indurated. Up to the present, no sore throat or eruption has appeared, but the hair was falling off. The speaker mentioned that Snell, of Sheffield, had reported a similar case.

The PRESIDENT remarked that such cases were very rare. He had seen but two of the kind, and an account was given of another at the last meeting of the Ophthalmological Society of Great Britain.

Mr. EDGAR BROWNE said that the case shown by Mr. Williams was one of primary inoculation of the conjunctiva. He related a case that had been under his care in a man, in which the mode in which the inoculation took place was demonstrated with sufficient clearness.

Dr. RAWDON then gave the history of a case (with specimen) in which

CYSTOTOMY FOR THE RELIEF OF VESICAL IRRITATION

was performed. The patient was a boy, æt. 7, who was admitted into the Children's Infirmary on account of painful chronic cystitis of four months' duration. No cause for the cystitis could be made out with certainty, there was no phimosis, but the urethral orifice was small. Cystotomy was performed on May 9th, the operation being followed by relief of all the symptoms. The urine was, however, pale and deficient in urea and other urinary constituents. After a time the patient went out but returned on Oct. 9th with a large lumbar abscess. This was opened antiseptically. On re-opening this, after premature closure, the cavity was thoroughly explored when a large quantity of pus was discharged from the kidney. The case ended fatally, with symptoms of peritonitis. On post-mortem examination, the left kidney was found hypertrophied, the right was tubercular, and was the seat of a ragged abscess cavity. He was of opinion that the disease may have travelled upwards from the bladder, and that the bladder affection was caused primarily by the contracted condition of the urethral orifice.

Mr. REGINALD HARRISON's opinion was favourable to the operation (of cystotomy) in cases in which there was much annoyance. He had performed it a good many times, and the more he saw of it the more he could recommend it as it afforded a very large amount of relief.

Mr. F. T. PAUL then read a

NOTE ON THE TREATMENT OF COMPOUND FRACTURES,

and showed a form of splint devised by himself that was useful for these and allied cases. The speaker alluded to the difficulty there was in fixing the bones in cases of compound fracture as the splints had to be taken off to permit of the wound being dressed, when, the bone got disturbed.

To obviate this difficulty he had, whilst house surgeon at the Royal Infirmary, devised a form of splint that permitted dressing of the wound without necessitating removal of the splint. The splint consisted of a band of hoop iron, about 1 inch in width and covered by a smooth sheathing of india-rubber. The form of the leg and foot was first accurately taken with a piece of lead. After which the splint was bent so as to have curves exactly similar to those of the lead pattern. The splint was then applied and fastened on by plaster of Paris bandages above and below the point of fracture, and the dressings could then be changed without disturbance of the splint. He considered it a matter of importance however, that the ends of the bones should be wired together, and the wound cavity thoroughly drained. The same form of splint was also of service in ankle-joint disease in children, in which case the paraffin bandage was useful in place of the plaster of Paris as it was impervious to moisture.

Mr. BANKS said that he had used Mr. Paul's splint for the last five years in ankle joint cases with opening at the side and considered that there was no splint like it. He had used it also with advantage in resection of the humerus. He complimented Mr. Paul on his most useful invention.

Mr. PAUL, in reply, said that the splint could be procured from Mr. Critchley in any lengths at tenpence per foot.

Mr. G. G. HAMILTON then gave particulars of

FOURTEEN CASES OF OPERATION FOR RADICAL CURE OF INGUINAL HERNIA

treated at the Northern Hospital. All the cases were without complications. In two the rings alone were stitched—one cure and one failure. In ten the rings were stitched and the sac tied—nine cures and one failure. The two remaining cases were operated on so recently (six and four months ago respectively) that the result was at present uncertain. As regards the ages of the patients one was under 20, three between 20 and 30, three between 30 and 40, three between 40 and 50, two between 50 and 60, and one 60. The length of time that had elapsed since the operation was from twenty-seven months to four, the average being sixteen and one-third months. Mr. Hamilton stated that Lister's most recent method of dressing in these operations was to powder the region around the wound with iodoform and apply salicylic cotton wool after having placed next the wound two or three layers of wet gauze. As to the method of performing the operation his own opinion was that the sac should be removed and the parts of the ring brought together. Experiments made by himself showed that sulphurous chromic acid gut and fishing gut were the two materials that offered the most resistance to purulent fluids, and as the former of these was very easy to tie with he thought it the most suitable material to employ.

Dr. ALEXANDER said he had operated thirty or forty times and also in cases of irriducible hernia. In the latter class of cases his plan was to open the sac, and release the intestine and omentum. In the ordinary class he tied the sac with unchromicised catgut and stitched the pillars of the ring except in the case of children when stitching of the pillars was unnecessary. He rather preferred that the wound should heal by granulation than by first intention.

Mr. BANKS was of opinion that the sac should be dissected out and the pillars brought together with silver wire. He rather doubted whether there was such a thing as radical cure of hernia and thought it advisable that the patient should wear a light truss after the operation. The operation in his opinion should not be undertaken except life was a burden or the patient was incapacitated from following his employment. No cases were so favourable for operation as those caused by undescended testicle as in them there was no cord left in the canal predisposing to a return of the hernial protrusion.

Mr. RUSHTON PARKER was not quite certain that stitching of the pillars of the ring was necessary in ordinary cases. There were cases in which it should be done. He then pointed out that Mr. Hamilton's experiments were not conclusive as to the suitability of the suture material he recommended. The desirable material was one that in due time should be absorbed by healthy structures and not one that should remain long undissolved in a purulent fluid.

The President and Council of the Harveian Society of London have issued cards for a *conversazione* on the evening of January 17th.

PROFESSOR VIRCHOW ON THE INFECTIOUSNESS OF TUBERCULOSIS.

AT the last meeting of the Berlin Medical Society a debate on this important subject took place which was joined in by the *élite* of the medical faculty in Berlin.

Professor Virchow, who has always doubted whether much was to be gained (in the direction of acquiring immunity against tuberculosis by inoculation with a weakened virus, as in the case of splenic fever) from the numerous experiences in earlier investigations, delivered himself of the following *impromptu* speech, which we translate from the *Deut. Med. Zeit.* for the benefit of our readers :—

He said he was not of opinion that the tubercle bacillus had infectious properties in the strict sense of the term. We then reached the difficulty that the terminology did not meet the case. The expression "infection" had, properly speaking, the sense of grouping together a series of processes which agreed in this, that they had as a basis a power of reproduction and that they were dyscratic and affected the whole body, not simply that the material in question came direct to a spot, but that it infected the body, and of which it was assumed that the substances were of a chemical nature. Since fungi had been introduced, and all fungi had been considered infectious, there had been a certain amount of difficulty as to whether, for example, thrush and scabies were infectious processes. The difficulty had arisen from infection and contagion having been mixed up together, things that, according to the speaker's view, were different. When a man asked himself what attitude he should assume in regard to these parasitic diseases in which the small fungi played a principal part he must decide to recognise two principal categories which, although they might be similar in their larger features, were quite distinct as regarded particulars. The one category was best represented by that form of disease which could be produced by the artificial introduction of *aspergillus* into the body, a form which in birds was met with tolerably extensively, and which in geese, for example, caused great devastation. Now, we knew by experiments that had been made extensively, that we met with two kinds : we could see at the point of inoculation that the *aspergilli* grew, and further, that the fungus spread, and appeared in other organs as a metastatic process. Nevertheless, the *aspergillus*, even when it caused these metastases, did not cause any dyscrasia, and there was no ground whatever for the assumption that it was the cause of the specific injury that exercised such a baneful influence over the whole body. If we assumed that the fungus excreted a poison, the *aspergillus* did not cause the impression that it also excreted a poison and acted by reason of it, but it caused its effect on the spot where it was, and carried farther it acted also on other points of the tissues, but they always remained particular spots and we never had a general toxic infection of the whole body. In regard to tubercle, the speaker noted that long before the bacillus was thought of only a single case had been brought forward in which something like a typhoid appearance was manifested, namely, miliary tuberculosis. As regarded the rest, no one supposed that a specific poison had been present along with the local process and that a kind of toxic infection was associated with it, but it had been simply held that a tendency existed to set up new local processes in other places. Thus in the case of pyæmia, for example, that which the embolus caused within the body and that which the other injurious influences attaching to it caused, were very different. We must now make use of our experiences and not believe that all our knowledge up to the present was useless. On the contrary, it had now for the

first time its justification. So long as the fact could not be proved that the bacillus of tuberculosis had such a toxic action we should have every ground for suspecting that it acted where it was, but not upon other regions, and that when, for example, we took the blood of such an infected animal after the first invasion had passed by we could have no expectation that the blood would act injuriously.

On the other hand, we must recognise the enormous difference there is in the other group of diseases where undoubtedly an injurious substance was propagated, as, for example, in the case of splenic fever. At the time when the epidemic of splenic fever broke out amongst animals of the chase in the Grunewald, the speaker made a large number of investigations, and he arrived at the fact that the inoculation of the blood of these animals set up the worst forms of anthrax although not a single bacillus was demonstrable and not a single animal showed such bacilli. Within the last few days a work by Koloff had appeared (a) which confirmed this observation. The writer was more unprejudiced as he had not known of his (Virchow's) investigations. He found that besides the two forms of *bacillus anthracis* a third form must exist in the shape of exceedingly minute granules. Whilst before his (the speaker's) investigations the question was discussed as to whether the fatal course of splenic fever did not depend on the fact that the bacteria were present in the blood in such quantities, that they enclosed the blood corpuscles and thereby prevented the entrance of oxygen and thus brought about actual apnoea, he had succeeded in producing a form of anthrax in which not a single bacterium was demonstrable.

As now the fungi acted neither mechanically nor by their simple presence, nothing remained but the assumption that they were able to exert a particular action upon the material of the body, by virtue of which they called forth toxic products. This form of splenic fungus, and that of the *aspergillus* must be looked upon as two processes standing upon entirely different grounds, and if in processes belonging to the second series a second inoculation must fail, this could not be the case with the first series.

He had convinced himself of the excellence of Pasteur's inoculations when he performed the inoculation experiments in Packisch at the instance of the Minister of Agriculture. They had only one drawback, that vaccination itself had—viz., that from time to time failures were met with which could not be explained. But the failures of Pasteur were all of one kind. He had races of sheep before him which, as it appeared, were more susceptible than those on which he had been accustomed to operate, and the same lymph that he had found suitable in France had simply produced anthrax in some animals, of which they died. Pasteur had shown that a certain kind of fluid could be produced which inoculated, produced a very slight disease which prevented a fresh attack. After the proof it was only necessary to give the protection lymph a form in which it would be certain in its action under any conditions.

He had had the impression that what Baginsky described were circumscribed patches of caseous pneumonia. Instead of the word "tubercle" it would be better to operate with the word "bacillus." The previous speaker had asked if caseous pneumonia were not also tuberculous. It could be called tuberculous, but the speaker saw no ground for calling a process tuberculous, in which no trace of tubercle was present. One should rather ask on the contrary whether tuberculosis and caseous pneumonia were not both the results of the bacillus. It was immensely difficult for many pathologists to accustom

(a) "Ueber die Milzbrandimpfung und die Entwicklung der Milzbrand Bacterien." Prof. Koloff, *Archiv. für Tierheilkunde*, Bd. IX., Hft. 6.

themselves a little to consider things from two different sides, and yet the twofold method—the one from the causal, the other from the essential point of view—was for medicine absolutely necessary. Tubercle was a little nodule. Caseous pneumonia was a comprehensive process. If they both sprang from the bacillus they could both be called bacillar, but they could not both be called tubercular. In relation to this point the speaker mentioned an analogous example. In syphilis we had the same varied forms of manifestation. A formation that appeared as a nodule was called a gumma or syphiloma. But we should not say that this was identical with an erythema syphiliticum, but that things differing in themselves both had their origin in syphilis. No one would look upon a syphilitic bubo and a syphilitic osteosis as identical. Each of them had its own course, and must be considered by itself. We had many more interesting manifestations of the same kind in toxicology. How many-sided, for example, was the action of phosphorus! In the course of accurate study phosphorus necrosis was first met with. Later on we became acquainted through Wegner with the form of phosphorus necrosis of the interior of growing bone. These were two processes that were throughout non-identical. We knew further that phosphorus was the cause of peculiar changes in the liver—acute yellow atrophy. But it was equally true that such processes were met with in which no trace of phosphorus was demonstrable, and we had now accustomed ourselves to recognise several forms of the affection.

From these examples the speaker traced the importance of looking at things from various points of view, and again advised that things that were caused by bacilli should be called "bacillar," and that the word "tubercle" should be employed anatomically for distinct formations. Baginsky in his inquiry had given utterance to a misconception when he said that Laennec, when he established the unity of tuberculosis had derived tubercle proper, and this so-called tubercular-infiltration from the same beginnings. This was decidedly a misconception. Laennec had never considered tuberculosis but phthisis to be one, and had said that phthisis was tubercular. He had then, however, described two kinds of origin—*granulation tuberculeuse*, and *infiltration tuberculeuse*. Finally, in coming to the expression that there was only one phthisis he denied, for example, that there was a syphilitic phthisis. To-day no one made any hesitation about that. He (Virchow) held the belief that there were several kinds of phthisis, and if a man would not accustom himself to this belief, he would never be in a position to understand them. He also believed that it was possible to indicate them terminologically when the cause as such was designated, and the pathological product had its own designation. He should thus believe that what had been described by Baginsky belonged to the inflammatory and not to the tubercular series.

THE highest annual death-rates from diseases of the zymotic class in the large towns last week were—From measles, 2·4 in Birkenhead, and 2·0 in Manchester; from scarlet fever, 2·9 in Leeds, and 2·1 in Newcastle-upon-Tyne; from whooping-cough, 2·3 in Brighton, and 1·1 in Sheffield; and from "fever," 1·4 in Blackburn, and 1·1 in Preston. The 40 deaths from diphtheria included 22 in London, 6 in Glasgow, 3 in Hull, 2 in Liverpool and Edinburgh, and 1 in Dublin. Small-pox caused 4 deaths in Birmingham, 4 in Liverpool, 2 in London, 1 in Glasgow, and 1 in Sunderland.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 9, 1884.

ENTERIC PARAPLEGIA.

THE wisdom of encumbering the terminology of medicine with new names descriptive of diseased conditions of the body for which hitherto no special appellation has been found, must always be somewhat questionable; but the necessity for such a proceeding is, at any rate in many cases, demonstrable. Within comparatively recent times, not a few "new diseases," so-called, but which would be better described as "unrecognised," have been admitted to our nosology; and inasmuch as they have received the attention and approval of leading authorities in the profession, they presumably deserve all the distinction they enjoy. Multiplication of names is, in fact, an essential part of progress in knowledge aided by discovery; for even in those cases where only amplification of previous experience results from further study of a particular disease, it must often happen that the language of the past is inadequate to depict all that is revealed by present investigations of unhealthy conditions. And thus it becomes imperative to employ for its delineation such terms and phrases as in the association so given to them present the appearance of novelty in nomenclature, and have the force of adding to our already extensive vocabulary of technicalities. Further, one of the best proofs we can have of progress in medicine is assumed to be this very evidence of extended discovery; it being rightly argued

that each newly recognised form of disease reduces the number of possible deviations from a healthy standard with which the practitioner has yet to make acquaintance; and though the rapidity with which this advance is chronicled may seem to be slow as witnessed from year to year, yet when surveyed from afar—and regarded, as well, in the light of all that collateral information as to pathology, treatment, and diagnosis, of which it formed the starting point—it acquires an importance that can hardly be over-estimated.

With such reflections to influence opinion it is quite possible to consider fairly and leniently every new demand in respect to laying a fresh burden on the memory for names. Whencesoever this desire emanates it receives a consideration proportionate to its merit; and in those cases where it can be reasonably shown that new names are necessary to denominate special conditions, there is little objection raised against them. It may, however, be open to question whether Dr. Roberts Bartholow is strictly justified in making the attempt to add to the list of forms of paraplegia one to be described as “enteric,” though the observations on which he grounds the claim are of the most interesting character, and are presented with a clearness and precision that leave nothing to be desired. Dr. Bartholow communicated his views to the College of Physicians of Philadelphia at a meeting of that body held on November 7th last, under the title of “enteric paraplegia.” This term, he said, was intended to express his conception of a spinal paralysis produced by an intestinal disorder; and the condition was illustrated by narration of several cases of the kind referred to, and of which the following may be quoted as an example:—The patient was about sixty years old, and had for a year past been troubled with intestinal indigestion attended by colicky pains, flatulence, and irregular action of the bowels. In addition to these symptoms, a gradually increasing inertness, with diminution of power, had come on in the lower extremities, and this last condition it was which led the patient to consult Dr. Bartholow. Although in this particular case—which, by the way, continued under observation at the time of writing the paper—sensitivity and locomotion had not been, at the date, much affected, still in other examples cited both tactile and heat sensitivity were much impaired, and the power of walking very materially decreased. All these cases are taken by Dr. Bartholow to be instances of paralysis induced through the intestinal system, and by reflex action on the spinal cord as a result of irritation of the nerves distributed to the alimentary canal. He makes two postulatory statements to the effect (1) That there is a reflex paraplegia due to a functional disturbance of the intestine—enteric paraplegia; (2) That there is a paraplegia having its initial seat in the end organs of the nerves distributed to the mucous membrane, thence ascending to the cords by a progressive neuritis.

It is, of course, on the second of these two propositions that the greatest amount of interest centres; but it must also be admitted that the demonstration of it is based on analogy only. It has been shown that the spinal cord may become diseased in cases of chronic

dysentery, pyelitis and vesical catarrh; and an intramuscular neuritis may very conceivably spread upwards until the whole length of nerve intervening between the intestine and the spinal cord becomes subject to degenerative changes. Thenceforward the condition of the immediately affected part must remain stationary; but to what extent the lesion induced in the cord itself will suffice for the production of paraplegia is not so clearly or sufficiently shown as could be desired. Local anæmia in the cord is an important factor in this connection, as has been shown by several observers; and Dr. Bartholow is careful to indicate the influence to be attributed to the condition; while, as determining the degree and extent of the changes set up, he insists on the necessity for considering the nature of the initial alterations. Simple reflex paraplegia is a mainly functional affection, and may be recovered from on the removal of the exciting cause. This in the case of intestinal indigestion is probably the irritation of the collected food on the peripheral nerves, together with stretching from contained gas; from such irritation, stimulation of the vaso-motor centre results, followed by general contraction of arterioles, and thus spinal anæmia is set up. In the more severe and permanent form of the disease the effects are much more serious, depending, as shown, on intrinsic changes in the nervous system.

Dr. Bartholow thus explains how intestinal or renal lesions may in one case produce a merely reflex disturbance, and in another set up an ascending neuritis. A degree of peripheral irritation not too great will merely stimulate the vaso-motor centres, and cause anæmia of the cord by tonic contraction of its vessels; but when the lesions of the mucous membrane are of a destructive kind, depression of the trophic centres, as well as of the vaso-motor, ensues. That there is a neuropathic type of constitution, in which the nerve tissues are peculiarly prone to take on morbid changes, is an indisputable fact. When the two influences coincide, the result is not doubtful.”

It is not improbable that the observations of other practitioners may lend more or less support to those of Dr. Bartholow. They are, at any rate, worthy of being well considered and widely known; and though there may not be many willing to go the length of identifying with him all “enteric” paraplegia, still his conclusions will be received with the respect they deserve from the eminence of their author.

THE LEGAL ASPECT OF THE PROPOSED IRISH CONJOINT EXAMINATION.

THE proposal to compel all licentiates of the Irish College of Surgeons to pass through the College of Physicians (or some other medical licensing body approved by that College) has been, as yet, discussed only as to its expediency, but on further examination of it, we discover that any such abandonment of the separate licensing powers of the College would be totally illegal in the present condition of its Charters. The letters patent under which the College is administered do not, indeed, permit the Council to refuse the diploma

of the College to any person whatsoever so long as the applicant has complied with the legitimate requirements of the Council, and satisfactorily answered the necessary examination, and so far does the Charter carry this perfect freedom of entry to the College that we find no provision to enable the Council to refuse the diploma to a person even of the worst reputation if he had satisfied the necessary educational and examinational requisites. Clause 19 of the Supplemental Charter of the College says:—

"We do hereby, for us, our heirs, and successors, further ordain and appoint that the examiners of said college, or so many of them as may hereafter be declared necessary to constitute a court . . . shall from time to time upon request made to the President, or in his absence to the Vice-President, or any of the Council of the said College, examine in such form and manner, and on such subjects as the Council may, from time to time, direct and prescribe, *every person who shall be desirous of obtaining the certificate or letters testimonial of the said College . . . and who shall have duly observed and fulfilled the rules, regulations, conditions, and ordinances . . . contained in the bye laws . . . and in case the said examiners shall be satisfied with the result of such examination, and shall certify to the said Council to the effect aforesaid, then in such case the said Council shall give to each person so examined . . . such certificate or letters testimonial of his qualification to practise.*"

Thus it is evident that the Council has no right whatever to require a candidate to take any other diploma, or to pass any other examination than that of the College itself, and that the student would—in spite of all regulations made to compel him to take the conjoint diploma—be entitled to demand examination for the separate L.R.C.S.I., and to insist on obtaining the diploma if he passed.

But another legal difficulty presents itself in the way of this conjoint scheme. It proposes that the conjointly examined candidate shall be granted a complete qualification in medicine, surgery, and midwifery, and we are told that the beauty of the arrangement consists in the symmetry of this diploma. But it appears that the Irish College of Surgeons can grant no such diploma in midwifery upon an examination held previous to the grant of the L.R.C.S.I.

The 19th section of the same Charter says—

"And we do hereby further ordain . . . that the examiners of the said College . . . shall . . . from time to time . . . examine in such form and manner and on such subjects as the Council may . . . direct and prescribe, such persons as may so require it, *being Fellows or Licentiates of the College, touching their ability, &c. . . in midwifery, and in case the said examiners shall be satisfied of the result of such examination . . . the said Council shall grant such person such certificate of his qualification to practise midwifery, &c., &c.*"

It is here set down that the licentiate in midwifery must have been submitted to a separate examination in this subject after he became a licentiate in surgery, and no diploma granted upon an examination held previously would have any validity.

If, therefore, the College proposes to force its licentiates into a conjoint examination it will be compelled to seek another change of Charter, and we do not for a moment believe that the Government will grant a change for such purpose.

Notes on Current Topics.

"Soothing Medication."

AN inquest arising out of a death resulting from administration of a "herbalist's" medicine for "soothing" was concluded last week by Dr. Diplock, at Chelsea. The deceased, a carman's widow, had been under treatment at a dispensary for some months on account of bronchitis, but had latterly ceased to attend this institution, and had invoked the services of a herbalist named Wallace. On December 10th she was supplied by Wallace with a mixture and other articles for immediate use; and with the first of these, directions were given to the effect that one or two spoonfuls formed a dose; but the messenger who fetched the compound was informed that, should the patient even swallow the whole contents of the bottle at once, no harm would result. In the sequel the woman did take about one-half the quantity supplied, and died forty minutes after. On examination of the remaining medicine it was found to contain lobelia seeds and acetic acid in such quantity as to explain the post-mortem appearances presented by the body of the deceased, and which included evident indications of an irritant poison having been taken during life. After Dr. Stevenson, on whose statements the above facts were demonstrated, had concluded his evidence, Mr. Wallace proceeded to justify his conduct on the ground that he had himself taken large quantities of the drug without ill effect; and he expressed regret at the little recognition accorded by the medical profession to so useful a remedy. Dr. Diplock very properly ordered the man to abstain from such utterances in the face of the opinion recorded by Dr. Stevenson; and the jury marked their estimate of the value to be attached to Mr. Wallace's skill in medicine by returning a verdict of manslaughter against him, and he was then duly committed for trial on the charge. At the termination of the first hearing of the case before the magistrate on Saturday last, Wallace was remanded on his own recognisances in £100.

Pre-Connubial Suicide.

THE case of the youth Denton, whose death was inquired into before Mr. Carter at St. Thomas's Hospital on the 31st ult. is one of a kind that possesses considerable medical and psychological interest. An auctioneer's assistant, in comfortable circumstances, he was engaged to be married, and had himself fixed the ceremony for Christmas Day, but instead of presenting himself at church at the appointed time, he swallowed a quantity of carbolic acid in his own lodgings, from the effects of which he died in a few hours. It appeared from the evidence given at the inquest that Denton was not quite steady in his habits, and had been the worse of drink several times recently, but his intemperance had not gone to such an extent as to disorder his mind, and was even unsuspected by the young woman to whom he was engaged, and it could not therefore have been the cause of his suicide, which may with much more probability be ascribed to the profound emotional disturbance which so often visits those on the verge of matrimony. No one, unless of callous and obdurate nature, can enter upon the married state with its responsibilities and

possibilities and altered habits of life without some agitation and misgivings, and these in the case of men of peculiarly sensitive and diffident temperament, or with an inherited tendency to insanity or nervous disease, mount sometimes into morbid excitement, delusions, or transient delirium. Every year a considerable number of suicides take place which are to be attributed entirely to pre-connubial anxieties and misapprehensions, which might have been obviated in many instances by a little sound physiological teaching, or by a consultation with a sensible doctor. Post-connubial suicides also arise mostly from ignorance and nervous excitement in men of fine-strung organisation, and they, too, might often be avoided by timely medical advice.

Richard Owen, C.B.

No distinction has ever been more richly merited by its recipient than that with which the veteran keeper of the Natural History Collection will retire from a post in which he has worked with a success that few can hope to imitate. Professor Owen's claims are of a kind that no reward could too extravagantly repay, for in him has British science found for more than half a century a learned and vigorous exponent, and a strong and earnest champion. In every quarter of the civilised world his name is revered and honoured; and friends will congratulate him from all countries on the occasion of his receiving from his Sovereign the highly-prized mark of favour to which he has been gazetted. The rank of C.B. is eminently fitting to the author of "Comparative Anatomy of the Vertebrates;" his whole life has been marked by devotion to the science which early allured him to its study; and by his own bright example of industry and integrity he has done more than any living contemporary of his own to ennoble and popularise the pursuit of natural science for its own sake. A universal wish that he may be spared to enjoy the ease and dignity of repose after his long labours, will be experienced by every one who knows the veteran professor either personally or by reputation.

The Bower and Keates Defence Movement.

THE response given to the appeal made by the committee appointed to collect subscriptions on behalf of the Bower and Keates Defence Fund, has been so speedy and considerable that already the amount required to cover the legal expenses has been more than obtained. An announcement has therefore been made to the effect that the list of subscribers would be closed on the 5th inst.; but the secretaries, Drs. Mahomed and Burnet, will be glad to receive further signatures to the memorial that is being prepared in connection with the case. The result of the movement so far is a most welcome and satisfactory indication of the readiness with which, when duly roused to a sense of the danger which menaces it, the medical profession can be induced to unite in its own defence; and for the vindication of its own honour and dignity when threatened in the persons of its individual members.

PROFESSOR HUXLEY will, it is rumoured, be offered a baronetcy.

The Medical Societies.

THE annual election of officers of several of the medical societies will take place within the present month, and the following nominations have been made at the societies named. In each case an asterisk is placed against names of gentlemen who are proposed for the particular office for the first time.

For the Clinical Society.—President: Sir Andrew Clark, Bart., M.D., LL.D. Vice-Presidents: *J. W. Ogle, M.D.; F. W. Pavy, M.D., F.R.S.; R. Southey, M.D.; John Croft; Arthur E. Durham; *W. Marrant Baker. Treasurer: Christopher Heath. Council: *H. R. Crocker, M.D.; *A. W. Edis, M.D.; *William Ewart, M.B.; Robert Liveing, M.D.; R. J. Lee, M.D.; *Stephen Mackenzie, M.D.; F. A. Mahomed, M.D.; W. M. Ord, M.D.; T. Gilbert Smith, M.D.; Frederick Taylor, M.D.; Arthur E. J. Barker; *Clinton T. Dent; *J. W. Haward; R. C. Lucas; J. H. Morgan; *Henry Morris; H. W. Page; R. W. Parker; *Gifford Ransford; W. J. Walsham. Honorary Secretaries: Sidney Coupland, M.D.; *R. J. Godlee, M.S.

For the Pathological Society.—President: John W. Hulke, F.R.S. Vice-Presidents: William H. Broadbent, M.D.; *William Cayley, M.D.; *George Johnson, M.D., F.R.S.; Samuel Wilks, M.D., F.R.S.; Sir William Bowman, Bart., F.R.S.; John Croft; Arthur E. Durham; *George Lawson. Treasurer: *John Wood, F.R.S. Honorary Secretaries: James F. Goodhart, M.D.; *Henry T. Butlin. Council: Robert Barnes, M.D.; John Curnow, M.D.; Frederick A. Mahomed, M.D.; Joseph F. Payne, M.D.; George V. Poore, M.D.; Frederick T. Roberts, M.D.; *Seymour J. Sharkey, M.B.; Reginald Southey, M.D.; *Francis C. Turner, M.D.; *Samuel West, M.D.; *Arthur E. J. Barker; *Henry H. Clutton; William H. Cripps; Alban H. G. Doran; Alfred P. Gould; Thomas R. Jones, M.D.; John Langton; R. Clement Lucas; *Henry Morris; Edward Nettlehip.

For the Harveian Society.—President: *G. P. Field, Esq. Vice-Presidents: P. Boulton, M.D.; *D. Ferrier, M.D.; *Henry Power, Esq.; *J. H. P. Staples, M.D. Treasurer: Thomas Buzzard, M.D. Honorary Secretaries: J. Ernest Lane, Esq.; *William Ewart, M.D. Council: W. Allen Aldred, M.D.; W. Hickman, M.B.; S. H. Davson, M.D.; W. R. Gowers, M.D.; Charles Vasey, Esq.; James E. Pollock, M.D.; Malcolm Morris, Esq.; *E. Symes Thompson, M.D.; *John Cavafy, M.D.; *Henry E. Juler, Esq.; *Thomas Bryant, Esq.; *A. Dunbar Walker, M.D.

WE had the pleasure of witnessing on Tuesday night last an excellent entertainment which was given to the patients at St. Mary's Hospital, Paddington, in the new accident ward. In addition to the patients who were able to attend, some 300 visitors were admitted by ticket. The entertainment commenced by an "Exhibition of Mrs. Jarley's Waxworks," the figures being represented by young ladies and gentlemen who are interested in the welfare of the hospital. This highly-amusing exhibition was followed by a concert, of which it is needless to remark all who took part in the performance gave very general satisfaction to a very delighted audience.

A Lapeus Lingue.

THE tongue is proverbially an unruly member, but we question whether it is best disciplined by being strapped to a chair. This, however, is the corrective measure which was adopted in the last resort in a case of lingual insubordination by Mr. John James Mansfield, assistant master at the Greencoat School, Whitehall Street. A pupil of Mr. Mansfield's named Arthur Parry being of a garrulous disposition, and having failed after repeated canings, to grasp in its full practical significance the philosophy of silence, was induced to put out his tongue, whereupon it was caught in a strap with a slip knot and made fast by a string to a chair. Instead of being presented with a piece of plate in recognition of his inventive genius device, Mr. Mansfield had to appear at the Thames Police Court to answer a charge of assault. Any complaint, however, which he might have against the blindness and ingratitude of his generation could not extend beyond the mere fact of his being summoned, for the moment that he appeared in the dock he found an appreciative and sympathetic spirit in the presiding magistrate, whose conduct of the case is memorable. His worship began by asking Master Parry, æt. 8, whether he understood the nature of an oath, and on receiving no very satisfactory answer to that somewhat abstruse question, he reprehended his father for bringing up his offsprings in such ignorance, but had the tables turned upon him when the father showed that the child knew very well that it was wrong to tell a lie, and that it was not his knowledge of ethics, but the worthy magistrate's knowledge of juvenile human nature that was at fault. His worship next signalled himself by declaring that if there was a scar on the boy's tongue it must have bled, thus displaying his familiarity with physiology and surgery; and he finally showed his logical acumen by maintaining that to tie a boy's tongue to a chair, was analogous to putting a fool's cap on his head in order to degrade him in the eyes of his fellows. The summons was dismissed. It is sincerely to be hoped that we have not heard the last of this case, as it would be disastrous if the notion should go abroad that schoolmasters may with impunity resort to such inhuman and dangerous practices as that of putting a ligature upon the tongue of any talkative scholar. It may have been that in this case the strap was applied more *pro poeme*, or as a joke than with any cruel intention, but even in this light the act was most reprehensible, and should not have escaped censure. Even regarded as a joke it was a very sorry one, and calculated to have a demoralising effect on all who witnessed it. The next schoolmaster who follows Mr. Mansfield's example might apply his strap in a more determined manner, and certain it is that the tongue might be most seriously damaged and exquisite torture caused without any bleeding taking place. The children of the poor have enough of suffering to endure without gratuitous inflictions of this kind.

THE inaugural meeting of the Hospitals Association will be held, by permission of the Lord Mayor of London, at the Mansion House, on Friday, the 1st February, at 3 o'clock. His Lordship will preside.

Army Medical Service.

IN the Army Medical Department a number of important retirements and promotions will this year take place under clauses of the Royal Warrant. The retirements will be three in number from the Surgeon-General's list—viz., Dr. Alex. Smith, C.B., Principal Medical Officer, Gibraltar, 14th Oct.; Dr. James Lamprey, 15th Oct.; and Mr. Richard Gilborne, Principal Medical Officer at Aldershot, 20th Nov. These retirements may be expected to promote Deputy Surgeons-General A. H. Frazer, Principal Medical Officer at Dublin; John Hendley, C.B., Principal Medical Officer at Allahabad; and H. B. Hazard, C.B., Principal Medical Officer at Umballa. It may be mentioned that Dr. Crawford attains his 60th birthday in March next; but under par. 317 of the Royal Warrant the Director-General of the Army Medical Department who is appointed for a fixed period of seven years is not affected by his attaining the age of 60 years during his tenure of office.

Occurrence of Three Infectious Diseases in the same Individual.

DR. PRIOR, Assistant to the Royal University Polyclinic in Bonn, communicates to the *Deutsche Med. Wochens.*, Aug. 1st, a case in which three different infectious diseases occurred in the same individual in the space of one month. Three children were attended on Nov. 18 for well-marked scarlatina, with a temperature of 104 deg. Fahr., copious eruption, and some difficulty in swallowing. Desquamation began on Nov. 21, and proceeded normally, only one child having slight renal symptoms, until on Dec. 1, the two younger were attacked with rigors, headache, and malaise, and on the following day were covered with a thick eruption of varicella. On Dec. 3, in the absence of the mother, a child from the next room, intercourse with which had been carefully avoided on account of measles, was found playing with the child, and showed signs of measles next day. The first patients were now carefully watched, and on Dec. 13 the temperature was found to be raised, with photophobia and slight coryza; on the 15th the eruption of morbilli appeared. Its course was protracted, and caused some anxiety; but finally the children recovered. The cases show how the two poisons of scarlatina and varicella may be in the organism at the same time, and how measles may be conveyed by a two hours' intercourse in the prodromal stage, while the crusts of varicella are still present, the measles showing itself as soon as ten days later.

IN the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follow:—Calcutta 26, Bombay 23, Madras 43, Paris 24, Brussels 23, Amsterdam 29, Rotterdam 22, The Hague 20, Copenhagen 20, Stockholm 22, Christiania 20, St. Petersburg 29, Berlin 24, Hamburg 24, Dresden 26, Breslau 28, Munich 29, Vienna 24, Prague 39, Rome 25, Turin 26, Venice 32, Lisbon 30, New York 23, Brooklyn 20, Philadelphia 19, and Baltimore 20.

The Lisburn Infirmary.

As a commentary upon the exhortation which we uttered recently to the surgeons of county infirmaries in Ireland to make an endeavour to render their hospitals independent of public money, we note that at the Presentment Sessions last week, on application for £500 for the County Infirmary at Lisburn, attention was directed to a resolution passed at the Presentment Sessions held at Ballymoney on the 11th ult. The resolution was to the effect that the County Infirmary as situated at Lisburn had ceased to serve the purposes for which it was intended, and that, if such an institution were necessary, the funds of the county should be applied in connection with the Belfast Royal Hospital. After some discussion, an amendment was proposed that the presentment be reduced to £300, which on being put was lost, and the presentment for £500 was then allowed.

Insectivorous Plants.

In the *Monthly Journal of Science* we find an interesting paper, by Mr. H. M. Busgen, on the "Nutrition of the *Drosera* by means of the Insects which it Catches." To determine how far fly-catching is necessary to the plant, or how far the seizing of the insect is a matter of chance, the author cultivated eighteen young plants in a piece of peat fertilised with a chemical solution. One half of these he fed diligently on aphides, the other half he starved. Having kept them for the winter, he found that in May the fed plants were altogether more robust than the others, and had a greater proportion of leaves. Subsequently, he observed that they produced nearly three times as many blossoms and five times as many seed capsules as the unfed ones, and on drying them afterwards he found that those to which he had given the food were more than three times the weight of the others. By a further series of experiments, he satisfied himself that this luxuriance of growth did not depend on the liquid or soil in which the plants were cultivated, but that, under all fairly equal circumstances, the fed plants thrive much the best.

Cork Workhouse.

At a meeting of the guardians held for the purpose of electing a visiting physician to the workhouse in the vacancy created by the decease of Dr. John Wall, there were three candidates, viz., Drs. T. Gelston Atkins, W. Ashley Cummins, and Magner. At the end of the second poll, Dr. Cummins received 45 votes, and Dr. Magner 30, the former being elected.

THE deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 21.9 per 1,000 of their aggregate population. The rates of mortality in the several towns were:—Bradford, Portsmouth 15; Salford, Halifax, 16; Bristol, Huddersfield, Plymouth 17; Leicester, Hull, Birmingham 18; Sunderland, Derby, London, Edinburgh 19; Sheffield, Cardiff 20; Wolverhampton, Nottingham 21; Birkenhead 22; Leeds, Brighton, Bolton 23; Oldham, Liverpool, Glasgow, Preston 24; Blackburn, Manchester, Norwich, Newcastle-on-Tyne 25; Dublin 27.

Infant Mortality in the Manufacturing Districts.

DR. BROWN, in his last report to the Bacup Sanitary Authority, draws attention to an important cause of the high infant mortality in the district of which he is medical officer. Many infants (he says) contract bronchial diseases by being taken from warm beds soon after five o'clock in the morning into a neighbour's house to be nursed during the day while the mothers are at the mill, and fetched back again in the evening. The cold and exposure twice a day are very obnoxious to young children, the power of resistance being very limited. Upon being asked by the Mayor what remedy he proposed, Dr. Brown replied that the mothers should be compelled to stay at home to look after their offspring. His Worship, however, feared this could not be done without Act of Parliament, and so the evil will have to continue till Government takes up the matter.

Microbomania.

THE symptoms and effects of this malady are wittily described by M. Paul Somans in the feuilleton of a recent issue of the *Gazette Médicale de Paris*. He speaks of it in connection with the numerous maladies which have recently been described, such as agoraphobia, claustrophobia, and morphiomania. Microbomania is an affection of adult or middle age, sometimes attacking those in advanced years. It is most frequently observed among educated physicians, those most given to biological research, and almost always ambitious. It is characterised at the *début* by a great desire for notoriety, accompanied by a slight degree of fever and a craving to find certain mobile corpuscles. The desire is soon followed by acts calculated to satisfy the special craving. In the end hallucinations are developed as to the presence of corpuscles in impaludism, measles, scarlatina, even in mumps, and the minute organisms are charged with all the crimes imputable to each pathological individuality. The disease is imitative, and if several individuals under the influence of this form of mania should concentrate their attention on one and the same disease, they are very apt to find widely differing microbes.

Investigations in Endemic Leprosy.

DR. ARNING, lately assistant to Professor Neisser, Breslau, has taken his departure for Honolulu for the purpose of studying the nature of the endemic leprosy of the Sandwich Islands. The German Government has allotted the sum of 6,000 marks for the expenses of the investigation.

THE *Broad Arrow* says that a distinguished member of the Indian Medical Service, who passed first out of Netley, and who recently resigned his commission in disgust, has decided to bring an action for breach of contract against the Indian Government on the ground that his services were obtained under false pretences. Should he gain his case, the example would probably be followed by many other aggrieved medical officers. In any case, the position of the Government will hardly be a dignified one.

The Newcastle Water Supply.

THE annotation in our last issue on the water supply of Newcastle-on-Tyne and its relation to the health of that city has been made the subject of comment by the leading newspapers of the place; and from the statements which have appeared it is clear that the conclusions suggested by a consideration of Dr. Armstrong's report are not borne out by the facts now produced. The principal objection we urged against the supply was derived from the existence of a pumping station on the Tyne for supplementary purposes, but which we learn from the Water Company's secretary, and from our Newcastle contemporaries, is no longer in use. It is clear, therefore, that all danger to the city from such source is avoided; but we must adhere to the opinion that, in view of the mortality with which Newcastle has been lately visited, the most searching inquiry should be made respecting every possible cause of the high death-rate, and it is satisfactory to know that the danger suggested in connection with the water supply is without foundation. We had but one aim in view in the remarks made, that—viz., which is expressed in the motto under which we sail, *salus populi suprema lex*.

THE baronetcy recently mentioned in these columns as about to be conferred on Mr. Bowman was officially gazetted on Friday last. We beg to offer our sincere congratulations to Sir William Bowman, the latest recipient of royal favour.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

INFECTIOUS DISEASES IN EDINBURGH AND THEIR NOTIFICATION.—A report submitted by Dr. Littlejohn to the fortnightly meeting of the Public Health Committee of the Edinburgh Town Council, held Thursday, showed that 92 cases of infectious diseases were at present being treated in the various hospitals in the city, viz.:—City Hospital, 9; Old Infirmary, 58; Sick Children's Hospital, 30. Of 55 cases of death from preventible diseases last month, 25 were due to measles alone. During the bygone year 448 deaths were registered as having been due to preventible causes. There was a marked diminution in the number of fatal cases of typhoid fever, the mortality amounting to 40, as compared with 71 in 1882. On the other hand, there had been a considerably increased mortality from measles—a disease which has been epidemic in the city for some months. The deaths during the year numbered 138, as against 87 in 1882. With regard to the 5,411 notifications by practitioners as to the outbreak of infectious diseases in the city, it may be of interest to know that 2,071 came from the New Town north of Princes Street; 2,571 from the Old Town; and 769 from the southern suburbs south of the Meadows. The intimations concerning scarlatina, which has also been epidemic for some time, numbered 1,817, while notice was given of nearly 8,000 cases of measles. Last month there were recorded 1,005 cases of measles, and 246 of scarlatina. The cases of diphtheria numbered 214; typhoid, 346; and typhus, 50. During December £125 12s. 6d. were paid for the notification of disease in Edinburgh, and during the past year £676 7s. 6d. for the same purpose. When will the ratepayers of Edinburgh wake up to the fact that they

are paying so heavily for so little? We have always maintained that the notification of disease without summary removal to a hospital is useless, and, if we wanted a further support of our contention, Edinburgh is kindly supplying us all that is required. For its 3,000 cases of measles Edinburgh will have to pay £375 in fees, besides other expenses, which might have been saved by a little more energy in isolating the first cases. Many of these cases are notified by students attending the dispensaries, the paper is received, the dispensary credited with the fees, and there the matter ends. Yet it is in the very dens attended to by students that infectious diseases thrive, flourish, and from which they spread.

A YEAR'S MORTALITY IN EDINBURGH.—In the course of the past year 4,275 deaths were recorded in Edinburgh, being equal to 18.22 per 1,000. The average rate for the previous five years was 19.69. The deaths in the New Town numbered 1,335; in the Old Town, 2,433; and in the southern suburbs, 507.

MEDICAL APPOINTMENT.—Dr. Hugh Sinclair, of Bankfoot, Achtergowan, Perthshire, has been appointed by the Parochial Board, and Town Council of Inverary, Medical Officer for the burgh and parish of Inverary, and will enter upon his duties forthwith. We hope his experiences will be of a more pleasant nature than were those of his predecessor. There were nineteen applicants.

THE RECTORIAL ADDRESS AT EDINBURGH UNIVERSITY.—Sir Stafford Northcote, who was in November elected Lord Rector of Edinburgh University, has arranged to deliver his rectorial address to the students on the 30th inst. The right hon. gentleman is expected in Edinburgh on the 29th, and will leave for the South on the 31st of the month.

ROYAL INFIRMARY, GLASGOW.—The annual meeting of the managers with the nurses of the Glasgow Royal Infirmary took place in the Dispensary Hall on the 1st inst. The Lord Provost presided, and the Rev. Dr. Robertson, of Irvine, gave an address. After the meeting toys were distributed to the children in the wards.

HEALTH OF EDINBURGH.—The mortality in Edinburgh for the week ending with Saturday, the 29th ult., was 83, and the death-rate 18 per 1,000. Diseases of the chest accounted for 40 deaths, and zymotic causes for 10, of which 1 was due to diphtheria, 2 to scarlatina, and 6 to measles, the intimations of these diseases for the week being 8, 55, and 220.

GLASGOW DEATH-RATE.—The deaths in Glasgow for the week ending with Saturday, the 29th ult., were at the rate of 24 per 1,000 per annum, as compared with 26 in the preceding week, and 33, 27, and 27 for the corresponding periods of 1882, 1881, and 1880 respectively.

FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.—The Council of the Faculty have appointed Dr. D. J. Hamilton, Professor of Pathological Anatomy in the University of Aberdeen, to give the Faculty Lectures for the year. The subject of the course will be, "The Structure and Functions of the Brain in relation to Disease."

"THOUGHT-READING IN EDINBURGH."—During the last week Mr. Stuart Cumberland has, under the "moral support" of Divinity, Law, and Physic, been giving his expositions of so-called "thought-reading" to enormous audiences. The whole proceeding appears to us to be from beginning to end a clever piece of jugglery, and the reason that Divinity, Law, and Physic should lend their moral support to Mr. Stuart Cumberland any more than to the host of clever prestidigitateurs who are now travelling about

the country is not easy to understand. The cabinet trick can be seen everywhere, for Mr. Cumberland is as carefully curtained from view as other jugglers. With regard to the thought-reading performance, we noticed that Mr. Cumberland held his mediums by placing his fingers on the muscles which act on the ring and little fingers—parts of the hand most liable to movement under any marked mental excitement. At a private demonstration we learn that Mr. Masson, a son of Professor Masson's, proved a *bad* medium, for that gentleman, while still thinking of the concealed article, made a point of walking faster where it was concealed, and slower where it was not. All that can be said of the whole affair is that Divinity, Law, and Physic have for once conspired and combined to provide Edinburgh with a clever and amusing practical demonstration of Butler's lines. Doubtless the pleasure is as great to be cheated as to cheat.

THE INSPECTION OF LABOURERS' DWELLINGS BY IRISH POOR-LAW MEDICAL OFFICERS.

THE refusal of the Irish Local Government Board to suggest to Irish boards of guardians the propriety of paying their medical officers for the work done by them under the Labourers' Dwellings Act, and the refusal of the guardians to pay without such suggestion, has compelled the Irish Medical Association to assert at law the legal rights of the medical officers of health. We understand that a writ in the superior courts is about to be issued by the solicitor to the Irish Medical Association against the guardians of a Union in the South of Ireland, to recover the amount of the fees due to the medical officers of health of the Union for the inspections made by their order, and, knowing what we do of the circumstances of the case, and of the law bearing upon it, as already explained to our readers, we do not doubt that a decision will be obtained which will be instructive alike to the guardians throughout Ireland and to the Irish Local Government Board.

COMPULSORY NOTIFICATION OF DISEASE.

THE only expedient of which the average Corporation official seems to be capable when infectious disease presents itself is to lay the doctors under contribution and thus shift his own responsibility on to the shoulders of the profession. We note that in Cork the Town Council's committees are trying this way out of their difficulties, and in connection with an increase of scarlatina in their city, have passed a resolution, which declares:—

"That, with a view to enforcing the 141st section of the Health Act, which gives power to the sanitary authority to compel the removal to hospital of cases of infectious disease . . . the dispensary doctors are asked in every case coming under their notice, in which they consider it necessary to have the patient removed to hospital, to furnish the sanitary authority with certificates such as are prescribed by the Act. . . . On receipt of the certificate the sanitary officer is to be directed to at once send the ambulance-van to the house of the sick person, and *he* is to decide which of the two hospitals the case is a proper one for. In case of a refusal to go the sanitary officer is at once to get a justice's order compelling the removal to the hospital selected by him, and if the order be obstructed or disobeyed, the sanitary officer is to proceed under that section of the Act of Parliament against the persons causing the obstruction."

We are surprised that the Cork Corporation did not impose a fine on the doctors or threaten them with imprison-

ment, which would be the usual corporate way out of a scarlatina epidemic. We can, however, promise them that, if they pursue their determination to imprison everyone who does not choose to go to hospital they will have plenty of concealed disease to deal with. Bumble evidently fails to discern that "force is no remedy."

THE PURCHASE OF POOR-LAW APPOINTMENTS.

THE Listowel Guardians and the Local Government Board are at war upon the election of a medical officer for the workhouse. The Guardians elected a gentleman who, we believe, commended himself to their consideration by the fact that he had bought out the last incumbent. This appointment the Local Government Board refused to sanction, and ordered a new election, to which the Guardians have responded by re-electing the purchaser; and the question of sanction or no sanction is now before the Local Government Board. We hope that they will show their determination not to tolerate the traffic in Poor-law appointments by refusing their approval to the appointment, for the system of election to Poor-law offices in Ireland—strongly influenced as it is, in almost all cases, by politics, personal favour, religion, and every consideration except the fitness of the candidate—would be made, if possible, one degree worse if these appointments were openly put up to auction, as the Listowel Guardians desire that they should be. We look to the Irish Local Government Board to stop this last degradation of their medical service; and, if they evince firmness in dealing with this transaction, we believe that the public, Parliament, and every honest man will say that they have done rightly.

WE understand that the names of Dr. Benjamin G. MacDowel and Dr. W. J. Smyly have been proposed to the College of Physicians of Ireland for election as Fellows of the College at the meeting which will take place in April next. Should these gentlemen be elected, which we do not doubt, it will be necessary for them, in conformity with the rule of the College of Physicians, to resign their Fellowships of the College of Surgeons, and thereby the examinerships held by them in that College will become vacant.

Correspondence.

THE CONJOINT EXAMINATION SCHEME.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have read with much care your article on the Proposed Conjoint Examination for Ireland in the *Medical Press* of December 19th, also Dr. Barton's letter on the same subject, and your comments thereon in the *Medical Press* of this day's issue, and it seems to me that you have altogether lost sight of the true merits of the case.

Dr. Barton in his letter remarks that notwithstanding the efforts of the Royal College of Surgeons in Ireland to raise the standard of examination, its qualification "remains, and must remain, what the Royal Commission has called a 'half qualification,' the existence of which has been held as a main reason for legislation." This statement involves two propositions: 1st. That the qualification of the College of Surgeons is but a half qualification; 2nd. That the admission of practitioners to registration on half qualification is held as a main reason for legislation.

Both propositions are worthy of observation. 1st. In the matter of giving half qualifications the Irish College of Surgeons is not more to blame than others. They all give but half qualifications, but the greatest defaulter in this respect, and the one whose defaults have given greatest weight to the complaint, has been the College of Surgeons of England. Till recently it examined in nothing but anatomy and surgery, and it was necessary for its members to go elsewhere to be examined in the other branches of medical science. The Irish College

from its foundation took pride in giving a thorough and complete education. It was its boast that its licentiate was *factus ad unguem*, fully and thoroughly educated, but when the Poor-law was introduced into Ireland, our legislators, applying the circumstances of the profession in England to Ireland, ordained that no medical man could hold an appointment under the Poor-law who had not a double qualification. Thus the system of double qualifications was forced on the profession in Ireland, and the College of Surgeons had for a time to relax its efforts to give a complete education. Under the new scheme of examination this has been corrected, and now a very full examination in medicine, surgery, and midwifery is given; but still the diploma is not recognised as a full qualification, nor can any man possessing it alone hold an appointment under the Poor-law.

Dr. Barton's second proposition that the admission of practitioners to registration on half qualifications is held as a main reason for legislation is incontestable. In the Act of 1858, a special clause was introduced (19) to provide for a voluntary co-operation and conjunction between licensing bodies, which has unfortunately been but imperfectly and partially made use of. The Secretary of the late Royal Commission in his appendix to the report, speaking of these half qualifications, says: "That under the Act (1858) these half qualifications enabled a man to get upon the Register, and thereby to appear before the public as a State-guaranteed medical practitioner, although his qualification lay in one only of the two essential branches of practice, and although the purpose of the Act was expressly declared in its preamble to be to enable a distinction to be made between 'qualified and unqualified practitioners,' this was felt to be so serious a defect as in itself to call for further legislation." Again, Mr. Simon writing to the General Medical Council on behalf of the Lord President, on May 14th, 1869, specified as "the most crying evil" the fact that "persons practising on half qualifications are to be counted by thousands in the United Kingdom." The Royal Commissioners themselves say: "Another prominent defect of the present licensing system lies in the fact that nearly all the medical corporations grant diplomas in medicine alone, or in surgery alone. Further, even the diploma of the Royal Colleges of Surgeons of England and Ireland does not imply a knowledge of midwifery. There is no point of medical reform on which there is so general an agreement as that the holding of a medical licence ought to imply a sufficient standard of proficiency in all the three essential branches of medical practice—medicine, surgery, and midwifery."

You, Sir, assert in your comments on his letter, that "Dr. Barton has not succeeded in convincing us that the scheme would serve any good public purpose," but I trust that your readers will see that a scheme calculated to lessen this "most crying evil" will serve a good purpose, and that it is a praiseworthy effort on the part of the Colleges to put a stop to the system whereby "half qualified," more correctly, half educated, men are put forward to the public as state guaranteed practitioners. It is, moreover, but carrying out the traditions and aspirations of the Irish College of Surgeons, that its licentiate should be "*factus ad unguem*," and in making some sacrifice to accomplish this, the College is but fulfilling its duty to itself, to the profession, and, above all, to the public, to supply whose wants it was established, and to promote whose welfare has always been the aim of its existence.

The extent of this sacrifice you estimate at £1,000 or £1,100 a year, but this is altogether illusory, as I shall in a future letter be able to show. In the meantime it is satisfactory to know that the English and Scotch corporations are working in the same direction as ourselves; that the Colleges of Surgeons and Physicians of London have a scheme of conjoint examination prepared, an essential part of which is that they shall cease to grant separate diplomas, or half qualifications; and that the Scotch corporations are improving their scheme, and arranging to give up their separate examinations. So it will no longer be "at the discretion of the student," as you so ardently desire, to perpetuate this "crying evil" of half qualifications.

You say: "An Irish conjoint examination at the discretion of the student and without merging the separate licensing powers of the two Colleges is essentially deserving of encouragement, a compulsory co-partnership which would limit the free choice of the student, and tie up Colleges to the abrogation of their licensing powers is altogether intolerable, unjustified alike by any circumstances which exist, or by any anticipations of the future, futile as a diplomatic expedient,

and ruinous as a commercial speculation," and you do not believe that the Fellows of the Irish College of Surgeons will assent to it. Sir, I have sufficient faith in the Fellows of the Irish College of Surgeons to believe that when they see it will be for the public good, and for the honour and reputation of the College, they will not only assent to it, but demand that it shall be carried out in its entirety, notwithstanding its interference with the "free choice" of ignorant, indolent, ill-advised students, or even the "alienation" of your "thirty-five licentiates," hapless holders of half qualifications.

Yours, &c.,

GEORGE H. KIDD,
Past President of the Royal College of Surgeons, Ireland.

January 2nd, 1884.

[The sum and substance of Dr. Kidd's contention is that the Irish Colleges are imperatively called upon to drive their candidates through a conjoint examination, and to submit themselves to any sacrifice in order to create an Irish "Double Dip," and thus abolish what he calls "the half qualification."

We meet this contention by denying emphatically that there exists between the Irish Colleges (however it may be in England or Scotland) any "system whereby half qualified, or more correctly, half educated, men are put forward to the public as State-guaranteed practitioners," and we feel obliged to characterise such a statement as a libel on the holder of the L.R.C.S.I. and L.K.Q.C.P.I. Dr. Kidd must know, being himself honourably connected with the reformed scheme of education and examination of the Irish College of Surgeons, that the four examinations to which the L.R.C.S.I. is submitted are efficient tests both of prolonged study and of actual competency, not only in surgery, anatomy, and physiology (which might be considered the specialities of the College), but also in medicine, theoretical and clinical pathology, therapeutics, and midwifery. We insist, therefore, that the L.R.C.S.I. holds proof that he possesses a good working knowledge of every branch of his profession, and if he went no further for his diplomas than the College of Surgeons it would be unjust to stigmatise him as "half educated." But as a fact nineteen-twentieths of the Licentiates of the College do go further, and do take a medical diploma (the majority of them the L.K.Q.C.P.I.), because the rules of the public service compel them to do so, and thus their capacity as physicians is additionally guaranteed.

If these be the facts, we ask *cui bono* would it be to drive all licentiates through the one gate, whether they liked to go that road or not? Would it not rather aggravate the "half qualification" abuse in Ireland by forcing students to go to the Apothecaries' Hall, where the restriction of the examination to medicine, pharmacy, and botany is in full swing?

If Dr. Kidd feels as strongly as he writes respecting the existence of these half-education licences throughout the Kingdom, we would ask his reasons for opposing, as he has always done, the Medical Reform Bill, which would wipe out these abuses, not only in Ireland, but in other places where they exist to much greater extent?

It seems to us strange that any one who feels thus can content himself with the remedy of an abuse (assuming such to exist) in one corner of the Kingdom while he regards with complacency its continuance in a much more aggravated form elsewhere.]

THE MEDICAL ACT AMENDMENT BILL

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—We cannot be too thankful that the Parliamentary Session ended before the Medical Act Amendment Bill became law, and that we now have breathing time to consider the policy of that Bill.

There has been more than enough of hasty legislation

affecting other classes in this country, and it behoves us to understand what was the drift of the lapsed Act of last session, so that it may not come on us by surprise if legislation on the same lines should be attempted (as it probably will) in the next session of Parliament.

In few words it may be described as disestablishment of all the medical and surgical corporations as licensing bodies. Phrases go for a good deal, and the "one portal system" are words to conjure with.

There seems to be a vague notion in the minds of many that if the Government stamp were impressed on the final qualification for medical and surgical practice, it would tend to raise the standard of education, and also the social status of the general body of men practising in the United Kingdom. Well, I doubt it. Will any one really say that the fact of the final examination being in the hands of a Government board would send back any man who has gone so far as the "final" to another walk in life? or check the influx of large numbers into the ranks of the profession? or tend to raise the profession socially or educationally? The effect on some of the Colleges would be simply ruinous. They would practically cease to be licensing bodies in the true acceptance of the term, and would sink into the useful, but not very dignified, position of mere teaching schools.

Let us consider what would be the probable effect on one institution to which many of us are attached—our Irish College of Surgeons. There are proud memories connected with that College during the hundred years of its existence, and no one can say that it has failed in its trust. Yet, if a Bill similar to that of last Session becomes law, the diploma of the College will no longer be a legal qualification, unless it is supplemented by the *imprimatur* of an examining board of the future.

I think, therefore, we have a right to ask the men who are responsible for the present policy of the College of Surgeons not to leave a diminished inheritance to their successors, but to oppose legislation which is not demanded by any section of the public, so far as I can see, and which will lead at no very distant day to the extinction of that College practically. For if it is not to give a full and final qualification in surgery, for what will it exist?

Public opinion within the ranks of the profession has never been turned to this subject. Perhaps it may have been discussed at Council meetings, where the most fluent talker or the most pertinacious arguer usually gets his way; but I say advisedly that the policy of the Medical Act Amendment Bill of last Session is very imperfectly understood by the profession generally. The brief outline of the Bill given in the last *Medical Press* comes very opportunely, and, in my opinion, it plainly shows that that Bill was not calculated to benefit either the profession or the Colleges. I beg leave, therefore, to suggest that, as the question is one of vital importance, a meeting of the Royal College of Surgeons should be convened, without loss of time, to consider the matter. I am sure the Fellows from all parts of Ireland would attend such meeting, and the subject would be fully and adequately discussed.

I am, Sir, yours, &c.,

F.R.C.S., an ex-President of the
10th Dec., 1883. Irish Medical Association.

Literature.

RINGER'S HANDBOOK OF THERAPEUTICS. (a)

A TEXT-BOOK which has reached its tenth edition scarcely needs an introduction to the profession. The book retains most of its former characteristics; indeed, the bulk of it remains in the same words. New paragraphs are, however, interspersed, chiefly on so-called new drugs, or on such as the author has experimented with. Thus we find the substance of his article on permanganates reproduced, and his other communications to the journals are similarly honoured. In some instances the observations of others are noticed. Fraser's results with ethyl-atropium are epitomised, so are Murrell's with nitro-glycerine, and some others. It may be questioned if these are of much service to students. In fact, the book, as a whole, is more fit for

practitioners, as it abounds with hints from various sources as to empirical remedies in various states. For study, therefore, it is far inferior to scientific works and more methodised treatises. Here and there, however, there are articles in which an effort has been made to rise to a scientific treatment of the action of a drug. In other cases the feebleness is extreme. For example, *Grindelia Robusta* gets a short article telling us that it has a reputation for asthma in America, and although the author's experience with it is slight he has not realised the expectations he formed, which is a considerable admission from Dr. Ringer, who seems very ready to find the virtues he hears of in any drug. To this he adds "it is also used in chronic pyelitis and chronic cystitis." Really such a weak account might as well have been omitted. The preceding article is on Gelsemium. Here, of course, we get a summary of Ringer and Murrell's former journal communication and little else. But the article closes in a characteristic way. The author says, "I have found tincture of gelsemium in ten minim doses, thrice daily useful in some cases of Menière's disease. In five-drop doses, repeated every quarter of an hour, the tincture is said to be useful in gall-stones." The two points here brought together seem only connected by their weakness and want of any scientific basis. Surely, students want to know something different from this, and the empiricism indicated is more worthy of the dark ages than the nineteenth century. Dr. Ringer then mentions a case which gets relief in five minutes after the first dose, adding "the relief is quicker if she walks about." (!) No more gall-stones, eh? Perhaps what is equally remarkable is, that the author here breaks off to insert as a separate paragraph in a different type these words:—"A tumbler or two of hot water with a teaspoonful of carbonate of soda is said to relieve the pain of gall-stones." This would be very well if therapeutics were to consist of a series of hints on diseases and drugs, but in a professedly systematic treatise looks out of place amidst the maladies for which gelsemium has been tried; for the author at once returns to enumerate under these latter, tetanus, mania, sleeplessness, and dysmenorrhœa. We do not give these instances to find fault but to illustrate Dr. Ringer's method. His book is, however, popular notwithstanding, and perhaps even because of its defects. Still we should have preferred to see an attempt to present the scientific aspect of therapeutics to practitioners. We are not surprised that pure empiricists and homeopaths claim the author as one of themselves, and that the latter accuse him of stealing their special remedies. Absurd as such claims may be, some countenance is undoubtedly given them. The author will, no doubt, understand that a few criticisms on a book in its tenth edition will not be out of place, and the success of the work leads us to offer them. We should add that the book now opens with a brief account of the symptoms of disease. This is somewhat of the same nature as the rest of the book, and if its place may be questioned, will no doubt be useful to many students, since diagnosis is too often studied by exclusive methods, the old symptoms receiving scant attention from teachers. This part may, therefore, be read with advantage by students, though old practitioners will feel inclined to dispute the correctness of much that is here laid down as fact. The notice of new fads, leaves too little room for many old drugs. So squills, jalap, scammony, senna, &c., are put off with a few lines each in the end of the book, and this must give students a very incorrect idea of the relative importance of remedies, but as we have said, this is scarcely a students' book so much as a practitioner's, and should not be relied on for examinational purposes. Mr. Lewis has brought out this edition in a form equal to its predecessors.

Royal Institution of Great Britain.—The ordinary lecture season will begin next week. Mr. R. Stuart Poole is to give the first of two lectures on "The Interest and Usefulness of the Study of Coins and Medals," on Tuesday, January 15. Professor Ernst Pauer will, on Thursday, Jan. 17, give the first of a course of six lectures on "The History and Development of the Music for the Pianoforte and its Predecessors." And on Saturday, Jan. 19, Professor Henry Morley will give the first of a course of six lectures on "Life and Literature under Charles I." The Friday evening meetings begin on the 18th inst., when Professor Tyndall will give a discourse on Rainbows.

(a) "Ringer's Handbook of Therapeutics," Tenth edition. London: R. K. Lewis. 1883.

Notices to Correspondents.

THE ROGERS TESTIMONIAL FUND. (NINTH LIST.)

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—The following additional subscriptions have been received since the announcement in last week's number of the *Medical Press*.

Yours, &c.,

J. WICKHAM BARNES, Hon. Sec.

Poor-law Medical Officers' Association,
8 Bolt Court, Fleet Street, London, January 7, 1884.

An Admirer of disinter- ested work ..	£5 0 0	Dr. A. Robertson ..	£0 10 0
J. Harris Ross, Esq. ..	1 1 0	J. W. Wolfenden, Esq. ..	0 5 0
Daniel Iles, Esq. ..	0 10 6	Jno. Russell, Esq. ..	0 5 0
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Dr. Hugh McLean ..	0 10 0	Dr. Nathan Hannah ..	0 5 0
Geo. Eepworth, Esq. ..	0 10 0	Jno. Clare, Esq. ..	0 5 0

GUARDIANS AND GUARDIANS.—That justice and consideration may occasionally be expected by medical officers of boards of guardians was shown in a striking manner last week, when the Whitechapel Board (East London) carried unanimously a superannuation allowance of £325 to Dr. Liddle on his resignation of the post of medical officer of health for that district, coupling therewith a vote of thanks and appreciation of Dr. Liddle's past services. This is as it should be, not as it usually is.

AN UNAPPRECIATED RISK.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

DEAR DR.,—In view of the fact that the matter discharged from mucous patches in syphilitic cases is inoculable, is it not, in your opinion, possible for such contagion to be conveyed through contact with the cup used in Holy Communion?

Have you observed any case in which this accident has occurred?

If more than one case observed, please state how many.

Is it customary for the clergy, in your experience, to use a napkin to wipe the cup before passing to the next communicant?

How many do you know of who take this precaution?

Is such protection, in your opinion, necessary or advisable, and is the napkin sufficient?

The cup is passed so rapidly from mouth to mouth, is not the danger great enough for the medical profession to caution the clergy on this subject?

Any further information or suggestions which you may feel inclined to offer will be gladly received, and the early return of this paper with your answers respectfully solicited.

Yours, &c.,

W. THORNTON PARKER, M.D.

Morristown, N. J., December 17, 1883.

[If syphilis were as readily communicated as our correspondent apprehends, no human being would lack a sore throat or papular eruption. For his behoof we beg to say that we never observed such a case, never heard of one, or heard of anyone who heard of one; never knew a clergyman to use a napkin for such a purpose, and would think him a fool if he did; and have no information or suggestions to offer. We do not suppose that our readers run much risk of acquiring disease that way.—ED.]

MR. AMERY.—Do not give up the attempt. The design is one most likely to succeed, although, perhaps, not quite immediately. It is also likely to be attended with desirable consequences, and should be persevered in.

DR. ROBERTS.—The announcement is premature.

MR. GRAHAM.—Sulphuretted hydrogen is a plentiful product of decomposition in such situations, and the effect that it would exert on metal articles would be to blacken those of which the sulphides are black in colour, such as silver and lead. Chemical analysis cannot be studied with any degree of success in the absence of practical laboratory work.

MEETINGS OF THE SOCIETIES.

WEDNESDAY, JANUARY 9TH.

OBSTETRICAL SOCIETY OF LONDON.—At 8 p.m., Specimens will be shown.—Dr. E. S. Tait, On Observations of Puerperal Temperature.—Dr. J. Williams, On the Corroding Ulcer of the Os Uteri.

EDINBURGH OBSTETRICAL SOCIETY.—At 8 p.m., Exhibition of Specimens.—Dr. Halliday Croom, Microscopic Preparations of the Membrane in Membranous Dysmenorrhoea.—Dr. A. H. F. Barbour, Preparations of Kyphotic and Kyphoscoliotic Pelvises.—Dr. Milne Murray, Heart of a Child with Perforate Septum Ventriculorum. Sent by Dr. Haig Brodie, Farnham.—Robert W. Felkin, Notes on Parturition in Central Africa. Communicated by Dr. Halliday Croom.

EPIDEMIOLOGICAL SOCIETY OF LONDON.—At 7.30 p.m., Council Meeting.—At 8 p.m., Surgeon-General Hunter, On the Origin of the Cholera Epidemic of 1838 in Egypt.

HUNTERIAN SOCIETY.—At 7 p.m., Council.—At 8 p.m., Mr. Reeves, On the Treatment of Rectal Stricture, with special reference to Inguinal Colotomy.—Mr. Charters J. Symonds, On the Reliable Signs of Fracture of the Neck of the Femur.

ROYAL MICROSCOPICAL SOCIETY.—At 8 p.m., Ordinary Meeting.

THURSDAY, JANUARY 10TH.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.—At 8 p.m., Living Specimens.—At 8.30 p.m., Discussion On Sympathetic Ophthal-

mitis (adjourned from last meeting).—Mr. Simeon Snell, On Two Cases of Retinal Glioma, in one of which Shrinking of the Eyeball occurred without Perforation.—Dr. G. A. Brown, On a Case of severe Conjunctivitis, with Formation of Membrane on the Cornea, caused by Whisky thrown in the Eyes.—Mr. Henry Eales, On complete Paralysis of Convergence and Accommodation in a Girl aged thirteen.—Mr. J. B. Story, On the Treatment of Cystoid Cataract.—Mr. A. Stanford Morton, On Congenital Absence of Lacrymation in a Boy.—Mr. M. Hardy, On some Clinical Observations which appear to indicate a means of reducing the Danger from Malignant Glaucoma while increasing the efficacy of Iridectomy in the Treatment of Chronic Glaucoma.

FRIDAY, JANUARY 11TH.

ACADEMY OF MEDICINE IN IRELAND (Surgical Section).—At 8 p.m., Living Specimens.—The President: (1) A young girl, set 18, after Removal of enormously hypertrophied Breasts, largest weighed 20 lbs.; (2) Excision of Knee in a boy set 11 for Caries; (3) Child a year after Hare-lip Operation (by Exhibitor's method).—Mr. Stokes, Case showing result of Excision of the Upper Jaw for Fibro-Sarcomatous Tumour, probably originating in the Antrum. Specimens exhibited by card.—The President, Vesical Calculi removed by Lateral Lithotomy.—Mr. Stokes: (1) Amputation at the Hip-joint, parts removed in, on account of a rapidly growing Sarcomatous Tumour on inside of Thigh; (2) Cast of the Thigh, showing Size and Position of the Tumour; (3) Multilocular Ovarian Cyst recently removed from a patient set 47. Papers:—Mr. Stokes, The Radical Cure of Hernia by Peritoneal and Intercolumbar Suture.—Mr. Barton, On the Radical Cure of Strangulated Hernia.—Mr. Kendall Franks, The Radical Cure of Hernia by the Method of Dissection.

CLINICAL SOCIETY OF LONDON.—At 8.30 p.m., Annual General Meeting for Election of Officers and Council.—Dr. J. K. Fowler, On a Case of Subcutaneous Nodules.—Dr. Cockswell, On a Case of Cortical Tumour, with Unusual Frequency of Epileptiform Attacks.—Dr. R. J. Lee, On a Second Case of Creeping Eruption.

MONDAY, JANUARY 14TH.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.—At 8 p.m., Annual General Meeting for the Election of Officers for the ensuing Session.—Casual Communications by Mr. Morton Smaile and Mr. Storer Bennett.—Paper by Mr. Bland Sutton, On Comparative Dental Pathology.—Valedictory address by the President.

Vacancies.

Birmingham General Dispensary.—A Resident Surgeon. Salary, £150, with £30 for extras, no board. Applications to the Secretary before January 15.

St. Pancras, Middlesex.—Dispenser. Salary, £100, with dinner daily. Applications to the Clerk to the Guardians by January 14.

Sussex County Hospital. Physician and Assistant Physician (Honorary). Applications to the Secretary by February 6.

West Herts Infirmary, Hemel Hempstead.—House Surgeon and Dispenser. Salary, £100, with board, &c. Applications to the Secretary by February 6.

Appointments.

ELGOOD, C. R., M.B. Lond., House Surgeon to the North-Eastern Hospital for Children, Hackney Road, E.

HOLYOAKE, E., M.B.C.S., House Surgeon to the London Hospital.

HUDSON, E., M.B.C.S., Junior House Surgeon to the Royal London Ophthalmic Hospital, Moorfields.

JOHNSTON, R. H., B.A., M.B., B.Ch., Medical Officer to the Bungay District of the Wandford Union.

MADDEVER, J. C., M.D. Glas., Medical Officer of Health for the Brownhills Urban Sanitary District.

MILLS, W., L.R.C.P., L.R.C.S., Resident Medical Officer to the Chorlton-on-Medlock Dispensary.

MONEY, A. M.D., M.R.C.P., Physician to the Victoria Park Hospital for Diseases of the Chest.

NANON, H. C., M.R.C.S., L.R.C.P. Lond., Junior Resident Medical Officer to the Hospital for Children, Pendlebury.

SHEILD, A. M., M.B., F.R.C.S., Resident Obstetric Assistant to St. George's Hospital.

THOMAS, A., L.R.C.P. Ed., L.R.C.S. Ed., Assistant Medical Officer to the Walton Workhouse, Liverpool.

WILLIAMS, M., L.R.C.P. Lond., M.R.C.S., Registrar and Pathologist to the North-Eastern Hospital for Children.

Births.

HALEGOOD.—January 2, at Upperton, Eastbourne, the wife of Hy. Halegood, M.D., of a daughter.

Marriages.

HOWLETT—HUTCHINS.—January 3, at the parish church, Gosall, Staffordshire, Edmund Henry Howlett, F.R.C.S., of Hull, to Amy Lavina, only daughter of Rev. Richard Masters Hutchins, of Stocklynch, Llanilthorpe.

Deaths.

GAYLEARD.—December 22, at his residence, Holloway, London, N., John Gayleard, M.B.C.S., aged 74.

KEELAN.—At his residence, Dunlee, P. Keelan, M.D.

LEES.—December 27, at Ashton-under-Lyne, Samuel Duncroft Lees, M.D., and J.P. of the County of Lancaster, aged 70.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 16, 1884.

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RECENT METHODS OF TREATING COLD ABSCESSSES. (a)

By THEODOR BILLROTH,

Professor of Surgery in the University of Vienna.

WHEN we turn our thoughts to a cold abscess we must first of all place before ourselves the questions, Why is not the contained fluid absorbed? and why are we compelled either to await its opening or open it ourselves?

Exudations that arise in the course of acute inflammations, or transitory disturbances of circulation, are indeed usually absorbed; if the general condition of the body is in other ways normal, the absorption of the fluid is the ordinary process. If you have a clear conception of the arrangement of the lymphatic vascular system, you will comprehend this, for the lymphatic vascular system sucks up all these exudation products like a sponge, and carries them all back into the blood channels. Under what conditions, then, does this resorption fail to take place? 1. You may say first that absence of open lymph vessels is a very important cause, and that is just the case with the capsule that in the course of time forms around these abscesses. The walls of the veins can, it is true, take up some of the fluid, but it is the open lymph vessels that are most concerned in such absorption. But even when such open lymph courses are present, they may become closed under certain circumstances, as by an exudation that becomes clotted, in which fibrine forms quickly, and in which the clotting may be continued into the lymph vessels, or into the interstitial structural interspaces. This is the case to a great extent in croupous and diphtheritic exudations. 2. The resorption is dependent on the degree of concentration of the fluid. If the fluid is to be resorbed, its concentration must be less than that of the blood. That is not the case in cold abscesses. Moreover, the various regions of the body show great differences in

their power of resorption: the pelvis is the most favourable for resorption; the most unfavourable is the pleural cavity. How can we overcome these difficulties therapeutically? 1. The first method would be the removal of the fluid; but experience teaches that the fluid may be removed for the moment, but that the exsudative property of the structure does not cease; on the contrary, the cavity refills with uncommon rapidity with pus, this refilling being principally caused by the fact that by removal of the fluid the vessels in the abscess walls are subjected to a greatly reduced pressure. 2. Is it possible by certain irritating agents to excite a greater vascularity in the walls of the abscess? With this object in view tincture of iodine has been injected, for the purpose of exciting an inflammation, whereby an exsudation is certainly set up, but which, in consequence of the higher vascularity thus induced, is readily absorbed, with the result that the cavity shrinks up. 3. This method was necessitated by the opening of the abscess under strict antiseptic precautions. Not only is the pus evacuated, but the abscess cavity is carefully scraped with the sharp spoon, after which an antiseptic dressing is applied. In this way the walls of the abscess, which consist of a mass of soft granulations, are removed as far as the healthy tissues, whereby, by means of a light compress, healing by first intention has been achieved. Indeed, by this method good results have been obtained in many cases, but it is one that requires to be carried out with great accuracy. Since the introduction of iodoform we have strewn the scraped-out cavity with iodoform in powder, and brought the edges together with the exception of the openings left for drainage. By means of iodoform sepsis is to a great extent avoided, and under certain circumstances granulations may spring up under which healing rapidly takes place. 4. Quite recently we have attempted another method—viz., puncture of the abscess, and subsequent injection of an emulsion of iodoform consisting of 10 parts of iodoform to 100 parts of glycerine. The emulsion must be well shaken up before using, and then, according to the size of the abscess, 20 to 30 grms. are

(a) Translated from the *Allgem. Wien. Med. Zeitung*.

to be injected. In most of the cases in which this method has been attempted the course has been free from reaction, only moderate swelling has taken place, and but little pain has been present. This, however, would only indicate that the treatment has done no harm; it is also desirable that it should bring about the shrinking of the abscess, and that the fluid remaining in the cavity should be absorbed. As a matter of fact, the results in some cases were exceedingly favourable, but further experience is necessary to show whether the iodoform emulsion is still to be continued. Generally speaking, I should advise you, unless there should be some reason for it, not to open the cold abscess, but to allow it to open spontaneously, especially if you cannot watch over your patients closely. You can then calculate with certainty that the pus will escape without fever and without further reaction, whilst at the same time the entrance of air is completely avoided. In such cases the mechanical relations are extremely favourable, even wonderfully so, without our being able to give an explanation of them, for it happens, for example, that an abscess bursts into the bladder or rectum, and in such cases I have never seen urine or intestinal gases enter the abscess cavity. Under strict antiseptic precautions, and under your constant supervision, you may open the abscess, especially if you suspect with some certainty that you can easily reach the bone from which the abscess springs, or if it causes by its great expansion compression of the neighbouring structures, and in consequence of this gives rise to various difficulties.

A Course of Lectures

ON

THE EYE: ITS DISEASES, AND THEIR REMEDIES.

Being an Abstract of a Course of Lectures delivered in the Royal College of Surgeons in Ireland

By ARCHIBALD H. JACOB, M.D. Dub., F.R.C.S.I.,
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(Continued from page 3.)

Sequels of Conjunctivitis **THREE** well-defined pathological conditions which demand the attention of the surgeon may be classed as the sequels of conjunctivitis:—

- a. Granular hypertrophy of the conjunctiva.
- b. Pannus, or vascular engorgement of the cornea.
- c. Xerosis, or degeneration of the conjunctival mucous membrane.

One of these (pannus), while it is constantly associated with chronic conjunctivitis, is a corneal disease, and will be referred to, in due course, as such.

The first effect of a conjunctivitis is engorgement of the palpebral conjunctiva, which—as I have said—is much more vascular than the ocular portion, the result of this engorgement, if prolonged, being the enlargement of the papillæ and sub-mucous tissue, and eventually the production of an excessive hypertrophy of these structures, a condition known as granular conjunctiva, which is very prevalent amongst the lower classes.

Many authors regard this condition not as a sequela of conjunctivitis, but as a specially contagious form of ophthalmia, and they describe the catarrhal ophthalmia which precedes granular hypertrophy, under the name of granular conjunctivitis. I do not, however, agree in this view, having seen granulations developed as a sequela of all forms of conjunctivitis from the simple hyperæmia conjunctivæ up to the most violent blennorrhœa. Nor do I believe in the essentially contagious character of the disease, because I have experience that it commonly develops without contagion where over-

crowding and vitiated atmosphere exist, and that—although it may be imported where numbers of people are congregated—it does not spread unless these prejudicial conditions are present.

I have seen many cases of granular hypertrophy following upon the conjunctivitis of measles and of gonorrhœa without any of the causes which ordinarily produce granular ophthalmia.

No matter what the exciting cause of granular hypertrophy may be, it never develops to any serious extent without the contributory causes of bad air and dirty habits. Hence it is seen amongst the better classes only in cases in which attacks of ophthalmia have been mismanaged by keeping the patients shut up in close rooms, but amongst the lower orders in Ireland it is fearfully prevalent, so much so that in the squalid districts in Dublin and other crowded cities a majority of the population has had experience of the disease at some time of their lives.

Granular conjunctiva may, in fact, begin from any ophthalmia, and even, as I have already shown you, in a mild degree from the chronic congestion of the membrane (hyperæmia) which arises from local irritation or strain of the accommodative apparatus. It is, however, most frequently the result of bad hygienic conditions, and is excessively frequent amongst the Irish peasantry and the Eastern races. The ophthalmia which precedes it is very common, especially amongst children in workhouses and other public institutions where large numbers are congregated, and where the dietary and the air space is low. But any low condition of health, if accompanied by impure air and dirty habits, is very favourable to its production. In Ireland it is said that the pyroligneous acid exhaled from turf fires in cabins where there is no efficient ventilation is a contributing cause, but the disease is even more frequent in the squalid tenements of the city than in country cabins.

Granular Conjunctiva.—Strictly speaking, the affection should be divided by its pathological character into three different—

- a. Trachoma, or “sago-grain” granulation.
- b. Granular hypertrophy of the papillæ.
- c. True neoplastic granulation.

But in practice these three diseases resolve themselves into three stages of the same disease, and always exist together in chronic granular conjunctiva. In the advanced stages the deep structures of the conjunctiva become infiltrated, thickened, and hardened, and a condition is produced which is incurable, and which frequently gives rise to ectropion, or inversion of the lid, and to other serious troubles.

The earliest condition of granulation (trachoma or “sago-grain” granulation) is usually to be seen in “vesicular” eminences within the lower lid, but these are of frequent occurrence after slight attacks of conjunctivitis without the development of true granular conjunctiva of the upper lid. They are formed by the swelling and hypertrophy of Krause’s lymphatic follicles, which lie beneath the conjunctival epithelium, but are not visible in the healthy eye, and they are soft and pulpy, and mostly to be found within the lower lid, giving little trouble to the patient, even when fully developed. They are premonitory of the hypertrophy of the papillæ which constitutes the second stage of granulation, and are hidden from view when that hypertrophy commences, and they are supposed to form the groundwork of the third, or chronic form of granulation, in which new warty growths are formed.

The second form of granular conjunctivitis is the hypertrophy of the papillæ of the lid which becomes visible on eversion of the upper lids in a roughened condition varying in degree from minute sandy-looking granulations to large vascular wart-like growths, by which the smooth delicate lid surface is converted to a coarse, furrowed, rough condition. The character of the granulations also varies; in the most recent cases it is

highly vascular and pulpy, in the more chronic states it is paler and much harder, and more warty, this being the most intractable form of the disease. Accompanying this



Fig. 7.

condition there is always a more or less inflamed state of the ocular conjunctiva, and in all chronic cases more or less of the thickened and vascular condition of cornea known as *pannus*.

In the third stage the papillary hypertrophy has nearly disappeared, but it is replaced by the enlarged, hardened, and warty granulations which are a neoplastic growth from the conjunctiva. They present much less vascularity and less disposition to enlarge than the hypertrophied papillae, but they cause much greater discomfort and injury to the eye, and they never entirely disappear without treatment. If they have existed for any considerable time the cornea becomes quite opaque from vascular infiltration, and we have the condition above described as *Pannus*. After a very long period, extending, perhaps, over years, the induration gradually increases, and the granulations shrink away, leaving the lid conjunctiva atrophied and shrunken.

Eventually the conjunctiva becomes flaccid and vascular, the edges of the lids bleary and inflamed, the cornea more or less vascular and hazy, and sight is seriously impaired.

(To be continued.)

SOME DIFFICULTIES MET WITH IN THE EMPLOYMENT OF REST AS A THERAPEUTIC AGENT IN MEDICAL CASES. (a)

By WILLIAM DYSON, M.D.,

Physician to the Sheffield Public Hospital and Dispensary.

IN this short communication it is proposed to deal with that variety of general rest to the whole organism which is obtained by keeping a patient in bed in the horizontal position. No apology or excuse need be asked for the introduction of a subject which rather concerns management than medicine; and at these times, too, when "therapeutic tips" are so fashionable, and "tip-and-go" practice not difficult to demonstrate; in these days, too, when massage and kinesitherapy threaten to run Rest off the platform of therapeutics, and when it is proposed to treat restlessness and insomnia by vibratile percussions, with a special instrument for the purpose.

It is not proposed to deal with the subject under six or seven heads, after the manner of some writers, nor to prove or insist on the common platitudes concerning rest as a valuable therapeutic agent. With these latter we are all fully conversant; but it is not so certain that in the treatment of medical cases, and especially of acute febrile diseases, we always practice according to the light we possess, or fully appreciate the value of this remedy.

Personally, the chief difficulty experienced by the writer, has been the application of these principles, even when fully recognised. At some time or other in the treatment of an acute case the practitioner is sure to be asked the question, "Please, doctor, may I get up?" It may be shouted after him when, hat in hand, he is racing downstairs; or, what is more fre-

quent in its occurrence, the doctor delays his visit till afternoon and finds that his patient has already decided the question for him, and is sitting up by the fire, "just for a little change, you know, as bed is so weakening." The next day the patient may or may not be suffering from a serious relapse of his malady. If the relapse occur, the sufferer is severely blamed; if not, he will be told that he is more fortunate than wise. But what shall we say about those cases in which the question has not been too well considered by the doctor in which sitting up brings a relapse? Or what can we say of those when all things progressing favourably, a well-considered permit to get up is given, and yet a relapse occurs?

This point is more easy to describe than to define, and the brief recital of a few clinical illustrations will assist us materially to appreciate this difficulty.

CASE I.—J. F., *æt.* 14, was admitted, under the writer's care, to the Sheffield Public Hospital, on July 14th, 1883. He had suffered six days previous to his admission, and presented the classical symptoms of a moderately severe attack of rheumatic fever. He was put to bed, on milk diet, and ordered to take salicylate of soda in mixture, *gr.* xv. every four hours. In twenty-four hours his temperature was subnormal; pulse, which was slow on admission, became 40 per minute and very intermittent. Salicylates were then stopped; perchloride of iron mixture ordered. After he had been in bed a week, his temperature being normal, free from joint pain, secretions normal, he was allowed to get up on the thirteenth day of his illness. He dressed, walked across the room, and sat by the fire. That same night his temperature rose to 102.6 deg. Fahr.; he passed a restless night, had slight return of the pain, and seemed as if he would have a bad relapse. Next day he was kept in bed; iron mixture continued. After three days his temperature was normal; he appeared well again. On July 27th, nineteenth day of illness, he was allowed to get up again. This time no evil effects ensued, and his recovery was shortly complete.

Now, we ask, how could one know that he would go wrong on getting up on the thirteenth day? Why did a relapse not occur on the nineteenth day? His temperature was normal for a week; he was free from joint-pain for a like time; pulse much improved; no endocarditis; urine normal; no perspirations; was cheerful; eating well. Why should he not get up when he asked? and yet the relapse was threatening.

CASE II.—A. W., a young grinder, *æt.* 18, admitted to hospital on July 14th, 1883; suffered fourteen days before admission. On admission his left pleura was full of fluid, left lung hepatized, pericarditis; temperature 103 deg. Fahr.; pulse 120. Pericardium subsequently became full of fluid. In four days under rest in bed and treatment his temperature became normal. The absorption of the fluid was initiated, and probably enhanced, by the administration of Pot. iodid. internally, and blister externally. His temperature remained normal; his condition, both local and general, gradually improved. On August 3rd, without leave, he got up, went across the ward, and sat by the fire. That same evening his temperature rose to 102 deg. Fahr.; his symptoms, both general and local, became worse. Subsequently he was kept in bed under strict supervision, and he gradually improved. On August 15th he was told to get up. From this date he got up daily, and his convalescence proceeded satisfactorily.

Again we ask, why did the case go wrong on August 3rd, and go right on August 15th.

CASE III.—J. D., male, *æt.* 48, admitted to hospital on July 12th, 1883. This was one of those very obstinate case of relapsing acute rheumatism. He was in hospital for three months; he never had any cardiac complication. Drug after drug was tried with only temporary benefit; relapse after relapse occurred. The

(a) Read before the Sheffield Medico-Chirurgical Society at the meeting on Dec. 20th, 1883.

last four relapses were distinctly caused by getting the patient up, and subsided on keeping him in bed.

Why should not one get him up? His appetite good; his secretions normal, according to ordinary tests; his rheumatism apparently gone. Why should we restrain him? If so, what are the principles of our restraint?

Experiences of this kind might be multiplied indefinitely from one's observations on cases of rheumatic fever and chest diseases.

CASE IV.—J. McN., æt. 60, a case of a different kind and with a different issue. Admitted Oct. 12th, 1882, suffering from Bright's disease. General anasarca; bronchial and lung congestion. Urine—6 oz. per diem, loaded with albumen. He was kept in bed on milk diet; ordered to take hot bath occasionally, and powder of pulv. jalap co. and ppt. tartarat. every other morning. Under this regimen anasarca disappeared, quantity of urine increased to 1½ pints daily, and relative amount of albumen greatly diminished. In three weeks he was allowed to get up, but still kept on milk diet. The albumen increased and urine diminished in quantity. The dropsy did not re-appear. He was put to bed again for a week; again the urine improved. In sixth week he got up, and in a few days left the hospital. Now, with a moderately strict diet and rest in bed, this man might prolong his life indefinitely. If a man be poor, he cannot afford to do it. If the case be rich, an equally insurmountable difficulty is presented to the practitioner by the patient who frequently positively declines both the galling rest and the restricting diet.

We cannot discuss here what should be the principles of our choice of this remedy, Rest. It is too wide a subject. But given the fact that we have wisely or necessarily chosen the remedy, when may we leave it off? It is prominently taught in some schools that temperature is the most valuable guide in helping us to decide when a patient may get up after an acute febrile disease. The above cases show how utterly this can fail. The feelings of the patient are proverbially unreliable. We seem to have no guides to help us. Improving local conditions, freedom from pain, quiet, steady pulse, normal temperature, good appetite, normal secretions look well; but again and again one has to proceed in a tentative, empirical kind of way; to let the patient try—if he succeed, well and good; if not, send him back to bed a bit longer, and then try again.

In the next place, one may revert briefly to the difficulty, anxiety, and trouble which children give us in the application of this principle of Rest. In the many acute febrile complaints, frequent in their occurrence, endless in variety, and diabolically insidious in their deeper significance, to which children are liable, we admit the immense importance of rest and warmth in bed. We have, however, three gauntlets to run to get it—firstly, want of decision on our part; secondly, obstinate prejudice of the parents; and lastly, the whim of the little patient himself. He will be up and running about, if he can raise his head at all. The difficulty is prominently manifest in acute rheumatism in children. The immense experiences in this matter recently given to the profession by Dr. Thos. Barlow and others teaches us and proves to us what had long been surmised—viz., that children have febrile attacks in which the fever is small in amount and short in duration, in which rheumatic perspirations may be entirely absent, and, if present, are but little acrid, the joint mischief slight and ill-defined, and yet under this mask is the foul face of endocarditis and pericarditis. The conclusion comes to we must now universally agree with, that keeping a child in bed a day or two for slight rheumatic pains often has a tremendous influence on its future life. But then comes the question of the difficulty of obtaining this rest in bed, and this obstacle will be testified by the majority of practitioners.

Old people present a difficulty in management by rest in bed. It has been lately the luck (good or bad) of the writer to see a goodly number of patients over 80 years

of age, suffering from various sub-acute febrile ailments. It is his general practice to get them up out of bed as speedily as possible. If left in bed too long, everyone knows how liable they are to get congestion at the bases of the lung, staggering pulse, dry, brown tongue, liver inaction, lethargy, and slight wandering, all of which are unpleasant symptoms. On the other hand, if got up too soon, it is proverbial how susceptible to cold and changes they are. A few weeks ago an old man, æt. 87, was very successfully operated on by Mr. S. Snell for cataract. On the third day he was got up; the next day he had some slight bronchial catarrh, and he stayed in bed for several days. At this time the writer saw him in consultation; he had slight bronchitis, very little congestion of lung, dry tongue, confined bowels, great lethargy, and slight wandering at night. By free stimulation, a mild aperient, and getting the patient to sit up in bed as soon as possible, the symptoms passed off, and he made a good recovery.

Such are a few of the difficulties experienced in this subject during the past few months; and, while acknowledging the great value of rest as a remedial agent, we must admit the practical application of it is just as difficult to administer as diet and physic to which it is such an important auxiliary.

Clinical Records.

CASES IN PRIVATE PRACTICE.

Modified Glanders in Man.

Under the care of Mr. ARTHUR MARSACK,
L.R.C.P., L.R.C.S. Ed.,

One of the Medical Officers to the Tunbridge Wells Provident Dispensary.

A HOUSEHOLD of nine people, three of whom are adults, and the rest children, ranging in age from three months to twelve years, were attacked by the following symptoms:—All of them had felt unwell for a few days, and had had diarrhoea in a more or less severe form, the adults being more affected than the children. Without any rigors or marked change in the temperature, this attack of diarrhoea was followed by swelling of the sublingual and sub-maxillary glands; a thin, and afterwards thick, discharge from the nostrils which stained the handkerchief yellow, and simple ophthalmia (conjunctivitis) of one or both eyes—in seven of the cases of one eye first and then the other—and a pustular eruption on the face, especially below the eye and nose, the surrounding skin being of a bright red colour. Only one of the adults had this eruption, but all of the children were affected with it; the youngest of all, a baby of three months, had it below the chin in the fold of the neck where it discharged profusely.

In the children all the symptoms, except the diarrhoea, were more marked than in the adults, and their effects more lasting. The swelling of the glands was in every case of a sub-acute type, and suppuration did not take place in any one case. There were no rigors, and there was no rise in temperature to usher in any of these symptoms, and in most cases the conjunctivitis co-existed with the eruption and the swelling of the glands. The conjunctivitis lasted from five to seven days in the adults, and from nine to twenty-one days in the children; the discharge from the nose about ten days; the glandular enlargement nearly a month; and the eruption, which, although it co-existed with the other symptoms, has not in all cases disappeared, some traces of it still remaining in the younger children (six weeks from its commencement). The local treatment was a lotion of zinc sulphate (gr. ij. ad oz. j.) for the eyes, bread poultices to soften and clean up the discharges from the eruption, which latter was afterwards treated with unguentum zinci. Internally, the syrup of the iodide of iron was given in varying doses, proportionate to the age of the patient, and change of air was prescribed, with most beneficial results.

Remarks.—My reasons for thinking the above to be cases of modified glanders are the following:—The house, the inmates of

hich were affected, lies in a valley, and on the hill facing it there is a slaughter-house where horses are killed for dogs' meat. The entrails, &c., of these horses are buried in a loose soil composed of decayed leaves, and the rain we had in the summer and autumn would be sufficient to wash the decomposing remains into the valley, which is so well protected by trees that the sun has little opportunity of striking into the ground until the leaves have fallen. Unfortunately, in the interest of science, there are no other animals, except human beings, in this small valley which would be affected by glanders, and as the men in charge of the slaughter-house deny that any but healthy horses were killed there, I have no conclusive proof that this disease, which I have endeavoured to describe, is modified or attenuated glanders but the experiments of Pasteur and others have shown that the bodies of diseased animals propagate through the soil the diseases from which they suffered, in an attenuated form.

CASES IN HOSPITAL.

ROTHERHAM GENERAL HOSPITAL.

Abscess of Anterior Mediastinum following Injury—Pleurisy with Effusion—Recovery. (a)

Under the care of Mr. BERNARD WALKER, M.R.C.S.

R. W., *æt* 17, was received into the Rotherham Hospital on the 9th October, 1882. Whilst at work, he was struck on the chest by a red-hot bar of metal coming from the rolls. He complained of severe pain in the back and chest, breathing was quick and shallow (restricted probably by the pain). Auscultation sounds normal, resonance good over both lungs. There was a circular contused wound, three-quarters of an inch in diameter, and half an inch deep, with charred edges, at the junction of the sternum and ensiform cartilage. Another superficial burn (third degree) about 8 inches square over the front of the right chest, and several smaller ones. On the 12th day a deep slough came away, and air could be heard entering and leaving through the wound with each expiration and inspiration. Moist sounds could be heard all over both lungs. October 25th dulness was noticed over the right base, becoming more extended the day following. For the next month the wound discharged freely. On March 9th, 1883, he left the hospital cured.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, JANUARY 11TH.

Sir ANDREW CLARK, Bart., M.D., President, in the chair.

Dr. J. KINGSTON FOWLER read notes of a case of
SUBCUTANEOUS NODULES OCCURRING IN AN ADULT NOT THE
SUBJECT OF RHEUMATISM.

The patient was a man, *æt* 35, a railway porter, who came as an out-patient to the Middlesex Hospital, on Oct. 26, 1883, complaining of loss of appetite, pain in the epigastrium after taking food, and emaciation. There was no history in the family of syphilis, gout, or rheumatism. He had been fifteen years in the 2nd Life Guards without being in hospital a day. When 25, he had gonorrhoea, and a sore on the glans penis, the latter was probably not specific. Three years ago, he first noticed a lump beneath the right patella, it was then small and slightly tender. This gradually increased in size, the tenderness soon disappearing. About one month later a similar swelling appeared beneath the left patella, and gradually increased in size. Nodules appeared beneath the elbows shortly after. These remained, but no fresh ones appeared until four months ago, when he discovered a small one near the right

trochanter major; it was tender—and is so still—to a slight degree. This disappeared in a few weeks, but reappeared after an interval of one month, and has since grown steadily. Shortly after this second appearance a similar nodule was noticed near the left trochanter major. Similar growths have since appeared over the buttocks. On close examination as to any history of rheumatism the only fact bearing upon it elicited was that for the last two years he has had occasional pain about the knees after working hard, and then resting; the pain would occur perhaps two or three times a week. For the last six weeks he has complained of almost complete loss of appetite, with pain after food, and constipation. He has lost a stone and a half in weight. The nodules are arranged with almost perfect symmetry, and present the following general characters:—They are subcutaneous, nearly all are separable from the skin and from the subjacent structures, and are freely movable. The skin overlying and around them is normal. They occur singly, and also in large clusters, some of the large masses consisting of congeries of smaller ones. The single nodules are hard and shot-like to the touch, the larger masses are lobulated, and not so firm. They are not painful, but one near the right trochanter major is slightly tender. The distribution of these growths is as follows:—*Right arm*—On the posterior surface of the ulna three nodules situated about two inches from the olecranon, one as large as an olive, the others the size of peas. *Left arm*—Two nodules in like position, and of about the same size. *Ischial tuberosities*—Beneath the skin, which in the sitting position overlies the ischial tuberosities, there are on the right side six nodules forming a single mass the size of a tangerine orange—a rather smaller nodule is present on the corresponding spot on the opposite side. *Great trochanters*—Two inches below, and a little behind the right trochanter major, there are two collections of nodules forming a ridge about equal in size to a walnut; on the left side there are two smaller masses. Below each patella there is a nodule the size of a walnut. A small nodule is present below the internal condyle of the right femur, and another over the anterior surface of the right tibia. Reference was made to the original communication of Drs. Barlow and Warner, describing the occurrence of subcutaneous nodules, similar in many respects to those found in this case, in children and adolescents the subjects of rheumatism, and also to the cases of two adults related by Dr. Stephen Mackenzie, and Dr. Dyce Duckworth in the last volume of the Society's Transactions. It was pointed out that in the situation, symmetrical arrangement, free mobility, absence of pain or infiltration of overlying integument, these growths were similar to those found in association with rheumatism, and also that the situation of the growths had probably been determined by the irritant effects of pressure. Further experience may prove that they occur under a variety of conditions which have hitherto been overlooked.

Dr. DYCE DUCKWORTH remarked on the resemblance of the case narrated to one he had described during the last session of the Society. He had seen cases of subcutaneous nodules before the paper of Drs. Barlow and Warner was communicated to the International Medical Congress, and occurring in rheumatic subjects. His experience led him to think there were several kinds of such cases of nodules, the growths varying in position, and in size and consistence. In adults they presented a firmer feel than in children, and were persistent, while in the latter they showed a tendency to disappear, so that removal of the structures in grown persons by any other means than excision could not be hoped for. In adults also the rheumatic history was of the vaguest kind, while the cardiac affections observed in children did not accompany the presence of nodules on their bodies.

Dr. BARLOW said he would no longer assert dogmatically the rheumatic nature of the nodules. Gouty nodules resembled them very much, but were found to contain urate of soda when examined. He narrated the case of a young man, *æt* 25, of rheumatic tendency, on whom nodules were found, and who presented no cardiac lesion. Salicylate of soda was administered in gradually-increasing doses, and at first the nodules slightly increased in size, a cardiac murmur meanwhile slowly developing, and after six or eight months the nodules had completely disappeared. He had lately observed that small nodules were amenable to treatment by blistering.

Dr. MAHOMED gave a brief history of a woman *æt* 35, the subject of well-marked nodules. She had no cardiac murmur. Twenty grains of salicylate were given three

(a) From notes of the case read at the Sheffield Medico-Chirurgical Society, December 30th.

times daily, and in a fortnight the nodules entirely disappeared. He wished to know in what proportion of rheumatic patients the nodules occurred. He had seen but two cases in as many years.

Dr. GLOVER stated that he had seen a case in which nodules developed in a young man slowly recovering from rheumatic fever. The growths ultimately disappeared.

Mr. PARKER wished to know in what situation the gouty nodules mentioned by Dr. Barlow had been found. He had himself seen cases of subacute rheumatism in which the nodules occurred quite superficially in front of fasciae.

Dr. R. LEE instanced the case of a child afflicted with chorea, the movements being almost confined to the right side of the body, which also was alone the seat of a number of subcutaneous nodules. Subsequently, however, after two or three months, they were found on the left side also.

Mr. CLEMENT LUCAS observed that it was of great interest to know how far the nodules were characteristic of rheumatism. In the case of a woman under his own care, nodules developed on the knees and elbows, and interfered with the power of kneeling. They underwent no absorption when treated, and were excised, and found to consist of fibrous tissue. No history, family or personal, of rheumatism was obtainable. About the same time a student of Guy's Hospital who was laid up with rheumatism became the subject of subcutaneous nodules.

Dr. GILBERT SMITH had seen two examples of undoubted nodules in women; and he regarded the mortality among children in whom they occurred as less than was thought to be the case.

Dr. ANGEL MONEY thought from his experience, gained at the Children's Hospital, that fifty per cent. of rheumatic children became subject to nodules. In one case, which presented a multitude of growths, they would appear and disappear within a few days, and in different parts of the body. He had found serious heart disease in two of the cases examined *post mortem*.

Dr. FOWLER explained that the nodules occurred on points which were subjected to pressure, and were therefore probably due to irritation.

Dr. COXWELL on a case of

CORTICAL TUMOUR, WITH GREAT VARIETY AND FREQUENCY OF EPILEPTIFORM SEIZURES.

Ten years ago, G. R., a young man, then *æt.* 20, began to suffer from fits, which always had as their starting point the right hand, and never had a greater range than the right arm and right side of the face. Five years later he came under the care of Dr. Gowers at the National Hospital for the Paralyzed and Epileptic. He was admitted as an in-patient for the last time in February, 1882, under Dr. Radcliffe, who kindly permitted the publication of the case. He then had optic neuritis in the left eye, but not in the right. There was some paralysis of the right arm and right leg, but none of the face. The deep reflexes were all in excess on the right side, with right foot clonus. Dr. Coxwell during eleven months was enabled to make careful observation of the mode of onset of many of his epileptiform seizures. When the fits were frequent, an hour spent at his bedside was rewarded by a view of several fits. As the time was summer, he could lay without danger with his limbs uncovered, and if they were placed in a position of semi-flexion or semi-abduction, as the case might require, the slightest initial movement could not fail to attract attention. In the numerous cases of cortical tumour which have been recorded the fits have nearly invariably been described as beginning in the same place. In this case, however, during the last year of the patient's life there was great variety in the starting place and range of the fits. The patient died in January, 1883. A large number of Dr. Hughlings Jackson's statements with regard to epileptiform seizures were exemplified in this case. Mention, for instance, was made of temporary paralysis of right side of face, or of right arm, caused by fits affecting those parts; of the connection between the occurrence of aphasia and fits affecting the right side of the face; of the fact that when spasm spreads from the first affected side to the other, it passes to the leg of the second side and not to the arm or face. The patient had every variety of fit, including some of the ordinary epileptic type, characterised by sudden loss of consciousness and general convulsion. It had been stated that these fits do not occur in such cases; perhaps the greater and widely spread instability which this kind of fit implies was

the result of the extraordinary frequency of the fits, and the great duration of the case (ten years). There was a tendency at different times for some special type of fit to occur, sometimes the face alone being affected, sometimes chiefly the right arm, sometimes the whole of the right side, and so on. Perhaps the explanation was that the tumour created instability in cortical areas adjacent to that in which there were pathological changes, and that when the instability reached a certain degree of intensity, explosive discharges occurred in them, causing spasm in corresponding sets of muscles. The spasm having attacked the arm, nearly invariably proceeded upwards—extremely seldom downwards. One never saw a twitch at one joint—say the elbow—then a twitch at the knee, and then at the mouth. In each case, on the contrary, there was a definite line of march of the spasm, either up or down a limb. These facts seemed well explained by the localisation theory. The tumour was found at the autopsy to be a glioma affecting the posterior parts of the first and second frontal convolutions, and the extreme summits of the ascending frontal and parietal convolutions on the left side. Its position therefore corresponded very fairly with what one would have expected, from the fact that during the first nine years of his illness the spasm always commenced in the right hand. This man often had 200 or 300 fits a day. In the last year of his life, 21,800 fits were counted.

Dr. BRAVER, who had seen the case in 1882, corroborated the statement that the fits all began on the right side. He had tried to localise the seat of the lesion by percussing the skull, and had found a spot of tenderness corresponding to the situation of the lesion described after death. On the right side he had demonstrated diminished cremasteric and abdominal reflexes. As the result of examining 70 cases of ordinary epilepsy he found that in them, after the fits, ankle clonus was temporarily increased, while the plantar reflexes were diminished. He described three classes of epilepsy, all due to cortical lesions.

Dr. GLOVER asked if the patient injured himself during any of the fits he experienced?

Dr. COXWELL replied to Dr. Glover's question in the negative, giving as reasons the fact that the patient preserved consciousness during the fits at first, and subsequently when they grew worse in character, he was carefully guarded in hospital. He had himself detected the tender point referred to by Dr. Beaver.

ACADEMY OF MEDICINE IN IRELAND.

OBSTETRICAL SECTION.

At the opening meeting, held at the College of Physicians, Dr. G. H. KIDD, President, occupied the chair.

Dr. W. C. NEVILLE, Sectional Secretary, read the minutes, which were signed.

THE PRESIDENT'S ADDRESS.

The PRESIDENT expressed his thanks for the honour paid him in electing him as President of the Obstetrical Section, the work of which during the past session he reviewed.

SUB-MUCOUS FIBROID TUMOUR.

Dr. ATTHILL exhibited a sub-mucous fibroid tumour, globular in shape, almost the size of a turkey's egg, which he had removed from the uterus of an unmarried lady, *æt.* 35. The patient had suffered for more than two years from constantly recurring uterine hæmorrhage, which had of late become almost continuous and accompanied with great pain. She consented only to a local examination when reduced to an extremely feeble condition. The uterus was then found to be completely filled by the tumour exhibited, which had been removed by the cræseur, after dilating the cervix. The tumour was attached by a wide base to the fundus, but examination after its removal showed that it had been separated from the uterine wall by a distinct capsule, its connection with the uterus being maintained by a thin investiture of the proper muscular tissue of the uterus and of the mucous membrane which had become stretched over it during its extrusion from the uterine wall. Dr. Atthill emphasised the point that this was not therefore a polypus, properly so-called, which should consist of a continuous outgrowth of uterine tissue. There would be no difficulty in tracing the continuity of the uterine muscle into the substance of a true myomatous polypus, while the presence of a capsule causing discontinuity was characteristic of a true fibro-myomatous tumour. This

distinction had been drawn by Paget, but had not been sufficiently attended to in current works.

Dr. MACAN and the PRESIDENT dissented from the definition of a polypus as laid down by Dr. Atthill. They understood by a polypus a tumour possessing a pedicle, other considerations being immaterial and having no effect on treatment.

UTERINE POLYPUS.

Dr. MACAN exhibited a large uterine polypus which he had removed from the vagina of an unmarried woman, *æt.* 45, who had suffered severely from hæmorrhage for twelve years. The tumour had passed into the vagina, being connected with the uterus by a very thin pedicle which, however, bled very profusely on being cut across by the *écraseur*. The size of the tumour, the great length of the vagina, and the rigidity of the external parts, made the removal of the tumour very difficult, and in effecting it a rupture of the posterior vaginal wall into the rectum had occurred. The rent had then to be stitched, and the patient was doing well.

Dr. ATTHILL observed that this case was an exception to the rule that polypi when they had become vaginal rarely caused much hæmorrhage.

Dr. MACSWINEY inquired whether means might not have been employed to lessen the size of the tumour and so lessen the risk of vaginal rupture.

Dr. HORNE observed that multiple incisions of the tumour had been successfully used to effect this purpose in similar cases.

Dr. MACAN replied that in his patient the profuse hæmorrhage which had followed the division of the pedicle had made it necessary to remove the tumour more rapidly than would otherwise have been desirable.

MACERATED TWIN FÆTUS.

Dr. MACAN exhibited a macerated fœtus which must have died about the sixth month of a twin pregnancy, the other twin continuing to develop until term. The surviving child, weighing seven pounds, was delivered naturally. Considerable hæmorrhage ensued, and after the birth of the first placenta a degenerated placenta surrounding the second child followed.

Dr. PUREFOY mentioned a similar case which had occurred in the Coombe Hospital.

CHRONIC INVERSION OF THE UTERUS.

Dr. MACAN showed the fundus of a uterus which had become inverted nineteen years ago, after the only labour of a woman now aged 41. Since then she had suffered from severe hæmorrhagia, and had been lately treated by pessaries for prolapse. The upper portion of the vagina was extremely narrow, and the vagina itself so rigid as to preclude the possibility of introducing a hand. He therefore determined on amputating the uterus, bringing the edges of the stump together by a number of sutures after the method advocated by him for the first time some years since in a paper read before the Dublin Obstetrical Society. The patient was able to walk about a week after the operation, her temperature never having exceeded normal limits.

Dr. ATTHILL had found attempts to replace recently inverted uteri very dangerous, their tissues were so soft and lacerable. In one such case his fingers had gone right through the walls of the inverted uterus. When of long standing the inversion could be more safely treated; but reinversion might then prove of no great use. Amputation properly performed was certainly less dangerous than prolonged and forcible efforts at reduction.

The PRESIDENT had frequently practised the operation as described by Dr. Macan, introducing the ligatures first, then amputating with the *écraseur*, and finally bringing the surfaces of the stump together. He had never seen ill effects follow such an operation.

INDUCTION OF PREMATURE LABOUR.

Dr. PUREFOY read a paper on the induction of premature labour, illustrated by three successful cases. Having sketched the early history of the operation and the various methods employed, the author specified three classes of cases in which the induction of premature labour was indicated. Firstly, in the cases of women with pelvis so narrow that the passage of a living, full-timed child is impossible, whilst an undeveloped yet viable child might safely be delivered. Secondly, where several previous successive pregnancies had been interrupted at a certain period by the children's death. Thirdly, where the women suffer from morbid conditions likely to disappear

or become greatly mitigated by delivery. Difficulties arise in practice owing to doubts as to the exact period of pregnancy, and as to the true amount of pelvic deformity. The presence of deformity increased the difficulty of fixing the period of pregnancy, while the patient's own calculations are unreliable. The size of the child's head must be assumed from that of its known averages at different periods of gestation, while the available pelvic space must be carefully measured, as is often necessary by the introduction of the entire hand into the vagina. In many cases the conjugate of the brim being the diameter mostly if not entirely at fault, it will then suffice to measure this accurately. It is impossible to define narrowly the amount of pelvic deformity to which this procedure is applicable. But its extreme limit may roughly be stated to have been reached when the true conjugate diameter measures 2.75 inches. Dr. Purefoy then narrated the history of three successive labours induced at the eighth month in a woman with a generally contracted pelvis, whose first labour had only been concluded by a difficult cephalotripsy, subsequently succeeded by a considerable amount of vaginal alounging. The method adopted on each occasion consisted in the passage of a white elastic catheter between the uterus and the membranes supplemented by the use of Barnes' bags. Delivery by forceps in each case resulted well for the mother and child. The author concluded that it is necessary for the certain efficacy of Kransen's method that the catheter should be so introduced as to reach the fundus uteri, otherwise contraction might fail to be set up. Caution must be exercised to avoid wounding the placental attachment. On each occasion he had found vaginal dilatation of much service in keeping up the uterine action. He did not doubt that the children's lives had been saved by the early application of the forceps, and before the os had been fully dilated.

Dr. MACAN held that the chief danger in the catheter method consisted in the possible introduction of septic material into the uterus, against which every precaution should be taken.

Dr. ATTHILL could not regard the operation as an entirely safe one, having lost two out of five patients on whom he had performed it. The great danger was septicæmia. He had originally pointed out that the catheter must reach the fundus in order certainly to bring on labour.

Dr. SMYLY remarked on the great difficulty of determining the size of the fœtus. Reliance could not be placed on the fact that craniotomy had been performed during two or three of the patient's previous labours. He considered a bougie much safer than a catheter, the latter affording a ready channel for the passage of air and septic material into the uterus.

Dr. NEVILLE had assisted the President in three cases of induction of premature labour. The catheter alone had sufficed in each case to bring on labour quickly and quite successfully. He would by preference employ a bougie, and of course take every antiseptic precaution. All things considered he believed Kransen's the safest method of inducing labour, and in his experience it had also been very speedy.

Dr. HORNE had induced labour in two instances by this method; but one of the patients subsequently died of septicæmia.

The PRESIDENT having, he believed, tried most methods, held that the one under discussion was the best; rupture of the membrane being next best, though not so safe for the child. If the case were one that did not admit of delay, he would employ Barnes' bags. He did not consider it essential that the catheter should reach the fundus, as in cases in which it had acted quite perfectly, he concluded from its spiral shape on withdrawal that it had passed round the uterus between its lower segment and the membranes. He had only once used a stilette, and always softened the catheter well before using it. Labour usually came on within twelve hours.

Dr. PUREFOY replied briefly; and
The Section then adjourned.

SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

THURSDAY, DECEMBER 20TH, 1883.

H. F. BANHAM, M.D., PRESIDENT, in the Chair.

BELL'S PALSY WITH CONTRACTION OF MUSCLES.

Dr. BANHAM gave the notes of a case of Bell's paralysis,

which was either of the rheumatic form, or due to syphilitic neuritis, and which was followed after some months by contraction of the facial muscles, impaired movement of the left palate, and distortion of the uvula. It was pointed out that a neuritis of the facial nerve external to the Fallopian tube was less likely to produce a destructive compression of the nerve and subsequent degeneration and contraction of muscles than the same amount of inflammation taking place within the unyielding bony canal. There was evidence in this case that the inflammation had extended upwards to the geniculate ganglion. Attention was drawn to the fact that the muscles were not spasmodically contracted, but had undergone atrophic contraction, and any efforts to extend them gave rise to acute pain.

Dr. BANHAM also gave particulars of a case of

PROGRESSIVE UNILATERAL ATROPHY OF THE FACE.

The patient was a strong and otherwise healthy girl, of 15 years of age, her father and one of her sisters had suffered from neuralgia, but the family did not, with this exception, show any tendency to any disorders of the nervous system. Four years ago she had a bad gumboil connected with a carious bicuspid of the right side of the lower jaw. In a day or two, the face meanwhile being considerably swollen, the gumboil burst and freely discharged. The tooth was subsequently extracted. With the exception of the diseases of childhood she has always enjoyed perfect health. Shortly after the gumboil trouble she began to experience tenderness about the right side of the neck and face, and also especially about the ear. This condition has continued nearly to the present time. Two years ago the parents noticed some wasting of the face which, it occurred to them, might be connected in some way with the old gumboil. There was also some little discolouration about the skin of the right side of the neck. At the present time there is marked wasting of the right side of the face, below and in front of the ear is a considerable depression, apparently giving one the idea that the parotid gland, and the upper part of the masseter muscle are greatly wasted. On the right side of the neck and over the sterno-mastoid muscle the skin is dry, and has apparently lost its subcutaneous fat. It can be readily raised from the subcutaneous tissue and imparts to the fingers the feeling very much of thin flannel. It has a discoloured dirty appearance. Sensation, masticatory power, and blood-vessels are normal. The possible connection of the gumboil with the present symptoms from an ascending neuritis was alluded to. Attention was also drawn to the fact that in this case the wasting was probably entirely of fat and connective tissue.

SUPPOSED CANCER OF THE LUNG.

The following case was related by Mr. E. SKINNER:—"Mrs. H—, æt. 21, sent for me on March 19th, 1883. She came then suffering from cough with consolidation of the left apex, and all the symptoms of phthisis. I saw her from time to time up to March 28th, she then went into the infirmary. I next saw her in July when she was suffering from hæmoptysis, and attended her until August 1st, she then, I believe, became an out-patient at the hospital. I saw her again on November 1st, she was spitting blood, the voice was very husky, and she was unable to lie down. The dulness had increased very much, and she was complaining of great pain in the left shoulder. In a few days the left arm became very oedematous, and afterwards the other, there being no oedema of the lower extremities. I then came to the conclusion that the case was one of cancer of the lung. She died on the 6th of December. *Post-mortem*, December 5th—The left lung was one solid mass of white matter. It was adherent to the chest walls. The other lung appeared quite healthy. The liver was very large.

Dr. DYSON read a paper on

SOME DIFFICULTIES MET WITH IN THE EMPLOYMENT OF
BEST AS A THERAPEUTIC AGENT IN MEDICAL CASES,
which will be found on page 43.

In the discussion that followed Drs. Law, Martin, Thomas, Porter, Messrs. Browning, Walker, Reckless, and the President (Dr. Banham) took part.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 16, 1884.

PSOAS ABSCESS AND SPINAL CARIES.

At the Royal Medical and Chirurgical Society, on Tuesday evening, the 8th inst., Mr. Frederick Treves described the operation devised by him for the purpose of direct evacuation of pus collected about the bodies of the lumbar and last dorsal vertebrae, and for removal of diseased bone when found in this situation. The question is one of such importance that the time of the whole meeting was very properly devoted to its consideration; and lengthy discussion was given by several of the leading authorities in surgery to the paper in which Mr. Treves communicated his results.

The gravity of such cases depends, as Mr. Treves pointed out, principally on the depth at which the disease is situated, rather than on any special pathological feature in the process, the usual procedures applied elsewhere to caries being precluded by the circumstances surrounding its presence in and about the vertebral bodies. The necessity thus produced of providing distant openings by which pus may be removed, is one of the worst features attending the ordinary operation for relief; and should the course followed by Mr. Treves result in frequent adoption of his method in suitable cases, he will have been the means of affording

needed benefit to a large class of sufferers in the future. By the operation proposed, a vertical incision is first made near the outer edge of the erector spinæ muscle, and the sheath of this and of the quadratus lumborum next cut through. The vertebræ are then reached by incising the psoas, and following the structures on to the surface of bone. Ready examination of the vertebræ is thus rendered possible; and should sequestra exist, their removal is rendered perfectly easy, as occurred in the first case to which Mr. Treves applied the proceeding. This and two other patients who subsequently underwent the operation, did well as far as the operation itself was concerned, although one, a boy, subsequently succumbed to pre-existent chronic lung disease and other mischief.

It is, of course, a matter of opinion how far the plan proposed can be applied in practice; but that much advantage must accrue to the patient in every case where free vent can be given to pus, and its evacuation encouraged at the point most favourable to its escape, is sufficiently evident; doubt first creeps in when consideration is had to the possibilities of discovering whether or not the conditions are favourable to it. In Mr. Barwell's opinion the condition of caries of the spine accessible to such an operation must always be occult to the surgeon, since he could never ascertain by external examination whether he was called upon to deal with a single sequestrum or an extensive carious surface. In those patients, like strumous children, where this was considerable, it could not be anticipated that entire removal of the mass would be feasible; nor could it be suggested for a moment that measures applicable to superficial caries were here admissible. This objection is one that will find general acceptance; and, indeed, Mr. Treves himself intimates his agreement with it; but, at the same time, he is justified in contending that nothing short of actual examination of the part can determine the nature of the mischief present, and enable appropriate treatment to be applied to such cases as, e.g., in the first he records, are specially fitted for successful operation.

Mr. Bryant lends approval to the manner in which Mr. Treves has brought the treatment of spinal disease under general surgical principles; and, while urging that it can lead to removal of bone in but a limited number of instances, he points out the distinct advantage it possesses for giving the benefits of early and efficient treatment to psoas and lumbar abscesses originating independently of caries, and leading to it by subsequent extension to the bone. In his own experience, Mr. Bryant had treated cases of abscess about the spine on the principle advocated by Mr. Treves—viz., free drainage; and in two he had removed sequestra from the crest of the ilium; three others failed to present any diseased bone for removal.

It is not, however, to be assumed that Mr. Bryant expresses the general opinion of surgeons in yielding approval to the operation, for Mr. Savory does not admit that sufficient exposure of the parts in the region concerned can be secured by it to allow examination and treatment to be carried out with success. Moreover, he regards the operation itself, when fully performed, to be

inadequate to the end held in view; and as an exploratory measure he holds the proceeding unjustifiable, especially since the presence of sequestra cannot be foretold by the surgeon.

The discussion to which we have thus briefly alluded carries many important lessons, and is fruitful of suggestion. It indicates very clearly the existence of dissatisfaction with methods now in use for treatment of large abscesses about the vertebræ; it shows, further, a readiness on the part of many to hail any proceeding which holds out promise of more successful results in the future; and, above all, it has afforded demonstration of the fact that old-time limitations of procedure no longer have power to retard advance. Such operations as that Mr. Treves proposes are no longer to be ranked among the improprieties of surgery; the application of Listerism during their performance, deprives them of the first element of danger; and it may be inquired, with the author of the paper in question, whether it is more serious to make a simple exploratory incision down to the spine, under antiseptic precautions, or to leave a case of uncertain bone disease quietly to develope until its presence can be no longer matter of doubt. Indeed, it may be inferred from the general tenour of the discussion on the paper that a first consideration in the future will be to convert doubt at the outset into positive certainty; and, by providing early for the ready escape of puriform material, to delay and prevent the further development of that disease, to the progress of which all the evils attendant on caries of the spine owe their origin.

Mr. Treves is a bold surgeon, but to the boldness of the operator he unites the caution of the careful thinker; and his applications of anatomical principles to surgical practice enable him to make valuable suggestions in aid of progress. By adding an additional means of limiting the disasters attending the presence of large abscesses in deep-seated parts of the body, he increases the resources of surgical art; and, even though the numbers who agree to follow him may be small at first, yet, as the results obtained grow in extent, so will confidence in a bolder proceeding develope.

THE SCOTCH CORPORATIONS AND IMPENDING LEGISLATION.

FOR the last few months active measures have been taken by the Corporations to prepare for the coming struggle with the Government. Frequent meetings have been held; anxious and *impromptu* discussions at the corners of the streets have not been infrequent; and a restless desire to do something is evinced on all sides. In a few weeks all will be in readiness, and a perfect mine be laid for the complete annihilation of the "busybodies of London," as Professor Rutherford calls those whose desire it is to see the licensing system of the kingdom put on a sounder and fairer basis than at present exists. If we can judge from the rumours now afloat, the Corporations have decided to discontinue granting their separate qualifications and to combine to give only a double qualification. This amicable arrange-

ment is to remain in force for five years, when any one of the contracting parties may withdraw from the union and will then be at liberty to proceed as it pleases. From this, one of two things must happen, either the slow but certain annihilation of the Glasgow Faculty or a return to the present state of affairs. It is scarcely probable that a candidate will select the diploma of the Glasgow Faculty when the Edinburgh can be obtained on the same terms; and it is morally certain that the Edinburgh College will not submit to a loss of fees, which must result, without receiving something in return. But even admitting this arrangement to work amicably as far as the contracting parties are concerned, what guarantee will the Government have that the standard of medical education and examination will be improved and maintained? The examinations of the Corporations are conducted in a most secret manner, and it is only by stealth that the questions set at the written part of the examinations are made public. Certain persons are, it is true, appointed as Assessors, but these are carefully selected by the Corporations themselves and not by the Government; and we have no record of their being ever present at any of the examinations. At present, also some of the examiners are elected for life; some have been in possession of the post for twenty or more years. This state of matters is neither fair to the student nor of advantage to the profession, and it is absurd that candidates should be taught the principles of modern medical science and examined by men whose generation has ceased to exist except in a more or less fossilised condition. There was in the last Medical Bill a weakness which Mr. Mundella and those in charge of renewed medical legislation should be prepared to remove. It will be remembered that it was proposed that the Corporations should be permitted to examine on the primary subjects of medical education the Government only superintending the final examination. In other words, the examinations on anatomy, physiology, and chemistry, the tripod on which all medical science is built, were to be left to the Corporations and Universities. As far as the Corporations are concerned, no one who knows the peculiar views of some of the heads of these institutions would have sanctioned such a proposal. Not long ago it was gravely asserted in one of the Corporations that all the chemistry that should be required of a candidate might be obtained from a school course, and the examination in which should form a part of the preliminary examination in Arts. It is needless to say that at present chemistry is not taught in schools, and that considerable alterations would have to be made in school education before it could be taught, and even then only a most inadequate acquaintance with the science could be obtained. The Government proposal would further tend to deteriorate the teaching of the primary subjects of medical education, and foster a most superficial acquaintance with the fundamental sciences of medicine. To allow the Corporations to have anything to do with the examinations, except under the most vigilant supervision, would be most detrimental to medical reform. Candidates would, as now, select the Corporation where the easiest primary could be ob-

tained. It is difficult for anyone outside the shadow of the Corporations to see what claim they have to any consideration from the Government. They are not teaching bodies, and they take only the most slender interest in the medical schools which surround them. They do nothing to advance medical science either by grants for original research, by lectureships which might be held with honour, or by prizes which would tend to foster a healthy and honourable competition among the younger members of the profession. To procure candidates, and to invest the fees obtained from them in sound securities has been, and is, the one idea which permeates the whole life of the Scotch Corporations.

PROFESSIONAL SYMPATHY.

"'Tis an ill wind that blows no one any good" is a trite saying that was never more fully exemplified than in the Bower and Keates case, of which the profession has heard so much during the past few weeks. It will be fresh in the minds of our readers that in October last Dr. Bower and Mr. Keates, partners in general practice at Peckham, were charged before the Lambeth magistrate with manslaughter, on the application of a man whose child died after tracheotomy performed by Dr. Bower. The case was first seen by Mr. Keates, who diagnosed croup; the child grew rapidly worse, and Dr. Bower being called to see it in consultation with his partner, promptly performed tracheotomy, instant relief to urgent symptoms ensuing. Soon after the operation was completed, however, an obstruction in the tube threatened suffocation of the patient, and the father thereupon sucked out the occluding membrane, at once ejecting it from his mouth. The child succumbed on the Monday—two days after, and on the Thursday following the father showed symptoms of diphtheria; but after going through an attack of this disease he recovered without secondary complications. He thereupon brought—firstly, an action for damages; and, secondly, one for manslaughter against the medical attendants, in both of which he was unsuccessful. In their defence these gentlemen incurred nearly £1,000 expenses, and, as the case was one of considerable hardship, to which any one in practice might be exposed, a meeting of the profession was called at the house of Sir William Jenner, and an appeal subsequently issued with the object of defraying the costs to which Dr. Bower and Mr. Keates had been put. This appeal met with such a ready and unanimous response that a much larger sum was subscribed than was required, and the question is uppermost, What is to be done with the surplus? Some of the contributors write that they understood that the fund was designed, not only to meet the present case, but as a subsidy or nucleus for a permanent defence fund, to assist others in their defence when attacked by an ignorant or malicious patient. Such an object would have the entire sympathy of the profession; but the difficulties in the way of its application are much greater than would appear at first sight, but which will readily occur to thinking men. We trust, however, the Committee ere it separate will take

the matter into earnest deliberation ; a hasty refusal to adopt that which to a large number seems a reasonable proposal would undoubtedly damp the ardour of present contributors, if unfortunately a similar occasion again arose for an appeal. Criminal charges initiated against medical men, it is true, are extremely few, and those grounded on truthful bases are among the least familiar to readers of law reports ; but the year 1883 will be notorious for three prominent cases, the charge in each having failed, but with such sad results as will long dwell in the memories of the present generation, and show the necessity for united action of some kind in its own defence. But Dr. Bower and Mr. Keates are to be congratulated, not only on the successful result of their action and the payment of their costs by the profession, but also upon the success of another fund, which will, we doubt not, afford them equal pleasure. We refer to a testimonial fund raised by their patients and neighbours and presented to them yesterday (Tuesday) at a crowded and enthusiastic meeting at Peckham. In November last an early meeting was held, under the presidency of the vicar (the Rev. Dr. Warburton), at which it was decided that some tangible proof of their sympathy should be given to those gentlemen, as a result of which a sum of about 150 guineas was readily contributed by 131 subscribers, whilst patients and friends vied with neighbouring practitioners in evincing their sympathy and unabated confidence. Thus this first fund—started before the profession had met to decide upon a course—was happily ended yesterday by the presentation of a silver salver each to Dr. Bower and Mr. Keates, a purse of 100 guineas, and an illuminated address, expressive of the esteem in which they are held in the neighbourhood, and in condemnation of the attack to which they were subjected. The committee, whose names we are happy to place on record (Mr. Loris Schlesniger, Treasurer, Messrs. Brown, Birt, Grimsell, Owen, Kelham, Charlton, Leyfang, and Watts), have been indefatigable in their exertions, and with the recipients are to be congratulated on the result.

Notes on Current Topics.

Death of Mr. Wheatley.

We regret to announce the death of Mr. B. R. Wheatley, Resident Librarian to the Royal Medico-Chirurgical Society, which occurred almost suddenly on Wednesday last. By his invariable courtesy, and willingness to afford the assistance his large acquaintance with medical literature enabled him to give to those engaged in original work, Mr. Wheatley had gained the respect and esteem of a very large proportion of the profession ; and many will be grieved to learn that his cheerful, unobtrusive presence will no longer be met with in the institution which for a long number of years has been his home. It is natural that the event should have been referred to at the first Society meeting occurring after it ; and on Friday evening both Sir Andrew Clark, President, and Mr. Christopher Heath, Treasurer of the Clinical Society, took occasion to speak in feeling terms of the loss sustained by the Society

in Mr. Wheatley's death. Though not an actual officer of the Society, the deceased was nevertheless an active assistant in all relating to its business details ; and how sincere a feeling of esteem his many good qualities have engendered in those who have been in any way directly associated with him, was demonstrated by Sir Andrew Clark's generous and graceful testimony to the dead man's worth. For twenty-five years, Sir Andrew said, he had known Mr. Wheatley, and ever had he found him an upright man, the word thus used being designedly introduced for its very expressiveness. For ourselves, also, we gratefully echo this tribute to a character that deserves most kindly memories, for Mr. Wheatley has often lent us much assistance—always rendered, too, with perfect willingness and readiness—in the promotion of our labours in connection with the Clinical Society's meetings. As a librarian he possessed qualities that can scarcely be expected in his successor, for to business tact and administrative ability he united a knowledge of books such as is found only in those who bring to their special work an earnest interest in it, and a determination to be "thorough." The funeral took place yesterday at Highgate, and was attended by a considerable number of members of the various societies which hold their meetings at the rooms of the Medical and Chirurgical Society.

Treatment of Wens by Ether Injections.

A COMMUNICATION to the *Bulletin Générale de Thérapeutique*, by Dr. Lemoyez, discusses the different methods of treatment of sebaceous cysts of the face and scalp, and recommends parenchymatous injections of pure sulphuric ether. A case is reported of a man who was relieved of a wen of five years' growth by ten hypodermic injections of ether practised at intervals of a day or two. The result was the conversion of the tumour into a cyst with fluid contents, the evacuation of the same, and speedy destruction of the cyst-wall by inflammatory action. In the case quoted, the treatment resulted in a perfect cure in a month, without keeping the patient in bed or restricting his movements as would have been required by the ordinary operation.

The advantages claimed for this method are its simplicity, painlessness, and efficiency, without exposing the patient to the risk of a surgical operation or in any way interfering with his business. The injections are made into the interior of the cyst, five or ten drops at each sitting, the needle of the hypodermic syringe being moved about so as to break up the contents as much as possible. They are discontinued when inflammation or suppuration begins.

IN the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follow :—Calcutta 25, Bombay 24, Madras 36, Paris 24, Geneva 22, Brussels 22, Amsterdam 30, Rotterdam 29, The Hague 28, Copenhagen 21, Stockholm 22, Christiania 22, St. Petersburg 31, Berlin 22, Hamburg 24, Dresden 26, Breslau 30, Munich 28, Vienna 24, Prague 34, Buda-Pesth 25, Trieste 36, Rome 25, Venice 27, Lisbon 33, New York 23, Brooklyn 18, Philadelphia 20, and Baltimore 18.

The Olinical Society of London.

THE annual meeting of this Society was held on Friday evening last, Sir Andrew Clark, Bart, presiding, when, in addition to the usual business, elsewhere reported, office-holders for the ensuing twelve months were elected. The names of gentlemen on whom the choice of the Society fell will be found in the list published in our columns last week, all the candidates nominated by the Council having been unanimously elected. At the conclusion of the meeting, Mr. Pearce Gould gave a demonstration on the employment of the endoscope for urethral examination, the illuminant being an electric lamp. For the purpose of the exhibition two patients were introduced, one the subject of gonorrhœa and the other presenting a normal urethra.

Iodoform and Calomel.

As this combination is often ordered by specialists as a dusting-powder, it may be of interest to know that the ingredients are, to a certain extent, incompatible. In a communication read before the New York College of Pharmacy, it is stated that iodoform and calomel are decomposed by light at an ordinary temperature.

Charlatan.

THE *Apotheker Zeitung* gives the origin of this word as follows:—In the olden time, when the doctors were not in the habit of riding about, their homes were hospitals, and they did not leave their patients. At that time a genius made his appearance in Paris. His name, was Latan. He procured a small one-horse wagon (*char*), upon which he packed his remedies for all possible affections. With these he drove through the streets of Paris, crying out his wares and looking for patients. He was the first driving doctor, and soon became renowned. Whenever he came along, the populace greeted him with, "Voilà le char de Latan." This was soon abbreviated to "Charlatan," which, at that time, denoted a driving doctor.

Vital Statistics of Vienna for 1882.

THIS report has just been published by Dr. W. Löwy. It gives the number of births during the year 1882 as 29,262: of this number 27,857 were those of living children, and 1,405 were still births; 15,085 were boys and 14,164 girls. In 13 the sex was not distinguishable. 16,605 were born in wedlock, and 12,657 were illegitimate. Compared with the previous year the total number of births had diminished by 1,165—equal to 3·8 per cent. The births of living children had diminished by 1,164—equal to 4 per cent., whilst the still births had only diminished by 1. The percentage of illegitimate births had fallen from 45·2 to 43·2 per cent. The births were 39·5 per 1,000, against 41·7 in 1881. The total number of deaths of registered persons was 21,595, 46 or ·2 per cent. more than in the previous year. Of the actual population of Vienna 18,722 died during the year, 133 or ·7 per cent. more than in 1881. The total deaths amounted to 29·2 per 1,000; whilst as regards the actual city population the number was 25·3 per 1,000. In the previous year the corresponding figures were 29·5 and 24·4. The natural increase of the population, i.e., the excess of births over deaths, was

9,135, or 1,292 less than in the previous year, and 701 less than the average of the years 1877 to 1881. It amounted to 13·7 per 1,000 of the population.

Co-operative Oppression.

It seems to be too readily assumed that the lot of *employés* at Co-operative Stores compares favourably with that of ordinary shop-assistants. One feature of the Store system which was supposed to give it superiority, is that those serving under it are relieved from the cruel oppression of immoderately long hours, and are so enabled to devote a sufficient portion of their lives to healthy recreation and necessary amusement. But from a correspondence now in progress in the *Standard* it appears that Co-operative Store managers are as guilty as private shop-keepers of imposing the burden of extra time and work on their subordinates; and this, too, without the compensation for health contained in additional pecuniary remuneration. Should the statements which have been made in this connection prove to be really founded on fact, there can be no question of the necessity that has arisen for investigation and improvement. The number of young men and women who find employment in the various Stores is very large: one such association includes more than fifteen hundred assistants; and it becomes a grave consideration how far the physical well-being of this body of workpeople is sacrificed in the interests of mere gain. Even on grounds of economy it is open to doubt whether more ill than good does not result from over-exaction in the way of labour, for when the working day is unduly extended the later hours must be largely unproductive as compared with those during which the *employés* are refreshed and invigorated after rest. From a medical point of view the subject is, however, a very important one, inasmuch as a good proportion of the persons concerned are actual or possible fathers and mothers, whose deteriorated physique is likely to produce an injurious effect on their offspring, and thus increase the amount of national weakness and sickness. Comfort and policy alike demand a searching inquiry into the real state of the case.

Strychnia as an Antidote to Chloral.

In the *Journal de Médecine de Paris* particulars were given of a case in which dangerous symptoms occurred in a man who had taken fifteen grains of chloral to produce sleep. He did not awaken in the morning; at 10 a.m. the whole body was cold; the heart frequent, weak, and irregular; respiration laboured; pupils not responding to the stimulation of light; and all reflex action had ceased. The power of swallowing was lost. Two hypodermic injections were given in the course of half-an-hour (1st dose—1½ mgr.; 2nd dose—2 mgr.). The heart's action improved after each dose, becoming more regular, slower, and with slight increase in the force of impulse. Four and a-half hours after another injection was given of 2 mgr., half-an-hour after which consciousness returned—the pulse beat 68 per minute, and was regular. In the evening he was able to walk a little, and next morning he travelled home some distance in a wagon. During the following night he took 35 grains of chloral, in spite of his recent experience, and died in two hours.

Water for Infants.

SOME two years ago Dr. Davis, of Chicago, called attention to the condition of the blood of infants in summer, which we might term *ex-aqueous*, due to the excessive amount of liquid lost by perspiration, and which he deemed predisposed the system to the summer diseases of children; and now Dr. Charles Remsen (*N. Y. Med. Jour.*) calls attention to this point, which has received altogether too little attention. We all know how seldom an infant is given any more water than that contained in its food, and yet we all see how eagerly they will often drink when it is offered to them. A slightly depressed condition of the anterior fontanelle is one of the earliest symptoms showing the amount of water in the system to be below the standard. Fretfulness, moderate rise of pulse and temperature, a hot, dry skin, and frequent desire to nurse, are other signs.

The Dublin Branch of the British Medical Association.

THE annual general meeting of the Branch will be held on Thursday, 31st January, at four o'clock p.m., in the Hall of the King and Queen's College of Physicians. The officers and council for the ensuing year will be elected. Dr. Edward Hamilton, President-elect, will deliver the annual address. The annual dinner of the Branch will also be in the College Hall, at seven o'clock p.m., on the day of the meeting. Dinner tickets for members before Tuesday, the 29th inst., 17s. 6d.; after that date, and for guests, £1.

Traction Suture.

DR. ALLIS, writing in the *Annals of Anatomy and Surgery*, says that when a large portion of integument has been cut away—as in removal of the female breast—the healthy borders sometimes cannot be fully approximated; and even an attempt to do so is accompanied with such a degree of tension that the sutures soon cut their way out. To distribute this tension, after drying the skin thoroughly, he applies strips of adhesive plaster (from the margin of the wound in the direction he wishes the sutures to hold. He then passes his needle deeply through plaster and skin. After the sutures are in position, and before tightening them, he requests an assistant to approximate the margins of the wound by pressure from his hands, while he secures them by twisting the wire.

Sutures employed in this manner have a firm hold upon the plaster, exert their traction upon a large surface, are less irritating and harmful, and will continue an efficient action much longer than the ordinary integument sutures.

THE value of pilocarpine in the treatment of severe hiccough, to which attention was called some time ago in the *Revue Médicale Chirurgicale*, has been confirmed by the success attending its use in a very severe case which had lasted for three months and resisted all other remedies. Dr. Ruhdorfer administered a subcutaneous injection of the hydrochlorate of pilocarpine (of the strength of 3 centigrammes in a gram of water) and the hiccough was at once cured.

Carcinoma and Lupus.

BEFORE the last sitting of the Berlin Medical Society for the old year (Dec. 19th) Herr G. Lewin showed a case of carcinoma developing on a basis of lupus. He stated that eight years ago he had collected accounts of 14 or 15 similar cases from the writings of such distinguished men as Esmarch, Volkmann, Thiersch, Hebra, &c., and since that time he had collected, and observed himself, others that brought the number up to about 20. The case exhibited was that of a man 44 years of age, whose father died of *carcinoma ventriculi*. He had suffered ten years from lupus, and five years ago the present tumour began, and eighteen months ago suddenly developing to a considerable size.

Set Work versus Open Books.

THE head masters of the principal British public schools have been appealed to to decide from their own experience whether it is better to restrict the claims on candidates at public competitive examinations to particular indicated books, or to demand ability to read the classics from any work selected for the purpose by examiners. The result is that out of 94 opinions 83 agree in regarding the candidates who pass examinations in unseen passages as infinitely more admirably educated than those who are able to make skilful translations of passages specially selected and pre-announced. This decision has an importance beyond its mere seeming, for it includes the principle that cramming, which consists essentially of acquiring known subjects, is less useful as an intellectual training than *bona fide* education. It is not, moreover, in classics alone this principle deserves recognition; in every branch of learning the axiom holds good; and it cannot but be a good thing first to be authoritatively insisted on in the emphatic manner the schoolmasters have adopted. Both as an intellectual exercise and as a mental training general reading must always be of higher utility than cramming of a particular subject, and in the way of health it possesses incomparable advantages which deserve to be freely appreciated.

Execution of Criminals in "Ye Olden Times."

THE *Boston M. and S. Jour.* says that the autopsies of some of the criminals executed in the early part of this century are published in an English contemporary, showing that instantaneous death by dislocation of the vertebræ was then rarely the case. That desirable result is claimed to have occurred in every one but one of "Marwood's" many executions. But before this science had been so perfected, the careful autopsies showed some unpleasant facts. For instance, John Bellingham was executed in 1812. There was no dislocation of the vertebræ, according to the record, "nor did the trachea show any sign of compression or hurt. The right auricle of the heart moved at irregular intervals, with the application of any stimulus, during the period of nearly four hours from the time of execution, and for about an hour longer upon being touched with a scalpel. This motion was not strictly a contractile action, diminishing in any sensible degree the cavity

of the auricle, it was undulatory and weak, sometimes beginning at the right extremity of the auricle and moving to the left; at other times commencing and proceeding in the contrary direction. Not the least motion was observable in the left auricle, or in either of the ventricles." In the case of John Bruce, executed at Execution Dock at eight o'clock, and received so late as half past twelve, there were the same weak waving motions for a period of *five hours after execution*.

Sympathetic Colic from Uterine Diseases.

DR. CURTIS SMITH publishes an interesting article on this subject in a recent number of the *Philadelphia Medical Reporter*. In it he reviews the various well recognised sympathetic disturbances that may be traced to morbid conditions of the uterus and of the ovaries. The sympathetic disturbance alluded to in his paper is not to be confounded with the so-called uterine and ovarian colic, where the pain is situated and felt in these organs themselves, but that which is characterised by pain in the stomach, or more frequently a pain diffused over a large space around and above the umbilicus. It sometimes seems to be over the transverse colon, and at others it extends downwards to the upper margin of the hypogastric region. It is spasmodic in character, just as is common gastric or intestinal colic. It is accompanied with nausea and vomiting. Food vomited may or may not be sour—usually not so. No bile vomited unless the emesis be prolonged and severe. From gastric colic it differs in the food being usually free from acidity or fermentation, and the want of relief usually felt after vomiting in the case of indigestion. Movement of the bowels does not seem to increase or diminish the pain. The functions of the digestive organs may be performed perfectly, and yet the colic will come on without reference to their being so. In some few cases, dyspeptic derangement seems to aggravate or excite an attack. Amongst the positive symptoms of the complaint are, pain in the stomach or around the navel, or just above or below the navel, and its spasmodic character, and almost pathognomonic is the symptom, that the pain, wherever felt, is intensified by pressure over the uterus or ovaries, and if it has subsided, it may be again excited by such pressure. In one case he noted that pressing over the uterus excited severe pain under the left breast, and over an extensive area around the umbilicus. There was little or no pain felt at the seat of pressure. In another case, where there was no more than an uneasy or grumbling pain felt in the stomach, and where there had recently been some uterine disturbance, pressure over the uterus caused severe pain in the umbilical region. The writer has not been able to notice any immediate connection between the time of menstruation and the recurrence of the attacks. In most cases it has preceded menstruation about ten days. Once it occurred during the catamenial flow. It is common to married and virginal women alike. The attacks are preceded and followed by a couple of days' sense of malaise. Patients affected are languid, listless, and suffer from changes in temper, and are hysterical at times. Just before the outbreak the expression of face is dull, and there is a little dusky skin. The

pain is *real*, not imaginary. There is no fever, and the pulse and digestion are normal, or almost so. Some hours after the pain has been relieved a slight and transient irritative fever is noticeable. The subject is one of considerable interest, and further contributions are promised by Dr. Curtis upon it.

THE deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 22·2 per 1,000 of their aggregate population. The death-rates in the several towns were:—Norwich 12, Portsmouth, Bradford 17; Bristol, Nottingham, Oldham, Newcastle-on-Tyne, Hull 19; Leicester, Bolton 20; Edinburgh, Huddersfield, Plymouth, London, Birmingham 21; Derby, Wolverhampton, Sunderland, Halifax 22; Brighton, Sheffield, Liverpool 23; Birkenhead 24; Blackburn 25; Leeds 26; Salford 27; Dublin 28; Manchester, Glasgow, Preston 29; Cardiff 31.

THE highest annual death-rates in the large towns last week from diseases of the zymotic class were—From measles, 4·8 in Derby, 2·3 in Birkenhead, and 2·0 in Manchester; from scarlet fever, 4·8 in Leeds, 1·6 in Salford, and 1·4 in Sheffield and Newcastle-upon-Tyne; from whooping-cough, 1·8 in Huddersfield, and 1·4 in Sheffield and in Bolton; and from "fever," 2·8 in Blackburn, 1·4 in Halifax, and 1·1 in Cardiff. The 38 deaths from diphtheria included 16 in London, 7 in Glasgow, 2 in Birmingham, and 4 in Cardiff. Small-pox caused 6 deaths in London, 8 in Birmingham, 7 in Sunderland, 6 in Liverpool, and 1 in Manchester.

WE understand that the Council of the Irish College of Surgeons has decided that it is desirable to admit the Apothecaries' Company to the scheme of conjunction of the Irish licensing bodies for the granting of a double diploma. This determination introduces a very serious complication into the negotiations, for it does not seem likely that the College of Physicians will relish the recognition of the Apothecaries' Company as co-equal partners with them in medical licensing, and, moreover, the distribution of the diploma fee will have to be reconsidered and readjusted before the scheme can go further. We would seriously ask the Irish Colleges whether, at the present day, it is worth their while spending time in discussing a scheme beset by so many pitfalls, when it seems probable that before the negotiations can come to anything the Medical Reform Bill will have provided a summary settlement of all disputes?

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

SCOTCH VITAL STATISTICS.—From the official weekly returns of the Registrar-General for Scotland for the week ending Saturday, January 5th, the death-rate in the eight principal towns during the week was 25·4 per 1,000 of estimated population. This rate is 3·7 below that for the corresponding week of last year, but 3·8 above that for the fifty-second week of 1883. The lowest mortality was recorded in Perth—viz., 15·1 per 1,000; and the highest in Paisley—viz., 35·7

per 1,000. The mortality from the seven most familiar zymotic diseases was at the rate of 8.1 per 1,000, or 0.5 below that for the preceding week. Acute diseases of the chest caused 145 deaths, or 37 more than the number recorded for the previous week.

AYR.—DEATH OF A CENTENARIAN.—There died at the farm of High Kylestone, about four miles from Ayr, Margaret Paton, relict of George Muir, in her hundredth year. Deceased would have completed her centenary if she had lived till November next. Till within twelve hours of her death she was in the enjoyment of good health, and possessed all her faculties in a wonderful degree. She was a native of the neighbourhood of Mauchline, where she was well acquainted with Gilbert Burns, brother of the poet.

ROYAL SOCIETY OF EDINBURGH.—A meeting of this Society was held in the Royal Institution on the evening of the 8th inst., Mr. Stephenson, C.E., one of the Vice-Presidents, in the chair. The chairman expressed regret that, owing to the illness of Lord Moncreiff, they would not have the privilege of hearing his lordship's review of the Society's history for the past century, which had been set down for that meeting, and it would consequently be postponed for a month. Professor Turner read a communication from Dr. G. Hoggan, of London, on new forms of nerve terminations in the skin of mammals illustrated by an account of the palm of the racoon, which has the peculiar habit of dipping its morsels of food before eating them. In the palm of this animal there are three different modes of termination of the nerves, and to these Dr. Hoggan had, with characteristic gallantry, attached the names of three ladies—Brown, Hoggan, and Blackwell. In the first, the axial cylinder divided itself into three or four fibres, which had a knob-like termination; in the Hoggan bodies the cylinder entered a structure consisting of a series of layers; and in the Blackwell body there were a number of nerve cells which had reference to each other. A paper by Professor Herdman, Liverpool, was communicated by Mr. Murray, of the *Challenger* Expedition, "On Deep Sea Investigations." Dr. M'Farlane, B.Sc., Examiner in Mathematics at the Edinburgh University, read a paper on the "Arrangement of Metals in the Electro-Frictional Scale;" and a diagnosis by Professor Bayley Balfour of a new plant was laid on the table.

GLASGOW DEATH-RATE.—For the week ending with Saturday, the 5th inst., the death-rate of Glasgow was 29 per 1,000 per annum, as compared with 24 in the preceding week, and 31 in the corresponding week of last year.

EDINBURGH ROYAL INFIRMARY.—The annual general meeting of the contributors to the Royal Infirmary of Edinburgh was held in the Council Chambers, Edinburgh, on the 7th inst., the Lord Provost presiding. Mr. James S. Trainer, treasurer and clerk to the Corporation, read the annual report by the managers, from which it appears *inter alia* that a total of 6,829 were admitted from Oct. 1st, 1882, to Oct. 1st, 1883; of these there were dismissed cured, 3,279; dismissed relieved, 1,954; dismissed on other grounds, 582; died in the hospital, 501; patients remaining at 1st October, 1883, 513. Of the cases brought to a termination during the year, 467 were cases of infectious disease treated in the Fever House in the old Infirmary, including 132 cases of scarlet fever; 2,669 were ordinary medical cases, and 3,180 were surgical cases. The number of children in the hospital during the year has averaged from 40 to 50, the great majority of whom were treated in the surgical wards. The number of deaths which took place in the new Infirmary within 48 hours after admission was 119. These were mostly cases of severe injury of a hopeless character, and they unduly raise the rate of mortality in the hospital.

During the year there have been received legacies and donations of £100 and upwards, £135,861 1s. 8d. Out of this there had to be met the following, viz.:—Sum of extraordinary payments, £2,037 1s.; excess of ordinary expenditure of Infirmary, including Fever House (£32,625 16s. 1d.) beyond ordinary receipts (£22,636 18s. 3d.), £9,988 17s. 10d.—total, £12,025 18s. 10d. Deducting this sum of £12,025 18s. 10d. from the legacies and donations received, there remains a balance for the year of £123,835 2s. 10d., of which the sum of £100,000 falls to be added to permanent capital. The ordinary income for the year—£22,636 18s. 3d., as compared with £21,713 8s. 7d. for the preceding year—shows an increase of £923 9s. 8d. This is mainly due to an increase in the receipts derived from students' fees, which exceeded by £856 12s. 6d. the sum received last year. The extraordinary income has been exceptionally large, owing to the receipt of two legacies of very considerable amount. Through the munificence of the late Dr. Duncan Vertue, H.E.I.C.S., and the late Thomas Laing, Esq., of Linhouse, each of whom has left the residue of his estate to the Infirmary, a sum of upwards of £127,000 has been added to the funds of the institution. In recognition of these munificent bequests two wards have been named the "Vertue Ward" and the "Laing Ward" respectively. The ordinary expenditure was £32,625 16s. 1d., as against £31,286 10s. 4d. for the preceding year, showing an increase of £1,339 5s. 9d.

SCIENTIFIC INQUIRY INTO THE HABITS, PROPAGATION, AND FOOD OF FLAT FISH.—Under the auspices of the Fishery Board for Scotland, Professor M'Intosh, in addition to the investigations he had undertaken on behalf of the Trawling Commission, has arranged to institute inquiries at St. Andrews, with the view of throwing some light on the habits and time of spawning of the sole, turbot, and other flat fish. The object in view is to enable the Fishery Board, by artificial cultivation or otherwise, to ensure an increased supply of an important class of fishes, at present less available than could be desired for general use, owing to the limitation of the supply obtained from Grimsby and other fishing stations, and the consequent enhancement of price. For the purpose of the inquiry, Professor M'Intosh is to be provided by the Board with tanks and other appliances, which will also be found serviceable in reference to the work to be done for the Trawling Commissioners. While the sole and other flat fish receive special attention at St. Andrews, the herring and its congeners will, it is understood, be investigated at North Berwick, where the Fishery Board propose to establish a laboratory for the purpose. In carrying out the work assigned him, Professor M'Intosh will have the co-operation of Professor M'Kendrick, Glasgow; Professor Stirling, Aberdeen; and Professor Schafer, University College, London. Meanwhile, it appears the fishery officers at the Boards, twenty-six stations on the coasts of Scotland, as well as the Board cruiser *Vigilant*, are successfully collecting materials which, it is expected, will throw light on the somewhat obscure subject of the food of fishes. The working out of this branch of inquiry is in the hands of Professor Cossar Ewart, Convener of the Fishery Boards Investigation Committee, and Mr. J. Duncan Matthews, laboratory assistant at the University of Edinburgh.

AYR.—HEALTH LECTURE.—The second of the course of Health Lectures organised in Ayr in connection with the Combe Trust was delivered by Professor George Buchanan, of Glasgow, to a large audience on the 7th inst. Mr. R. M. Pollok, of Middleton, presided, and Professor Buchanan delivered a very impressive discourse on "Surgical Accidents

and their Management," which he illustrated by diagrams and preparations.

HEALTH OF EDINBURGH.—For the week ending with Saturday, the 5th inst., the mortality in Edinburgh was 96, and the death-rate 20 per 1,000. Diseases of the chest accounted for 50 deaths, and zymotic causes for 16, of which 1 was due to fever, 1 to diphtheria, 6 to scarlatina, and 7 to measles, the intimations of these diseases for the week being 2, 8, 40, and 205 respectively.

Literature.

LECTURES ON CATARACT. (a)

It is not quite so easy to see why a lecturer of repute should, "at the urgent request of his old pupils," consent to the publication of lectures for which he believes "he can claim neither merit nor originality." To what must we attribute this diffidence on the part of the author? He cannot wish his readers to believe that there is literally nothing new to be said or written about cataract? On reading over Mr. Cowell's pages, we are inclined to the opinion that his book is not so devoid of merit as he would have us suppose. No doubt "old pupils," and new also, "who feel an interest in ophthalmic subjects" will read over these lectures, which were "delivered without any idea of publication," with pleasure if not with profit.

An anatomical description of the crystalline lens is given as a prelude to the correct diagnosis of the various forms and modifications of cataract, and the operative measures for its relief finish up the course. At the outset we question the soundness of some of the author's views. In the first place, in diagnosing cataract, we doubt whether "the straining of accommodation by continuous work at minute objects" is a very common cause of cataract, or whether synechia anterior, "a false membrane occupying the pupil," is at all likely to be mistaken for "a false or spurious cataract." The condition of the patient's vision, as well as that of the iris, will prevent his "old pupils" from falling into so gross an error of diagnosis. The hereditariness of cataract is well understood and acknowledged; and with reference to the visible stellation of the cataractous lens, there is nothing either new nor remarkable in the fact that these rays are fissures formed by the discontinuity of the lens fibres, where the endosmotic processes are most active, and showing most probably the lens itself affected by deranged nutritive changes. The evidence adduced is quite insufficient, in our opinion, to establish "a curious fact," mentioned by Arlt, that "lamellar cataract often occurs in children who have been the subject of convulsions." Neither can we concur in the author's opinion that a connection can be shown to exist between "the capsular form of cataract and the purulent conjunctivitis of infancy."

Although Mr. Cowell holds fast to the commonly received opinion that cataract "usually depends upon some alteration, perversion, or impairment of nutrition in the lens, rather than upon pathological change around and outside the lens," he does not believe cataractous disease can be amenable to medical treatment. A prophylactic is, indeed, useless, "as cataract can only be successfully treated by operation." So far his views are in accord with those of another specialist who gave the introductory at one of the medical schools a few weeks since, and who is even more emphatic on this point. His words should be noted and digested. "The medical profession would retain the most important part of its duties and all, or more than all, its present share of honours if every drug in the pharmacopoeia were to become extinct." With a larger experience of the value of drugs, we venture to think that these extreme views will in time undergo very considerable modification. Will it be denied that in diabetic cataract medical treatment is of no value? Can it be said that belladonna or atropine is useless in iritis? or eserine in cases of increased hardness of the globe—that is, in a diseased condition frequently mistaken for glaucoma? In rheumatic affections of the eye, is the administration of iodide or bromide of potassium of no avail? Such statements can serve no good purpose, they are altogether misleading. Passing to the operative treatment of

cataract, Mr. Cowell's refinements remind us of Warlomont's jocular remarks on the practice pursued at the London ophthalmic hospitals. "I asked," he said, "in all what method of operating was employed, and I received for answer: We operate by the method of Von Græfe, but we modify the operation to suit the case. But it was evident enough that the old classical method is not yet abandoned." We gather from the author's pages that it is still so; every practitioner has a selecticism peculiarly his own: a spoon, a hook, or a knife constituting a sufficient difference to enable him to tabulate cases which clearly enough show the success of his method of operating. This course of "Lectures on Cataract" will, we venture to think, have fulfilled the object Mr. Cowell had in view when he consented to their publication if they are found to supply "old and new pupils" with so much of sound information as shall keep them in their after career from falling into any serious error in the diagnosis and treatment of cataractous disease.

TRANSACTIONS OF THE ACADEMY OF MEDICINE IN IRELAND. (a) VOLUME I.

THE various medical societies in Dublin having merged their individuality, they now constitute the Academy of Medicine in Ireland. Our professional brethren in the sister country are to be congratulated on having taken this step for the advancement of Medicine and Surgery. Dr. John T. Banks had the honour of being elected the first President of the new Academy; and Mr. William Thomson holds the office of General Secretary. To the latter, as Editor, we are indebted for the production of the first volume of Transactions, representing the labours of the several Sections of the Academy—in Medicine, Surgery, Obstetrics, Pathology; and the Sub-sections of Anatomy and Physiology, and of Public Health.

We cannot undertake (no one writer could presume) to enter upon a critical dissertation respecting the merits of the papers contributed in all these departments of investigation, which are co-extensive with the whole range of Medicine properly so called; nor would it be quite an easy task to make a selection for this purpose from any one Section in the Transactions. But we may notice certain papers which relate to subjects of more recent progress.

In Surgery, Mr. O'Reilly contributes "A Case of Nephrectomy by Right Lumbar Section," the interesting features of which consist in the operation having been performed for the removal of a kidney affected with miliary tubercle, and which had resulted in pyonephrosis. The operation, under the influence of ether, was conducted antiseptically; and by an oblique lumbar incision, from the eleventh rib to the iliac crest, just in front of the erector spinae. No hæmorrhage occurred, nor subsequently. But the patient died in forty hours from persistent vomiting. Among the conditions which rendered extirpation of the kidney justifiable, very judicious stress is laid upon the absence of pain or tenderness in the region of the other kidney, and the normal character and quantity of the urine secreted, as further indicating the healthy state of the companion organ. Other equally important papers relate to "Trephining of the Skull for Cerebral Abscess," by Mr. Kilgariff; and "Trephining in Mastoid and Tympanic Disease," by Mr. W. I. Wheeler. Mr. Thornley Stoker communicates a most valuable and exhaustive paper on "Removal of the Thyroid Gland," accompanied by an excellent lithograph of a case. Dr. Kendal Franks gives two remarkable examples of "Spontaneous Dislocation of the Hip," of which there are other instances on record by Stanley and Verneuil, and to which reference is made.

In the Medical Section we may notice "A Case of Empyema treated by the Radical Method, with Notes of some Antiseptic Fluids employed," by Dr. R. A. Hayes. Empyema calls for surgical interference more urgently than hydrothorax; for, in addition to the pressure under which the lung labours, there is the risk of septic infection. Dr. Hayes' case was one of empyema on the right side, and opening into a bronchus. It is a significant fact that the antiseptic spray was discarded, and that oakum was used as the antiseptic dressing, good drainage also being provided; and these precautions proved successful after aspiration and carbolic injection had failed. We must add, however, that the patient's recovery was

(a) "Lectures on Cataract." By George Cowell, F.R.C.S., &c. London: Macmillan & Co. 1883.

(a) Transactions of the Academy of Medicine in Ireland. Vol. I. 1883. Dublin: Fannin & Co. London: Baillière, Tindall & Cox.

retarded by an attack of erysipelas, and by the formation of superficial abscesses over the scapulae, besides other complications, which could hardly have had any relation to septic infection. In the course of treatment four antiseptic washes were tried—carbolic acid, eucalyptus oil, salicylic acid, and boracic acid; but each such agent was used in a very weak solution, not more than 2 per cent., and the carbolic wash being less than $\frac{1}{2}$ per cent. As bearing upon the therapeutic value of "Nerve-Stretching," Mr. W. Stokes reports two cases of *tubercles dorsalis* in which this procedure was tried, by traction of one or both sciatic nerves; and with temporary relief of the lightning pains and some restoration of motor power. The particulars relating to the operation in these cases clearly show that the author fully appreciates the conditions which are essential to success, with regard to the force of traction necessary, gradual extension, and the stretching of the nerve in both directions. Dr. W. Frazer draws attention to a class of cases in persons known as "Bleeders," but where "sudden death resulted from cerebral hæmorrhage;" and Dr. W. G. Smith narrates a case in which a "laryngeal polypus" was removed by Voltolini's method—a kind of evulsive procedure, which can be applicable only when the growths are polypoid. It is a brushing mode of extraction, analogous to the method of M'Ruer for the clearance of nasal polypi.

Among the papers in the Obstetrical Section, that by Dr. T. M. Madden, on "Mental and Nervous Disorders peculiar to Women," is most suggestive, and full of interest. It will well repay perusal. An original communication by Dr. Lombe Atthill throws light on the nature of "Metria" or "So-called Puerperal Fever," and on the relation of this puerperal uterine condition to septicæmia.

The Pathological Section abounds with papers of great moment. The first, from the pen of Mr. J. K. Barton, records a case of "Intestinal Obstruction," from torsion or volvulus of the cæcum! For the relief of tympanitic distension of the abdomen, puncture of the bowel was resorted to, giving vent to a large volume of extremely fetid gas. Antiseptic precautions were taken. Abdominal section was not performed. The patient died five days after admission to the Adelaide Hospital, having previously suffered for three days from abdominal symptoms. On post-mortem examination the cæcum was found to be twisted twice upon its axis, causing complete obstruction at the junction of the colon. Dr. T. E. Little exhibited a specimen of "Aneurism of the Internal Iliac Artery," which illustrates several facts of practical importance. The aneurism was a fusiform dilatation of the left artery, and continued into the obliterated umbilical artery—not in the direction of the iliac branches. The sac had undergone consolidation by laminated fibrine, leaving a narrow channel. This rare mode of spontaneous cure—of which Hodgson mentions several instances, is most complete, by restoring the arterial wall, and yet maintaining also the continuity of the vessel. If the same result could be obtained by surgical art, it would revolutionise the treatment of aneurism. In Dr. Little's case, the aneurismal enlargement was unaccompanied by any such affection of any other artery—another exceptional fact; although, as usual, the arterial system bore evidence of extensive degenerative changes. "The Influence of Fractures on the Growth of Bone" opens up a wide field of inquiry, and of considerable difficulty—as with reference to the question whether an increased thickness of bone may depend on callus formation only, or additional hypertrophy? The growth of bone in length can be more exactly determined, even when the fracture has resulted in longitudinal displacement. These and other factors in a complex physiological problem are ably considered by Mr. James Davison, and if the observations he has adduced are not entirely conclusive, they at least prepare the way for further investigation.

The Sub-section of Public Health has begun to do good work in this direction, and especially touching the predisposition engendered by "Consanguineous Marriages," as in relation to "deaf-mutism"—a great social question into which Dr. C. A. Cameron has entered to some extent.

Having thus reviewed the first volume of the Transactions which has emanated under the auspices of the Academy of Medicine in Ireland, the profession will look with confidence to a continuation of its labours, animated by the true spirit of inquiry, and with results which bear the stamp of merit; so that we shall anticipate annually to gather some such mature fruit from off the same tree.

F. J. GANT.

Correspondence.

SIR JOSEPH LISTER AND THE TREATMENT OF FRACTURE OF THE PATELLA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have to-day, for the first time, become aware that your issue of the 26th ult. contains an editorial statement to the effect that a patient operated on by me for fracture of the patella since the delivery of my address to the Medical Society has died. Your informant, whoever he may be, is mistaken. I have operated on three cases of fracture of the patella during the period referred to; and of these, two are healed and the other promises to be so before long.

Yours, &c.,

London, 8th January, 1884.

JOSEPH LISTER.

NASAL TONE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I am not aware that any explanation of the nasal quality of vocal tone has been given, beyond the simple statements that it is caused either by the passage, or by the inability to effect a passage, through the nostrils. That the former view is, so far, the correct one, I have no doubt, but that it explains the cause, I fail to see. Such an explanation explains it no more than a statement that the vocal tone passes along the pharynx after leaving the larynx. The sole cause I believe to be the division of the tone by the nasal septum.

Yours, &c.,

C. R. ILLINGWORTH, M.D. Edin.

Clayton-le-Moors, Jan. 5th, 1884.

THE LARYNX: THE ACTION OF THE FALSE VOCAL CORDS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I notice that the controversy in your columns on Voice Production has come to a conclusion in which nothing is concluded. Having had no part in that controversy, nor desiring to reopen it, will you permit me, as an outsider deeply interested, to say a few words on the approximation of the false vocal cords, chiefly led by your remark that "the laryngoscope so far has thrown very little light thereon." As a statement of fact no doubt this is correct, and it suggests to me very forcibly the desirability of asking laryngoscopists to direct their attention to its reversal, by such a course of investigation as shall leave no doubt of thoroughness. Disregarding, for a time, the vocal ligaments, let the aim be to ascertain the actual states of the false vocal cords during different breathing efforts, and during the emission of sounds musical or non-musical, anything, in fact, tending to determine for us what the differences in condition, what the variations in activity coincident with changes in position of other adjacent parts of the vocal apparatus. The difficulties attending such an inquiry, undoubted as they are, will be surmounted, and patience be rewarded by some truth worth having. I do not intend by my suggestion to assume that the ventricles beneath the false vocal cords are inflated during phonation, for my studies lead me to infer that the physical action is exactly the contrary of inflation; neither would I imply that the false vocal cords are approximated in the same way and to the same degree as are the true vocal ligaments when vibrating, but that the false vocal cords do change their position in varying degrees is not, I believe, disputed, and the points to be decided are, how much do they approximate, from what causes, and for what end? Merkel very plainly shows that changes do take place, that there is a position accompanying a low pitched note, and a distinctly new position when the voice is singing in the higher range of pitch. For scientific value the investigation should be directed to ascertain specifically what the changes of this nature are when different notes are sung, and when the quality of tone is varied, also whether the changes are manifest in similar degree when tones of like pitch are produced by different individuals, so that by comparison of

a number of instances an accurate chart might be mapped out, to serve as a guide for the scientific thinker. However minute the differences observed, each variation will have a meaning. Whether with the laryngoscope good vocal tone can be produced is beside this particular question. My object is to take the matter away from the argumentative influence of teachers of singing, and to ask for facts as observed by competent users of the laryngoscope; and, in this I think, the medical profession may help, as only those can who are familiar with disease, and who have before them in their practice abnormal cases, and instances of accidental injuries, affording opportunities for insight into Nature's working, which lost may never recur. The knowledge that such observation is wanted in aid of scientific research may perhaps induce some surgeons to take notes, and afford information concerning this at present obscure detail of the vocal apparatus.

Yours, &c.,

INVESTIGATOR.

[We have excised a paragraph in our correspondent's letter which would have re-opened the old controversy.—Ed.]

THE PROGNOSIS OF SYPHILIS—DR. CHARLES BELL TAYLOR'S STATISTICS OF SYPHILIS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—A few weeks ago I received from the distinguished ophthalmic surgeon of Nottingham, Dr. C. B. Taylor, a pamphlet on the Contagious Diseases Acts, which contains so many facts new to me with regard to the spread of syphilis in this country, that I should like to notice them.

It seems that when the North Yorkshire Militia were examined carefully some six years ago, at Scarborough, with a view to test whether they were greatly affected with venereal diseases, there were only three cases of sores found among 600 men; when again examined in 1880 there were only two cases of sores in 600 men; and in 1881, only three cases in 650 men. And, when the Queen's Militia of Staffordshire were carefully examined with the same view in 1877, there were only two such cases of sores among 928 men besides officers; in 1878, only two cases among 799 men; in 1879, only one case among 1,003; and in 1880, only two cases of sores in 1,051 men.

In addition to this we are told by Dr. Taylor that, when 5,830 militiamen from all parts of the country were examined at Aldershot, only one case of true syphilis was found among them.

With regard to the prevalence of hereditary syphilis, it seems that in the case of 10,000 factory children, who were examined singly and separately for the purpose of seeing whether they showed any sign of the disease, not one showed any clear mark of it, whilst the reports of the hospitals for sick children in Great Britain and Ireland show that infantile syphilis is only found in about 1·4 per cent. of all the cases seen.

In a return made to the House of Commons in 1877, No. 260, it is mentioned that in English workhouses in twenty counties there were but 41 cases of venereal disease, and in 29 counties there had been only seven deaths from the disease. "The deaths from syphilis at all ages among paupers, including infants, children, and adults, were only eight per million, which was not quite one in 100,000, and among the general population not more than one in 120,000."

With regard to the benignity of modern cases of syphilis, Dr. Taylor quotes Fournier that "in ninety-five per cent. of all cases of true syphilis met with, the disease is truly benign." And Lancereaux who says, "It should be known that this disease becomes dissipated in a great number of cases after the cessation of the cutaneous eruption, and sometimes even with the primary lesion." Mr. Jonathan Hutchinson, too, in his Norwegian Notes remarks that "Syphilis has declined in England at least as decidedly as in Norway. Worm-eaten skulls are relics of the past, which antiquarian pathologists will do well to take great care of, for they cannot be replaced, and their value will increase. So also of the sunken nose, the destroyed palate, and serpiginous ulceration, they are now rarely seen. Nodes on the skull or tibia are in the present day interesting cases, and by no means frequent. The youngest student knows

how to cure nocturnal pains, and is only too glad to get a good case to try his skill on."

All this is very interesting, and shows that we are gradually, by constant discussion, attaining to some more positive views as to the spread and severity of a disease, which, with all these abatements, is still one of the great evils of our race.

With regard to prognosis in the case of syphilitic parents, Dr. Taylor makes some interesting quotations; and, first of all, Mr. James Lane speaks in these words, "Does not everyone whose experience is long enough know of patients who have had syphilis in their youth, have recovered in due course from all its symptoms, and who afterwards married and had perfectly healthy children?" Dr. A. Owre, of Christiania, too, who did me the favour of calling on me many years ago, to converse about the treatment of syphilis, is cited by Dr. Taylor as having watched 29 syphilitic men for several years, all of whom had married. There was, it seems, no child of any of these men affected by syphilis. Fournier, too, has pursued a similar investigation, and has recorded the histories of 87 syphilitic men whom he had watched for years, until they had become the fathers of 156 children, not one of which children, it seems, had any form of syphilitic symptom.

It is such evidence as this that has made some authors, for instance, Callier (file), say that syphilitic fathers do not communicate syphilis to their children, unless they first of all infect their wives; but this opinion seems not to be quite true, although apparently it is pretty nearly so.

Dr. Fournier, however, in his work on marriage and syphilis, is most particular in enjoining on his male patients, as well as his female ones, to postpone their marriage day and parentage for several years; and advise them in the interval to carry on a germicidal course of small doses of mercury and iodine. This seems also to be the idea of some of those physicians in the United States, who continue such mercurial courses for four years or more.

The quotations and statistics, I have cited from Dr. Taylor cannot, I think, fail to promote a more thorough discussion of that most difficult question, the prognosis of syphilis, both in this country and abroad.

Yours, &c.,

C. R. DRYSDALE, M.D.

London, January 9th, 1884.

THE CONJOINT EXAMINATION SCHEME.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have to thank you for inserting my letter of the 2nd inst., directly opposed as it was to your own views, and you will in the same spirit of impartiality, I have no doubt, allow me to still further discuss the question, especially as we are animated by the same desire to do that which is best for the public welfare, the profession, and the Colleges concerned. I recognise the same spirit in the publication of a letter on the Medical Reform Act, signed "F.R.C.S.I., Ex-President of the Irish Medical Association." Who the writer of that admirable letter is I know not. I very much regret he did not put his name to it, but I endorse every word he says, and sincerely trust his letter may have the effect he desires of awaking the attention of the profession to the importance of the subject he discusses. At present, however, it is the conjoint examination scheme that is before us.

In your comments on my letter you deny that there exists between the Irish Colleges any system by which half-qualified or half-educated men are put forward as State guaranteed practitioners, and you characterise such a statement as a libel on the holder of the R.C.S.I. and the L.K.Q.C.P. I think I expressed my views on this subject sufficiently clearly to render it unnecessary to defend myself from the charge of libelling the holders of the licence of our Colleges. The fact, however, remains that, notwithstanding the excellence and completeness of the education implied in the licence of the Irish College, the holders of either of those licences are, in the eye of the law, but half-qualified, and cannot hold a public appointment in these countries without obtaining further licences in medicine, or surgery, and midwifery. To be eligible for public appointments in this country candidates must, under present circumstances,

either undergo three separate and distinct examinations, going over nearly the same class of subjects, and pay three sets of fees; or else go to Scotland, where the several corporations have arranged to give the necessary licences on one examination and on the payment of one set of fees. The object of the proposed conjoint scheme is to enable the Irish corporations to qualify their licentiates to hold those public appointments without forcing them to adopt either of the foregoing expedients, and to thus retain Irish students at home, and induce them to connect themselves with home institutions, whose reputation and fostering care would best serve them in their future career, while the institutions themselves would derive influence and support from the connection so established. That this will involve some sacrifice on the part of the Colleges is quite true. Some pecuniary sacrifice, it may be—some sentimental, also; but surely the benefits to be obtained will more than compensate for either or both.

You estimate the pecuniary loss to the College of Surgeons at from £1,000 to £1,100 per annum. This you place under two heads—first, the loss of £459 5s. a year because of the reduction in the price of the diploma; and, second, a further loss of £605 10s. because, as you assume, thirty-five licentiates whom you believe are content with the single licence of the College of Surgeons would, if forced to take the double licence, be “alienated” and go elsewhere. This assumption is, however, utterly groundless. Is it to be believed that these thirty-five men would be satisfied with this half-qualification, under which they could not hold any public appointment in any part of Her Majesty's dominions if, on the same examination, and at an additional cost of merely five guineas, they could get a complete qualification, making them eligible for any public appointment? I cannot believe any thirty-five sane men could be guilty of such folly. May we not with more reason point to the fact that thirty-five men register on this half-qualification as affording overwhelming evidence of the necessity for the adoption of the proposed scheme, and assume that they would gladly, if it were placed within their power to do so, avail themselves of the opportunity to acquire the qualification regarded as complete by the law of the land?

There is, however, another element in the calculation of which you altogether lose sight. Of the many men who at present are drawn to Scotland to get a complete qualification on a single examination and for a single fee, would not many prefer staying at home, taking their licences where they are known, and from Colleges whose reputation stands so high with the people among whom they are to practise, as ours are known to do? Is it not, I say, fair and reasonable to expect that a large proportion of these men would take the conjoint qualification of our Colleges? And if only twenty-seven were so to do, then the loss to our College from the reduction in the price of the diploma, instead of being £459 5s., as estimated by you, would be actually nil.

I am, Sir, yours, &c.,

GEORGE H. KIDD,

Past President of the Royal College of Surgeons, and
ex-President of the Irish Medical Association.

12th January, 1884.

[The arguments which Dr. Kidd advances in favour of providing the Irish student with a double qualification by means of a single series of examinations and a single diploma fee are the same arguments which we ourselves used in advocating the same proposition. But they afford no plea whatever for driving the student into that examination if it suits him better to take separate qualifications; nor do they touch the collegiate aspect of the question at all.

We repeat our entire approval of the project to form an Irish conjoint examination, but we insist that it should be entirely voluntary, and that the terms of the co-partnership between the Colleges should be equitable.

In estimating the immediate loss to the College of Surgeons at about £1,100 a year, we adopted a minimum valuation, and, as we have already said, we see no reason to hope that that

loss would be balanced by the accession of a single additional licentiate. We know, in fact, that the Irish student does not go to Scotland to seek a double diploma, and therefore that he would not be enticed to remain at home if one were provided for him in Dublin. He goes to Scotland to seek a licensing body who will take him on a two-year curriculum, three years under the old system and four years under the new system being the least times within which he can qualify in the Irish Colleges. As long as this difference of the indispensable period of study remains, so long will the Irish student go to Scotland. He does not want to save a few pounds in the diploma fee, or to get rid of a redundancy of examinations, but to save a year's residence at the Dublin schools, and a year's delay in entering practice.

We look to the Medical Reform Bill to equalise the Scotch and Irish curricula and standard of examination, and until it is equalised the Irish exodus will continue, conjoint diploma notwithstanding.

In briefly estimating the loss to the Irish College of Surgeons from this scheme we spoke only of the loss arising from the alienation of the thirty-five students annually who take the L.R.C.S. separately. Had space then permitted we would have pointed out that there are two classes of candidates who now take the licence of the College of Surgeons, but who could not accept it when combined with the licence of the College of Physicians, *even if they were given it for nothing and without examination*. These classes are: *a*. Those who intend to keep open apothecaries' shops throughout Ireland; *b*. Those who propose to go into general practice in England or elsewhere. These candidates, if they accepted the Irish conjoint diploma, would be expressly forbidden by the bye-laws of the College of Physicians to engage directly or indirectly in the sale of medicines, and would be required to make declaration that they would surrender their diploma if they violated this regulation. As a fact, a Licentiate of the College was recently struck off its list and deprived of his diploma for having sold medicines, and, as a further fact, Irish students entering general practice in England might be required to surrender their diplomas the moment it was discovered that they made a profit by supplying medicine to their patients. These two important sections of the *clientèle* of the Irish College of Surgeons would, therefore, be absolutely prohibited from taking the double diploma. And what alternative is offered them? They are invited to pursue their studies separately for the L.R.C.S.I. and for the diploma of a medical licensing body (approved not by themselves, but by the College of Physicians), to pass the two series of examinations, and to pay the double series of fees, but if they failed to pass for the medical qualification, or were prevented doing so by sickness, want of money, or any other unforeseen cause, they would get absolutely nothing from the College of Surgeons for their four years' work, it being part of the scheme that the diploma of the College should not be issued except upon production of the medical licence. Does anyone suppose that the candidate would submit to these terms? or would adhere to the College of Surgeons under such hindrances? We certainly believe that they would please themselves and avoid all risks by entering their names at the Royal Irish University, which stands with its portals invitingly open for all comers, and that in a few years the College of Surgeons would enjoy the patronage of those students and those alone who preferred the L.K.Q.C.P.I. to any other physician's qualification, and that the loss to the College of Surgeons would then more than double our minimum estimate of £1,100 a year.—ED.]

THE CONJOINT EXAMINATION SCHEMES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your editorial remarks on Dr. Kidd's letter in your last issue you point out that, as the Irish College of Surgeons examine in all the branches of the curriculum, there is no imperative need for its union with the College of Physicians. No one will, I think, give me credit for an overwhelming admiration for any of the corporations, but it is only fair to state that the College of Surgeons of Edinburgh has always examined in all the subjects of professional knowledge. The corporations that are really guilty for not doing so are the London College of Surgeons and the Apothecaries' of London and Dublin. Only of late and under great pressure has the London College condescended to examine on medicine and in midwifery for their diploma, and even now the examination is far behind that of the Edinburgh College in completeness. There is another point in which the Edinburgh College bears favourably with the other Colleges. Every Irish student will tell you that to pass in Dublin "you must grind, for it all depends upon tips." In Edinburgh grinding is not *absolutely* necessary, although it is as well to know the views of men who for the last twenty years have annually elected themselves as examiners, and will continue to do till death stops the process. The Edinburgh College is not immaculate, but its sins are not greater than other corporations, which, perhaps, is not saying much, but still it is something, and it is only fair that in the coming struggle justice should be dealt to those venerable but now apparently unnecessary institutions.

I am, Sir, yours, &c.,

H. AUBREY HUSBAND.

Edinburgh, Jan. 12th, 1884.

POOR-LAW SUPERANNUATION (IRELAND).

We understand that the Irish Medical Association and the Poor-law Officers' Association are already alert about the re-introduction of the Superannuation Bill in the next session of Parliament. In view of the engrossing work which the House of Commons has before it, it has been thought necessary to take early steps, and the Irish Medical Association has therefore enlisted the co-operation of the Colleges of Physicians and Surgeons in a deputation to the Chief Secretary, from whom an interview has been asked.

THE Guardians of the Oldcastle Union have unanimously granted to Dr. J. Atkin his full superannuate allowance of two-thirds of his emoluments on his retirement from the medical officership of the workhouse.

On Friday last, H.R.H. the Princess Christian visited the Hospital for Women, Soho Square, London, for the purpose of distributing gifts from three Christmas trees which she had provided for the patients.

PROFESSOR TURNER ON "HANDS AND FEET."

THE weekly lecture in connection with the Edinburgh Health Society was delivered on Saturday, the 5th inst., by Professor Turner, who took for his subject "Hands and Feet." In commencing a discourse on the hands and the feet, it might (Professor Turner said) be advisable to say something of the structure of the body generally. After showing the great importance of the head and trunk as compared with the limbs, the lecturer pointed out that the limb might be divided into three fundamental parts, one part called the girdle of the

limb, which was that part of the organ by means of which it was attached to the trunk. Another part of the limb was the shaft, which gave length to the limb. The third part of the limb was that which was found at its end, and was called its free end. This terminal part of the limb was either the hand or the foot, as the case might be. The girdle and shaft of the limb might be regarded as quite subsidiary in their function to the hand and the foot, the girdle and the shaft being so arranged as to bring the hand or the foot into the best position for performing that use or function which it had to perform. In the human body the limbs were called upper and lower. The primary use of the upper limb in man was to act as an organ for grasping and holding—that was what was technically called the organ of prehension. The secondary use of the upper human limb was as an organ of progression; but it was only seldom that it was used for this purpose, as in swimming or climbing a tree. In the quadruped the fore limb was used for support and progression, and was variously modified in different animals in order that it might be adapted for enabling them to move about from place to place. The lower limbs in man were the organs of support and progression, although, secondarily, they might be used as organs of prehension, because we could grasp objects with the toes. In attempting to give a definition of the foot and hand, it was not sufficient to look merely at the human body. It was impossible for us, in the study of the structure of man, to dissociate his structure from that of those animals which approached most closely to him in bodily organisation. The hand and foot were not purely human structures, so that in giving a definition of them they must look at them from two points of view. They might look at them anatomically—from the point of view of their construction; or physiologically—from the point of view of the use or function to which they were put. Perhaps, in addressing such an audience, it might be better if he looked at the subject from the physiological rather than the anatomical standpoint. The human hand was the highest type of hand. Let them think for one moment of some of the things which had been done by the human hand when inspired by an efficient brain. It had built the pyramids of Egypt, in all their symmetry and massiveness; it had produced in metal filigree work, and in thread lace work, which rivalled in their delicacy and beauty the fineness of the gossamer; it had modelled in marble the Venus of Milo, a figure which in its form and proportions embodied the highest type of female grace and beauty; it had depicted on canvas, in the great picture Madonna, a countenance filled with the mystery of humanity. When they contemplated work so wide in its range and so varied in its character, they were naturally tempted to ask what was the construction and mechanism of the human hand, which enabled it to be applied so effectively for the discharge of work which in one direction required the exercise of great strength and freedom of movement, and in the other delicacy and lightness of touch, combined with movement so fine as to be almost imperceptible. Looking at the human hand, they might say that it consisted primarily of three parts—the wrist, the palm, and the digits, which were five in number. This was the highest number found in the human hand, or in the corresponding region in quadrupeds. To each of these digits in the human hand a special name was given. The thumb, although the shortest, was the thickest and most powerful of all the digits. It was called by the Latins *pollex*, and it had also received the name of *digitus doctus*, the skilful digit. Indeed, the power of the thumb was recognised in familiar speech. One man, for instance, was said to have another man "under his thumb"—that was to

say, he had complete power over the other man. The next digit to the thumb was the index finger, with which men pointed or beckoned. It was the most movable finger, and that was the reason it was used as an index or beckoner. The middle finger was very important on account of the length it possessed. The next was the finger they were all familiar with as the ring finger. It was the finger on which, on the left hand of a woman, the wedding ring was placed, and they might perhaps ask why it was that this particular finger had been selected for applying this very important article around. The practice was a very old one indeed, going back to classical times. This finger was selected because it was believed that a nerve passed directly from that ring finger on the left hand to the heart. (Laughter.) He need scarcely tell them that no such nerve had ever been seen. Last of all was the little finger, which was the least important of the digits. Looking at some of the properties of the hand, they found that they might be stated as follows:—It possessed flexibility, elasticity, mobility, sensibility of touch. These properties were due to the number of bones and joints it contained. Eight small bones entered into the formation of the wrist, five into the palm, and fourteen into the five digits, so that the number of bones in the limited region of the hand far exceeded the number found in the girdle and shaft—in the former there being only two bones, and in the latter, notwithstanding its great length, only three. Having explained at considerable length the anatomical structure of the hand, and the way in which its movements were controlled, Professor Turner, in conclusion, said that in man the limbs were specialised for the performance of distinct and definite duties, and in accordance with the law that the part was set aside for the performance of special duty, each limb was constructed so as to be adapted most efficiently to perform that particular work which it had to do. The lower limb could be straightened at both the hip and the knee-joints so as to be brought below the body, and the sole of the foot could then be so planted on the ground that we could stand either on one foot or both feet. The spine could be elevated so that its axis became vertical, and the body remained in an erect attitude, an attitude which was characteristic of man. The head was balanced on the summit of the spine, and could be moved to and fro so that the eyes exercised a wide range for vision. Then the head had a brain far more highly organised than was possessed by any other animal. The upper limbs, liberated from the necessity of acting as organs of support and progression, could minister to an intelligent mind, and through their strength and adaptability could enable man to fulfil the great command which was imposed upon him in the beginning to "Go forth over the earth to subdue it, and to have dominion over the fish of the sea, over the fowl of the air, and over every living thing that liveth upon the earth."

AMERICAN DIPLOMAS.

As the time approaches for consideration of the proposals to the Medical Bill with reference to the recognition and registration of foreign and colonial diplomas, it may help discussion if we refer to a recent address delivered before the American Public Health Association by Dr. Reeves, Secretary of the West Virginia State Board of Health.

The depreciated value of an American medical diploma (he said) is a reproach to the profession. This opinion is fully warranted by my own experience as a medical examiner. Not long ago a young gentleman, a graduate in medicine, when asked, "What is semeiology?" answered, "A description of the spermatozoa."

But the most shameful exhibit, involving the character of

a medical college in "good standing," that has come to my knowledge, is shown in the following correspondence:—

My dear Sir,—A friend writes me that you propose attending medical lectures. I write to present the claims of ——— College. Good boarding, costing elsewhere twenty to twenty-five dollars, can be had here for twelve to fifteen dollars per month. Railroad fare is only half rate. No school has better facilities for medical teaching than the ——— Medical College. As I am allowed a certain number of beneficiaries from your State, I will take you as one and charge you only fifty dollars instead of eighty dollars. With this reduction, cheapness of board, and reduced railroad, you can attend one of the best schools for less money than an inferior one. Let me hear from you. Send names of other students.—Yours truly,

This letter was a tablet copy—probably one of a hundred of the same kind sent out to catch the unwary. Its heading is freely illustrated with the name and picture of the college, and contains the names of the faculty, trustees, and "demonstrators." In order to sound the depth to which "Demonstrator" might be willing to descend in fishing for students, regardless of quality (?), a veritable medical student sent the following letter of inquiry, with orthography and syntax specially set for the occasion:—

One of mi Friends who is trying to be a Doct has got a letter from you which says your College is one of the Best Colleges For Medical Teaching in America and that the Fees are cheaper than some other good Colleges and that sutes my circumstance for I am a very poor young man and no matter how much I may know of Thery of Medicin I cant practice in W Va. without a Diploma from a good College like the one you have in ——— you offered to take mi friend for fifty dollars and you will do a poor young man a favor if you will take me at the same Rate I have gone through with grays anatomy and the electric dispensary and medwifery please tell me how long I will have to stay and when I can get my Diploma and if I have to pay extra for it.

In haste Yours Respectful.

A prompt reply was sent to this Wheeling student, showing that the style of his English composition was no bar to admission at ——— Medical College.

Such facts as these, and the Detroit *Lancet* says that they are but too common, make the very name of Medical College a by-word and a hissing in the minds of all honest, thinking men of all classes.

Notices to Correspondents.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

COMMUNICATIONS ACCEPTED.—The following are accepted, with thanks, and will appear as space permits:—

MR. EDWARD COTTERELL, "Notes on the Use of Apomorphia in Infantile Convulsions."

MR. HUGH OWEN THOMAS, "On Fractures of the Neck of the Femur."

DR. W. H. PEARSE, "On Consumption Viewed in Relation to Evolution and Molecular Energy."

DR. G. KINLOCH PATERSON, "Cases of Midwifery in Bygone Times."

MR. W. BERRY, "A Case of Croup in a Girl ten years of age, in which Tracheotomy was performed;" also a "Note on Hinton's Plaster-of-Paris Machine."

COMMUNICATIONS DECLINED.—Dr. J. M. M.—Likely to provoke discussion on a subject to which we have already devoted much space.

MR. W. T. S.—An every-day occurrence, without any unusual symptoms or treatment.

MR. FRANKS.—The value of arnica is disputed by some authorities, and among others by Dr. Garrod, who attributes the results produced by the tincture to the action of the spirit contained in it. He affirms that equally striking effects follow the local application of rectified spirit, as are observed when tincture of arnica is employed.

DR. ROBINSON.—It would have been impossible to obtain an examination of the body in the absence of leave given by the friends, except under an order from the coroner. The circumstances did not justify the latter being given, and hence the omission, which we agree with you in regarding as something of a misfortune.

DR. R. L.—Please accept our best thanks for your letter, the subject of which has, however, been sufficiently discussed for the present. It will probably again arise in a new connection within a short time.

THE ROGERS TESTIMONIAL FUND. (TENTH LIST.)

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—The following additional subscriptions have been received since the announcement in last week's number of the *Medical Press*.

Yours, &c.,

J. WICKHAM BARNES, Hon. Sec.

Poor-law Medical Officers' Association,
3 Bolt Court, Fleet Street, London, January 14, 1884.

Dr. Henry Drinkwater .. £1 1 0	Dr. Turtle £0 10 0
Dr. Montague Thomas .. 1 1 0	E. Snell, Esq. 0 10 0
C. H. Buncombe, Esq. .. 1 1 0	Geo. Harrison, Esq. .. 0 5 0
F. Sudd, Esq. 1 1 0	C. Read, Esq. 0 5 0
Dr. Millsome 0 10 6	Dr. T. J. Hughes 0 5 0
Dr. Robert Tiffen 0 10 6	Dr. R. T. Jones 0 5 0
Dr. Lush 0 10 6	Dr. E. T. Thompson .. 0 5 0
W. Moore, Esq. 0 10 0	W. Arras, Esq. 0 5 0

MR. PEARSON.—The "Manual of Surgical Pathology," written by M. A. T. Pepper, F.R.C.S., is the best and most suitable book for your purpose. You might also consult "Ziegler's Pathological Anatomy," translated by Dr. Macalister, and published by Macmillan and Co., of Bedford Street.

DR. ARCHER.—We cannot give you a definite answer to your question until we have heard all the circumstances of the case. Unquestionably, as you state them in outline, they seem to indicate that you have not met with that courtesy one medical man might expect to receive from another.

DR. JACKSON.—The details of "Listerism" can only be carried out satisfactorily in private practice in those instances where the medical attendant is himself able and willing to devote a large amount of time and care to the carrying out of the various measures necessary to success. In all such cases, however, the result is most gratifying.

DR. PATTERSON will find his question answered on reference to the last page of this Journal for January 2.

MR. H. O. THOMAS.—We hope to commence your paper in our next issue.

DR. MACKENZIE.—A complete résumé of "The New Medical Bill" will be found in our issues for March 21 and 28, 1883. You can obtain the complete Bill of the Queen's printers, but our own résumé will probably answer your requirements.

DR. HUSBAND (Edinburgh).—Pannetier's "Leçons sur les Matières Premières Organiques" was published in 1881 by Baillière and Co., of London and Paris. It is a large volume with about 350 illustrations, and sells at 18 francs.

R. S. T.—No such consequence has yet arisen, nor is it likely to follow. The caution was uncalled for.

X. X. X.—You open up a question which had better be left for the present without discussion, although it is quite possible that ere very long it must be fully considered. So long, however, as the law is merely traditional, there will be always some to violate it, if by so doing they can consult an immediate personal advantage, even though it be at the expense of others who will seriously suffer.

MR. GRIMSHAW.—We have had no actual experience in the use of Kairin as yet, and cannot, therefore, give you any satisfactory answer to your query.

DR. WOOD.—The mistake is quite excusable under the circumstances. It involves no very serious consequences, and is hardly worth correction.

DISINFECTION.

FAIR PLAY asks: 1. Is it correct to disinfect a dwelling-house after the occurrence of a case of typhus fever or scarlatina in that house? 2. Are not the fumes of burning sulphur regarded as superior to chlorine, or indeed anything else for disinfecting purposes? 3. Does not such disinfection reduce the chance of contagion to a minimum if properly carried out? 4. I ask these queries as a very eminent physician laughed at, and if not in words, at least implied that such disinfection was a farce, and altogether unnecessary after the presence of contagious disease. He said so to a relative of the patient; therefore, either gross ignorance exists on my part in having hitherto believed in disinfection, or, if not ignorance, much unfairness on his part to make such a statement.

[The questions hardly require a reply. A medical attendant would be either grossly ignorant or criminally careless if he did not advise these means of disinfection under the circumstances, and anyone who expressed opinion to the contrary would simply make himself ridiculous. As we have not much confidence in the reports by relatives of the patient as to what the doctor said, we hardly believe that any eminent physician expressed such opinion.—ED.]

G. R. L.—ELECTRIC BATTERY.—The only battery we know of into the composition of which blotting-paper enters is the chloride of silver, of which a small-size might be bought at the price named, but its electro-motive force is very small, and, for lighting purposes, quite useless.

DR. DUNCAN.—The prescription you refer to is a simple one, and is as follows:—B Syrup Tolu, *ss*. *ss*. nit., *ss*. M. A teaspoonful when the cough is troublesome is productive of much ease, and is readily taken by patients.

ARTIFEX.—It is a common practice among maternity pupils at hospitals to express the placenta almost immediately after the birth of the child. In private practice, however, it is both desirable and politic to wait a considerably longer time; and you will be wise if you follow out your own suggestion in the matter.

SIR PRESCOTT HEWETT will please receive our thanks.

DR. HERBERT PARSONS (Monte Video).—Communication received.

Meetings of the Societies.

THURSDAY, JANUARY 17TH.

HARVIAN SOCIETY.—At 8.30 p.m., Annual Meeting: Election of Officers, President's Address and Conversations.

FRIDAY, JANUARY 18TH.

ACADEMY OF MEDICINE IN IRELAND (Medical Section).—At 8 p.m., Specimens by card: Dr. Walter Smith, Drawings—1. Multiple Onychia; 2. Peculiar Condition of Skin of Scrotum. Papers: Dr. H. V. Dillon, Bronchitis and Emphysema, loss of taste and partial loss of power of deglutition, subsequent to injury of upper cervical vertebrae (patient exhibited).—Dr. C. F. Knight, A Case of Pneumonia with Subsequent Paradoxical Temperature (patient exhibited).—Dr. J. Hawtrey Benson, A Case of Poisoning by the Ingestion of Tainted Meat.

CHARING CROSS HOSPITAL MEDICAL SOCIETY.—At 8 p.m., Mr. C. W. Heaton, On some Points in Urine Analysis.

ROYAL INSTITUTION.—At 9 p.m., Professor Tyndall, On Rainbows.

SATURDAY, JANUARY 19TH.

ROYAL INSTITUTION.—At 8 p.m., Professor Morley, On Life and Literature under Charles I.

Vacancies.

Ardee Union, Dunleer Dispensary District.—Medical Officer. Salary, £120, and £25 as Medical Officer of Health. Election, Feb. 4. (See advt.)

Ashton Private Lunatic Asylum.—Medical Superintendent. Salary, £300, with board and residence. Applications to R. H. Beaman.

Bury Dispensary Hospital, Lancashire.—Resident Medical Officer. Salary, £100, with board, &c. Also an Assistant Medical Officer. Salary, £60, with board, &c. Applications to the Secretary, Hy. Webb, Esq., Irwell Forge, Bury, Lancashire.

Coombe Lying-in Hospital, Dublin.—Assistant to the Master. Applications to the Master, 92 Harcourt Street, Dublin.

Derbyshire General Infirmary.—House Surgeon. Salary, £100, with board, &c. Applications to the Secretary by January 24.

Kidderminster Infirmary.—House Surgeon. Salary, £120, with rooms and attendance. Applications to the Secretary before January 17.

Sussex County Hospital.—Physician and Assistant Physician (Honorary). Applications to the Secretary by February 6.

West Herts Infirmary, Hemel Hempstead.—House Surgeon and Dispenser. Salary, £100, with board, &c. Applications to the Secretary by February 6.

Appointments.

BUTLER, G. E., M.R.C.S., Senior House Physician and Chloroformist to the Westminster Hospital.

DILLON, J. T., M.D., M.Ch.Q.U.I., Medical Officer to the Workhouse, Listowel Union.

GODDARD, C. E., L.R.C.P. Lond., M.R.C.S., Resident Medical Officer to the North London Hospital for Consumption.

LEE, G. T., M.R.C.S., Assistant Surgeon to Finsbury House Asylum, Salisbury.

MUMBY, L. P., M.R.C.S., Junior House Physician to the Westminster Hospital.

POLLOCK, W. R., M.R.C.S., House Surgeon to Addenbrooke's Hospital.

PULLING, H. J., M.R.C.S., House Surgeon to the Westminster Hospital.

ROUGHTON, E. W., M.B. Lond., M.R.C.S., House Physician to the Northern Hospital, Liverpool.

THURSTAN, E. P., M.D. Cantab., M.R.C.S., Medical Officer to the Tunbridge Wells Provident Dispensary.

Births.

SAUNDERSON.—January 8, at Rhode, King's County, the wife of Robert Saunderson, M.D., L.R.C.S.I., of a son.

Marriages.

FALLON-RITCHIE.—January 9 at Edinburgh, Robert Hume Fallon, M.B., C.M., of Clifton, to Annie, only surviving child of the late Walter Adolphus Ritchie, Hon. East India Company Civil Service, Bombay.

Deaths.

BEATTIE.—January 6, at Mentone, Alexander Beattie, M.D., late of H.E.I.C.S., and 45 Porchester Terrace, London.

GARRINGTON.—January 7, at Southsea, William Hawkins Garrington, M.R.C.S., L.S.A. Lond., aged 79.

JONES.—January 5, at his residence, Ladbroke Square, W., Walter Jones, M.D., formerly of Finsbury Square, aged 68.

NEVILLE.—January 11, at Maghera, co. Derry, Wm. Neville, M.B., T.C.D., L.R.C.S.I., formerly of Dungannon, co. Tyrone, aged 72.

TEMPLE.—January 2, at 38 Rotherhithe New Road, S.E., John De Liefde Temple, M.D. Lond., F.R.C.S., aged 41.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 23, 1884.

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A Course of Lectures

ON

THE EYE: ITS DISEASES, AND THEIR REMEDIES.

Being an Abstract of a Course of Lectures delivered in the
Royal College of Surgeons in Ireland,

By ARCHIBALD H. JACOB, M.D. Dub., F.R.C.S.I.,
Professor of Ophthalmic and Aural Surgery in the College;
Ophthalmic Surgeon to the House of Industry Hospitals.

(Continued from page 43.)

Treatment of Granular Conjunctiva.

THE disease is to be treated—
a. By improved sanitation of the patient. b. By local astringents and escharotics.

When the disease makes its appearance in schools, barracks, or other such institutions, the first consideration is to look into the surroundings of the patients—provide for abundance of fresh air in dormitories, enjoin scrupulous cleanliness, and, so far as is possible, isolate the patients from the rest of the inmates. This is especially expedient when the disease is in the initial stage, it being then much more liable to spread than when it has become chronic. The liberal use of antiseptic lotions, combined with these precautions, and with active treatment of the cases as they present themselves, will stamp out any epidemic which may arise.

In the individual case the improvement of hygienic conditions is all-important. The patient should, if possible, sleep by himself in a room with good air space, and without curtains to the bed; the bed-coverings should be light, and he should not lie in bed after hours in the morning; while in the daytime the windows should be opened, and he should sit in a different room. Plenty of out-door exercise should be taken, walking if possible, but if the disease be in the primary acute stage, carriage exercise will do. Compress bandages, poultices, stupes, green shades, and dark glasses should all be tabooed,

cooling lotions being substituted. (a) The dietary should be looked to and reduced to the simplest and most nutritious form.

As an aid to this treatment, therapeutic help may be necessary. Children will require an antacid and alterative mercurial powder each night, (b) and—if they be weakly or strumous—a tonic mixture with iodide of iron (c) during the day. The adult will usually be the better of a brisk hepatic purgative followed by a bark tonic.

The local treatment of the disease is almost indispensable, for, once the granular condition is established, it will go on, notwithstanding the hygienic precautions, unless it is checked by suitable astringents and escharotics. In the use of these much discrimination is necessary. On the third day of the preliminary catarrhal conjunctivitis the lower lid should be everted, and search made for the "sago-grain" vesicles, and as soon as the preliminary inflammatory stage has passed away, the surface of both lids must be freely brushed over each day with an astringent solution. Saturated solution of acetate of lead is suitable if there be no corneal ulcers; but I prefer a solution of nitrate of silver, 10 or 20 grains to the ounce. If this course be persisted in, the granulations will disappear after a course of ten days, but if any chronic conjunctivitis should remain, it may be got rid of by the daily use of Pagenstecher's ointment, (d) or of the collyrium of Tannic acid and opium already referred to.

Papillary Hypertrophy.—It is, however, but rarely that, in hospital practice, the chance is afforded of treating

- (a) R Aq. laur. ceras., 3ij.;
Vin. opii, 3j.;
Ammonia muriatis, gr. x.;
Aq. rosar. ad ʒvj.
Ft. lotio.
- (b) R Hyd. c. magnesia, gr. 1 to 4;
Fulv. antimoniaca, gr. ½ to 1;
Fulv. Doveri, gr. 2 to 8.
Ft. pulvis. One night and morning.
- (c) R Syr. fer. iodid., ʒij.;
Syrup. cinchonæ, ʒij.
Ft. mist. St. coch. min. ter die.
- (d) R Pulv. oxid. hydrarg. flav., gr. iij.;
Vaseline, ʒvj.;
Ol. amygdal., ʒj.

Ft. ungt. The size of a pea to be daubed within the lower lid with a small brush once or twice daily.

granular ophthalmia in its initial stage; on the contrary, the case is not usually seen until the "sago-grain" granulations have become merged in the second stage of papillary hypertrophy, this being the condition in which dimness of sight commences to trouble the patient. This hypertrophy may be developed to any extent, from the slightly rugous granular condition to great cauliflower excrescences, by which the lid is enormously thickened and swollen, so that it can scarcely be raised with the finger; the general inflammation of the conjunctiva and the symptoms which the patient experiences being of course proportionate to the roughness of the lid. This stage of hypertrophy is extremely chronic, and may exist unchanged for many months, but generally, if left alone, it will resolve itself eventually into the third, or hard, warty stage of the granulation.

In the full development of papillary hypertrophy astringents are inadequate, and escharotics become necessary; indeed, when the cauliflower granulations exist, it is best to save time by shaving them off unsparingly, and following up the treatment with escharotics or astringents. In removing them either knife or scissors may be used, but care should be taken not to cut away any part of the subjacent conjunctiva, lest cicatrices may form. The excision of the granulations should be followed for a couple of days by emollient treatment, and, when the temporary irritation has subsided, the remains of the granulations must be attacked with escharotics and astringents. The activity of this treatment must be carefully graduated according to the condition of the granular surface, but in the worst forms, the use of the solid stick of nitrate of silver run lightly and rapidly over the surface is, I think, the safest and best form of caustic. I have seen caustic potash, and also chloride of zinc, used; but these agents are so easily soluble that there is great danger of the cornea being scalded, no matter how carefully they may be washed off.

The escharotic treatment should, on no account, be pressed to the extent of producing deep sloughs, for if the conjunctiva itself be injured, the final effect will be the destruction of its function of secreting mucus—the condition known as Xerosis—and probably an inversion of the lid border. According as the granulations are reduced in volume the escharotic treatment should be mitigated—the nitrate of silver being reduced in strength by melting with it any desired proportion of nitrate of potash. In using the lunar caustic it is well to wash the lid liberally with saturated solution of common salt, for the purpose of decomposing any spicula of the caustic which might remain, and, if turned back on the corneal surface, might cause a serious ulceration. Sulphate of copper may be advantageously substituted for the stronger caustics. This latter agent I believe to be the safest and best of all astringents for this purpose; it is sufficiently active, and yet does not cause deep sloughs, and, if it does not subdue the granulations rapidly, it will certainly do no harm. A smooth-faced crystal of the salt should be rubbed on the everted lid each day, or second day, the surface being well washed after a moment's delay and before the lid is allowed to resume its position.

Hard Neoplastic Granulations.—A persistence in the foregoing treatment, and close attention to the hygiene of the patient, will always cure the hypertrophic form of granulation, without permanent injury to the conjunctiva, but if the disease be allowed to pass into the third stage, recovery cannot be obtained without more or less atrophy of the membrane and injury to its secretory function. In this third stage a new growth springs up from the substance of the conjunctiva, and presents itself in the form of a number of very hard, warty, non-vascular granules interspersed between the hypertrophied papillæ. When the hypertrophy subsides, and the conjunctiva returns to its normal condition of vascularity these new growths remain and are very refractory to cauterisation. They require the solid nitrate of silver to be applied, and it takes many weeks to subdue them.

Atrophy of the Conjunctiva and Xerosis. The chief injury which, however, they produce is the disorganisation of the conjunctiva, which becomes atrophied and loses its secretory function so that the eye no longer receives its proper lubricatory mucus. This condition of the conjunctiva is marked, on eversion of the lid, by its presenting in patches (usually close to the lid border) a smooth, shining, white cicatricial appearance, just as if the caustics had been overdone and had burned the conjunctiva. This is the condition known as *Xerosis*, and the state of chronic irritation in which the general conjunctivæ and corneal surfaces remain is called *Xerophthalmia*. In this condition, which is extremely common amongst the lower classes throughout Ireland, the lid conjunctiva is totally destroyed, and its lubricating function as a mucous membrane lost, and the eye consequently suffers from attrition with the dry and hardened lid surface. On everting the lid we find it abnormally pale and glistening with streaks or patches of a cicatricial appearance on its surface. It has, indeed, so much of the tendinous appearance of a scar that it is not to be distinguished from the result of the over-use of escharotics in the treatment of the granulations. This shrinkage of the membrane extinguishes its secretory function and bends the tarsal cartilage, so that, seen from the outside, the lid is distinctly bowed and narrowed, and if, as is usual, the lashes are not inverted, at least the hardened margin of the lid is pressed on the eyeball and creates much irritation. Entropion is a very common result, and trichiasis still more usual. In the worst cases of xerosis the ocular conjunctiva is completely dried, so that it wrinkles when the eyeball is moved, and the cornea becomes quite opaque, and the epithelial scales stick to it and accumulate in the canthi. At the same time, the conjunctiva becomes nearly dead to sensation, and the excretion of the lachrymal gland suspended, so that the normal folds of the conjunctiva are obliterated, and the surface of the eye is converted into a rough, epithelial condition.

No treatment of xerosis is of any avail, the disease being incurable. Its discomforts may be relieved to a certain extent by the constant use of emollients and lubricants—olive oil and pure glycerine are best, milk being also highly recommended by Von Græfe, the latter being especially useful because of its retaining water and keeping the conjunctiva and cornea moist.

The effusion of blood beneath the conjunctiva is a frequent result of injury, and is also commonly caused by any violent muscular effort in persons of weakly health. A fit of coughing or straining at stool is a usual cause, and it often occurs spontaneously in cases of scurvy, the patient being unaware of any lesion until he observes the appearance of the eye. This appearance is—to the ignorant—very alarming, and it is necessary for the practitioner to acquaint himself with it, lest it may be confounded with an inflammatory condition. Subconjunctival ecchymosis presents itself as a very dark scarlet patch, or patches, upon the white sclerotic, irregular in shape and in extent, and generally situated close to the corneal edge. No blood-vessels are seen on its surface or elsewhere, nor is there any inflammatory symptom whatever, but there is a uniform dark velvety redness of startling appearance. For this condition there is no satisfactory treatment. As in the case of an ecchymosis under the skin, it will persist until the blood is, by degrees, absorbed, passing meanwhile through all colours, from scarlet to purple, brown, and greenish, until it disappears. The line of treatment is to encourage absorption by stimulating the lymphatics to action, and by pressure on the conjunctiva. A lint compress dipped in a lotion containing iodide of potassium, and bandaged pretty tightly over the eye, is suitable. Tincture of arnica montana is commonly used as an adjunct, though I doubt its efficacy. Iodide of iron taken internally may be given with advantage if the patient be weakly or scrofulous.

Ecchymosis of Conjunctiva. The effusion of blood beneath the conjunctiva is a frequent result of injury, and is also commonly caused by any violent muscular effort in persons of weakly health. A fit of coughing or straining at stool is a usual cause, and it often occurs spontaneously in cases of scurvy, the patient being unaware of any lesion until he observes the appearance of the eye. This appearance is—to the ignorant—very alarming, and it is necessary for the practitioner to acquaint himself with it, lest it may be confounded with an inflammatory condition. Subconjunctival ecchymosis presents itself as a very dark scarlet patch, or patches, upon the white sclerotic, irregular in shape and in extent, and generally situated close to the corneal edge. No blood-vessels are seen on its surface or elsewhere, nor is there any inflammatory symptom whatever, but there is a uniform dark velvety redness of startling appearance. For this condition there is no satisfactory treatment. As in the case of an ecchymosis under the skin, it will persist until the blood is, by degrees, absorbed, passing meanwhile through all colours, from scarlet to purple, brown, and greenish, until it disappears. The line of treatment is to encourage absorption by stimulating the lymphatics to action, and by pressure on the conjunctiva. A lint compress dipped in a lotion containing iodide of potassium, and bandaged pretty tightly over the eye, is suitable. Tincture of arnica montana is commonly used as an adjunct, though I doubt its efficacy. Iodide of iron taken internally may be given with advantage if the patient be weakly or scrofulous.

Injuries to the Conjunctiva. The conjunctiva is very frequently the subject of more or less injury from minute foreign bodies. Particles of sand, splinters of glass, chips of stone or of iron, and the minute scales of hot slag thrown off from engine fires are the most hurtful, and they are capable of setting up much ciliary irritation, with intolerance of light and aching pain. The lesion of the conjunctiva is not of itself of much importance unless it is very extensive, but the removal of a foreign body is sometimes a difficult operation if it has remained a sufficient length of time between the lids to give rise to much intolerance of light. This is especially true of foreign bodies impacted in the cornea, but the nerve supply of the retro-tarsal fold and back portion of the conjunctiva is so limited that in that situation bodies may lie for a long time without causing much discomfort. I have seen a grain of oats retained undiscovered under the upper lid for six weeks, while, on the other hand, I have known a violent irido-cyclitis set up by a minute rust-scale impacted in the corneal edge. It is sometimes extremely difficult to discover minute foreign bodies, this being especially true of glass splinters, which, when immersed in tears, are almost invisible. To make certain that none are overlooked, it is necessary to use a powerful condensing lens, or the ophthalmoscope, to throw a pencil of rays on the eye, and having thoroughly searched the inside of the lower lid and the two canthi, the upper lid must be everted and examined.

When the foreign body has been found it is necessary to steady the eye, which is difficult, in consequence of the photophobia; indeed, in some cases of children and very nervous people I have been obliged to chloroform them for the purpose. The most convenient position for the operator is behind the patient, so that the light falls in the cornea in the best direction for observation. I generally manage without either speculum or fixation forceps, by raising the lid with the first finger, while the point of the second is pressed steadily against the side of the eyeball. The foreign body, if loosely attached, may be lifted off by the point of a blunt probe, which, if it suffices, is less liable than a sharp instrument to injure the eye on any sudden movement of the patient; but, if it be not sufficient, the point of a cataract needle, or of Walton's spud must be used. (Fig. 8.) When the body is impacted in the anterior elastic lamina of the cornea it is often so tightly held by that tough elastic structure that it has to be dug out; but it must not on any account be left to slough out, or an opacity, and perhaps a corneal abscess, will result.

Injuries of the eye from chemicals and from molten metal are of frequent occurrence, and very dangerous. The least degree of injury will be a scald of the conjunctival surface, which causes it to be chemosed and inflamed, this minor injury occurring from a splash of vinegar or of bad whisky, or some dilute chemical solution. The effect of a burn by molten metal or undiluted chemicals, such as hot lime or vitriol, is much more serious, for here the conjunctiva, and often the whole or part of the cornea, are destroyed, and a large ragged slough remains, with great risk of a subsequent symblepharon. I present an illustration of a burn of conjunctiva and cornea from a splash of molten metal. (Fig. 9.)



Fig. 8.
Walton's
Spud.

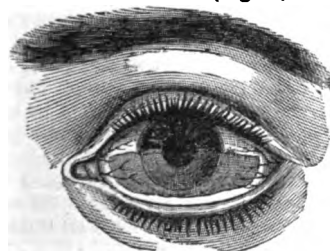


Fig. 9. Burn of Conjunctiva. (Lawson.)

FRACTURES OF THE NECK OF THE FEMUR.

By HUGH OWEN THOMAS, M.R.C.S.

IN the number of this journal issued October 12th, 1882, my views and experiences regarding the principles which ought to guide surgeons in their treatment of fracture of the patella were given to your readers. Since that time the subject has been much debated before several of our societies and discussed in our periodicals. The information supplied me from this source only shows the general poverty of knowledge in relation to the treatment of fractures of the patella, for of all the gentlemen who joined in the debates or contributed to the literature of the subject, not one was able confidently to recommend a rational and trustworthy method of treatment; thus it is not surprising to find the majority of those who expressed their opinions hailing with undisguised delight the proposition that patellar fractures, whether they be simple or compound, should be treated by the knife and drill.

It would be interesting to know, if it were possible, how many of those who so readily approved of this proposal would, if suffering from the accident, submit themselves to such treatment. I have of late years maintained—and, from my experience up to this date, am more than ever convinced—that, whether the fractured patella be complicated by a wound or not, interference by knife and wiring will not give as good and safe results as can be gotten by a natural method of cure, if the surgeon knows how to aid it, or at least not to thwart it.

There are principles of treatment which, if carried out in practice, will enable the surgeon to dismiss his patient with at least a useful limb, and in the majority of cases with a faultless cure.

The evils which our past and present practice up to this time has failed to avoid are these: The patient might after treatment be enabled to extend his leg properly, or, when standing, to maintain his thigh rigidly in a line with the leg, or there might be an excess of mobility, with deficiency of power. These remains of the accident can be avoided, as I have shown in the paper mentioned above.

This contribution to the treatment of fractures at the neck of the femur has been prefaced by the foregoing remarks relative to patellar fractures because, in giving my views of the theory of treatment proper to fractures at the neck of the femur, reference must be made to principles which, I maintain, apply equally to the treatment of fractures either of the patella, neck of the femur, or of the olecranon, and here are repeated my views given in my former paper in this journal, that the treatment either of these or any other fractures, or of diseased joints, is not mainly a question of mechanics.

It is time enough to begin inventing splints when we know with some certainty what we ought to be doing to gain our purpose; then we shall be better able to decide upon the best form of mechanical aid to treatment. That some of the machines employed in treatment have advantages which aid us in the carrying out of certain principles is as obvious as the fact that other machines may be positively injurious, if these same principles ought to guide us during treatment.

Of late years there has been a surfeit of inventions the construction of which demonstrates that their inventors had no knowledge of the treatment that ought to be followed to secure a perfect recovery. Mechanical ingenuity cannot supply the place of intelligence. It is my contention that there is a rational treatment which, if adopted, leads to success in fractures of either the patella, olecranon, or neck of femur, though the mode of application must vary to suit the variation of form at the three different parts.

In the treatment of fractures of the olecranon, the mode of carrying out the principles of practice here re-

commended is very simple, as no special appliance is required to gain our purpose. The limb has merely to be maintained extended, or nearly so, by any method that does not involve in its application compression on any part within about two inches either above or below the elbow-joint, for a period long enough that firm and sound consolidation may take place. The only exception to this rule is in those cases where the fracture of the olecranon is compound and invading the elbow-joint, when the position of flexion ought to be maintained during treatment lest the injury may run a course ending in the loss of motion at the joint. Then the risk of the lesion being cured with some defect of symmetry must be incurred in order to make certain of gaining a useful result. Olecranon fractures do not cause the surgeon so much anxiety as those of either the patella or neck of femur.

Fractures of the patella happen most frequently during the prime of life, when the sufferer can ill afford to be crippled, whilst fractures of the neck of the femur most frequently occur in the decline of life; and here again it is a very pitiful thing if the sufferer must forego the enjoyment of what he had secured for himself in earlier years by being either constrained always to use crutches, or to remain in seclusion, and in most instances his repose at night is interrupted by pain, which must curtail the duration of his life.

Can any treatment, not generally known, help us to avoid these evils? Certainly,

Those of my readers who have not passed many years in the profession may perhaps think this picture representing the imperfections of our past treatment of fractures at the neck of femur as being much overcoloured, but those surgeons who have had many opportunities of observing these injuries, must know that the evils here detailed are not exceptional terminations when the hip joint has been subjected to injury, even though there be no fractures.

I am not ignorant of the fact that some cases of fracture of the patella, olecranon, and neck of femur sometimes do recover perfectly, without any treatment whatever.

Such cases only go to show that the other cases could, if we know how, be made to recover also. If none of these fractures had ever been known to recover spontaneously then we would be justified in concluding that there was in these fractures no tendency to such repair, and the experiment of direct interference would be excusable.

The unprofitable results, observed after the treatment of these three fractures, are only similar to unfortunate results after the treatment of other bony parts which are known as delayed and non-union. Our indifferent success in the treatment of the three forms of fractures here referred to partly arises from the fact that these fractures are much more prone than others to have the development of consolidation arrested, and that surgeons have not hitherto allowed for this fact, nor directed their treatment so as to physiologically favour the reformation of sufficient amount of sound connective material between the separated parts.

Our failures ought to be credited to, and can be shown to arise partly from, defective treatment.

For the guidance of the surgeon in the treatment either of fractures or of simulated fractures of the neck of the femur after injury to the joint, the following rules, which are trustworthy, may be recommended:—

If adhered to, the practitioner can in all cases promise his patient that he will so far recover as to be able to indulge in walking exercise without artificial assistance, and that he will also be free from pain.

That my readers may better understand the principles and practice here advocated, they may require an explanation of my statement, "For the guidance of the surgeon in the treatment of fractures or of simulated fractures of the neck of the femur after injury to the

joint." This refers to two forms of injury to the hip-joint, one, in which fracture of the neck of the femur exists, and can be diagnosed immediately after the injury, or some few hours after; the other injury is that following an accident, and when there is not a fracture, but after the lapse of some time—generally after the second week—many of the signs of fracture; shortening, eversion of the limb, limited motion, and the deformity of flexion, demonstrable by the flexion test.

This differs in no manner from the signs of inflamed hip-joint, which, indeed, it is, and which can be diagnosed as not a fracture of the neck of the femur by the surgeon placing simultaneously the palms of his hands upon the patient's trochanters he will notice that in fractures the trochanter of the defective limb is slightly more full, prominent, and sometimes higher up than that of the sound side.

This differential diagnosis is not of much practical value, as the details of treatment are nearly alike, whether there be fracture or not; if there be no fracture, the omission of retentive extension is not a fault, but, indeed, where fracture exists a retentive extension is not always possible of being safely applied.

When called to the patient let him at once fix the joint in a line with the trunk as immovable as possible so as to minimise the coming or present irritation of the joint, then apply any form of retention which will keep the limb at or as nearly as possible its normal length and let any bandaging that may be employed be wound in a direction the reverse of the external rotation observed in these fractures.

Let the patient be limited to a diet with the least possible ingesta lest the patient's limb be disturbed during a movement of the bowels in the period of greatest pain and when he is utterly helpless. The bowels will infallibly act spontaneously, if the diet has been properly selected (milk especially being excluded) at or before the termination of the third week, and at this time the patient will be able to assist his nurse, and movement is less injurious to him. The limitation of diet need not continue after the second spontaneous action of the bowels.

The mechanical treatment must be continued in patients beyond the age of 70 for six weeks after the total cessation of night pain, when the patient must spend a further period of four weeks in bed without any control or treatment whatever. In patients passed the age of 60, but under 70 years of age, the mechanical control should be continued for eight weeks after the total cessation of night pain, and there must be another four weeks of reclamation in bed without surgical restraint.

The younger the patient the longer must the mechanical control be continued. The duration of the periods of surgical control here laid down may appear as rather indefinite and long, but the gain here is always worth the candle.

Some cases may recover with less control, but what best conduces to make the surgeon's reputation is not a report of isolated instances of rapid recovery, but that he has always been able to benefit his patients. Fractures at the neck of the thigh-bone are extremely rare in the early period of life, but they have been noticed even at the period of childhood, and when recognised, should be treated as a mild case of inflamed hip-joint. If there has been delay in resorting to proper treatment as the surgeon is not always called to the patient's assistance immediately after the accident, the average period of each stage of treatment here laid down ought to be somewhat prolonged. Should there have been even two or three years delay the surgeon can, by following the rules here laid down, make the limb painless and useful.

The minutiae of practice which I employ can best be detailed by a sketch of a few supposititious cases which, nevertheless, are counterparts of actual ones.

Case A., æt. 70, makes a false step when coming

down the stairs of his house, and falls on his right side. Immediately feels intense pain in the groin and down the thigh; is incapable of recovering the perpendicular position, and objects to his attendants making any attempt to remove him to bed. On my arrival, an examination of the region of the hip-joint and of the lower limb convinces me that there is a fracture of the femur at its neck, there is eversion with no power of inversion, tenderness on pressure at the groin, no shortening.

I request that the patient be left where he was found after the accident, while I fetch suitable appliances—these are the posterior support and retentive extension always adopted by me in the treatment of diseased hip-joints, and of fractures at, and immediately below, the trochanter.

As soon as these are at hand, the patient is carefully undressed, the splint fitted, without the shoulder-straps, and the retentive extension is attached above the knee, and tied to the lower horns of the hip-appliance.

The knee and thigh are now bound to the upright of the saddle, the bandage being wound round in the direction of inversion, and the top ring of the saddle is fitted and tied, after which the patient is removed to bed, on a first floor if possible—though, when all this has been done, it is easy to take him up to a second floor without causing much pain. This is done by one attendant placing—in the case of the right limb being the injured one—his left hand under the upright of the saddle just below the knee, while with his right hand he grasps the left leg of the patient; a second attendant supports the sacrum, and a third grasps the top ring of the saddle opposite the sternum and carries the trunk portion of the patient, who is now placed in bed—which should be a feather one, or made of some material that does not form a very hard mattress.

After this, the person who is to nurse the patient is shown how to use the bed-pan when required, so that the patient may not be much pained nor further injured. When there is occasion for the use of the utensil, the mode of assisting the patient is thus: The attendant stands by the bedside and, passing an arm under the lower end of the hip-appliance and a corresponding part of the sound limb, raises the lower extremities and pelvis of the sufferer to any height that permits of the bed-pan being slipped under. This position, which is that of an incline from the feet to the head, if in any way advantageous, can be easily maintained until the act of nature is complete. After practically demonstrating this to the attendant, I give some instructions relative to the quality of food to be used, and that the patient must be inspected occasionally to avoid bed-sores; further, should the linen under the patient become moistened or stained by excretions, that any such offence can be removed by the method used to pass the bed-pan under the patient. The same plan can also be resorted to when dressing any bed-sores that should form.

The parts where bed-sores are prone to appear are over the sacrum and the upper ring of the saddle; if they appear at the latter part, then they can be dressed by rolling the patient over on to the sound side, by grasping well the hip-appliance and limb between the two lower rings with one hand, and the patient's shoulder with the other hand, when the operator has complete power to roll the whole body, which enables him to turn the patient over without any twisting tendency, as the lower extremity and the trunk go over in line, and thus any damage to the fracture is avoided.

In this Case A., the appliance was put on while the patient lay just where he was found after the accident, for had he been carried unprotected by surgical fixation of the part it would certainly have been more deformed and extreme shortening might have followed, though immediately afterwards there was none. A. is a typical case, but there are to be met with cases presenting

special difficulty, yet they are no bar to useful recovery, but may make recovery with no defect impossible. For instance, B., suffering from fracture of the neck of the femur. When the surgeon examines the limb he finds it closely mapped with varicose veins; in such a case it is not safe to trouble about the length of the limb, as aged people with this defect are very intolerant of the means used to form a retentive extension dressing. In such a case the shoulder brace must be substituted, otherwise the machine would slip downwards. The treatment of recent fractures of the neck of femur do not present any difficulty to those surgeons who can fit a hip-apparatus, suitable for the treatment of inflammation of this joint; but when the surgeon is called upon to treat cases of fracture that have failed to recover, and both painful and useless—cases that may have been in a non-healing condition one or more years—then the attempt by the surgeon to rectify the part requires some care for the first three weeks, the patient having really to undergo the process of the reduction of deformity, as though there had been no fracture originally treated as if it had been primarily one of simulated fracture of the neck of the femur, and the length of the limb ignored. During these three weeks the patient suffers some aggravation of pain, but it rapidly passes away as soon as the limb is in line with the trunk. To avoid much pain and not dispirit the patient, the reduction should be allowed to progress slowly, as success is certain.

The cases of simulated fracture of the neck of the femur require the same details of treatment as fractures of the femur neck, with this exception, that retentive extension is not used, but in its place I employ the shoulder-brace.

Cases of injury, simulating fractures at the hip-joint, are very frequently misinterpreted, and are rarely relieved except by mechanical treatment.

Experience has shown me that these cases are very amenable to recovery when efficient mechanical control is applied to them. The hip-saddles referred to in this contribution as used by me are made by a mechanic in my employ, but those surgeons who would wish for such appliances can get them from Mr. Critchley, 88 Upper Pitt Street, Liverpool, who supplies a cheaper and better model than any in the market.

Case C., while passing along a street, the parapet of which was rather narrow, was knocked down by a youth who careered against him, and fell on his left side. With some effort and pain he rose up, but found he could not proceed home without help. A sympathiser hailed a cab, in which he proceeded home, where he had to be assisted to undress and helped into bed, and his medical attendant was sent for.

On examination of his joint and limb, it was found that there was no shortening, despite the efforts he had made since the accident, slight eversion, pain both on pressure of the groin and on rotating the limb; also the power of eversion and rotation was diminished.

An opiate is prescribed, and the patient is directed to remain quiet—no local application. On the second day no variation of the sensational or obvious symptoms; a cloth damped in cold water is applied over the hip and groin. The patient was watched for nearly two weeks, when he began to complain of rheumatism in the joint at night; the joint was now tested by the flexion test, and a deformity noticed. Now the proper interpretation of the feeling which the patient attributed to rheumatism was given to him, and the importance of so treating the lesion that the condition resulting from the accident might not become permanent.

About the fourteenth day after the accident a posterior hip-appliance was fitted, which, for the first forty-eight hours, rather increased the symptoms and also caused some amount of lumbar pain, all of which gradually wore off. The surgical restraint was continued six weeks after the cessation of night pains—in all eight weeks, and then removed, but the patient remained five weeks

longer in bed, after which he got up, and with the aid of moderate exercise, taken by the use of crutches, was perfectly well in about eight months.

It has often occurred that uncured cases of simulated fracture of the neck of the thigh-bone have led to diversity of opinion among the surgeons whom such sufferers from "time to time" have consulted, the difference of opinion arising as to the primary nature of the lesion—the opinions of those consulted latterly seldom being in accord with the diagnosis of the surgeon immediately called to the sufferer after his accident, the latter having failed to find a fracture, there being none, but the surgeon afterwards finding some symptoms which follow fracture in connection with the hip-joint, generally suppose the delayed recovery to be due to non-union of the fractured bone. Some years ago such a case was the subject of a lawsuit, and the surgeon was successfully prosecuted for erroneous diagnosis and malpraxis. In after years the prosecutor died, and by a post-mortem examination of the joint, it was found that there had never been any fracture of the femur.

The cause of our failures to succeed in producing useful cures after fractures of the patella, olecranon, and neck of the femur have been, that even when the treatment has been correct, it has been suspended before the parts immediately and secondarily affected have regained health and its accompaniment, strength, so as to be equal to the strain of use. Another cause is the practice of compressing the seat of injury, and thus interfering with its nutrition; further, the mistaken notion founded on the pathology of the parts after treatment in past time, has dispirited surgeons from striving at better results.

THE RADICAL CURE OF HERNIA BY THE METHOD OF DISSECTION. (a)

By KENDAL FRANKS, M.D. Univ. Dub.,

Fellow Royal College of Surgeons; Fellow Academy of Medicine in Ireland; Surgeon to the Adelaide Hospital; Surgeon to the Dublin Throat and Ear Hospital, &c.

At a meeting of the Surgical Society in January, 1882, the subject of the radical cure of inguinal hernia was brought forward by Mr. Thornley Stoker. In his paper he described the successful results of two cases in which he had operated by Wood's method. The comprehensive historical sketch with which his paper opened makes it unnecessary now to travel over the same ground. The subject before us to-night embraces a larger field than was then discussed. It is no longer the radical cure of *inguinal* hernia alone, for the method which is brought before you is applicable in its scientific simplicity to all forms of abdominal rupture. The first two cases in which this method was employed were detailed by Sir Joseph Lister in his Address on Surgery at the meeting of the British Medical Association in 1871. They were adduced as illustrations of what could be done by the antiseptic method of treating wounds. Professor Annandale (b) thus describes it in 1880: "The radical treatment of hernia with the aid of catgut and Listerian antiseptics." In the strict observance of the antiseptic method lies the safety of the operation and the secret of success. The operation has been performed frequently within the last few years in America, in India, in these countries, and on the Continent, and, while operators have often differed as to minor details, they are unanimous in this, that the operation is a good one, but that it is essential that the operation be always performed antiseptically, according to Lister's method. The details of the operation itself present no novelty. It is reported of Guy de Chauliac that in 1360 he laid bare the sac, and then applied a ligature round its neck (c), while in the seventh century Paulus, an eminent Greek surgeon, describes at length the operations recommended by Celsus, which are, in fact, operations by dissection; but he recommends that, in practising excision,

a ligature should be applied to the sac before it is removed. Several of the old French surgeons used to operate as in strangulated hernia, and, after reducing the sac and its contents, they closed the openings by suture. These methods were so constantly fatal then, that Abernethy and many other surgeons strongly condemned them as formidable and dangerous; yet these are the very methods which are now advocated, and advocated because they are almost free of danger. This change is due entirely to the absolute immunity from septic disasters afforded by the antiseptic method. "We consider Mr. Lister's work as far too great to be narrowed down to a mere matter of spray and gauze," says a leading article in the *Lancet* (Sept. 3, 1881). "It is not a mode of dressing wounds that he has introduced, but a surgical revolution that he has accomplished."

The operation, which has been aptly termed in Dublin "the method by dissection," has been performed in different ways. Professor Annandale (a) enumerates four methods:

1. Ligature of the neck of the sac alone.
2. Ligature of the neck of the sac, with invagination of the ligatured sac into the abdominal opening.
3. Ligature of the neck of the sac, and excision of the neck of the sac below the ligature.
4. Ligature of the neck of the sac, with excision of the sac, and stitching together the margins of the abdominal ring.

"Having used all these methods," says Annandale, "I have no hesitation, from my experience, in giving the preference to the fourth plan."

In addition to these methods is one which I know has been practised by others in Dublin, and which I have myself practised in three cases—viz., *invagination of the sac into the internal abdominal ring, and obliteration of the canal by suturing together the rings and the sides of the canal with silver wire, which is left permanently in situ*. In this operation, no ligature is applied to the sac, nor, in many cases of recent hernia, does there seem to be any necessity of resorting to it. If the wound is kept aseptic throughout, the silver sutures become encysted, and form, with the lymph which becomes organised, a barrier past which it seems almost impossible that a hernia should descend. The operation may fail by the wound not remaining aseptic throughout, as happened in my second case, when it became necessary to remove the silver wire. If this occur, suppuration follows, which is nearly always obnoxious to the formation of firm, organised lymph. Or it may fail by the opening not being sufficiently closed—an error more likely to occur in cases of inguinal hernia than in any other, by the surgeon's anxiety not to put too much pressure on the spermatic cord traversing the canal. This error can be rectified by a second operation.

In cases, however, where it becomes necessary to ligate the sac I think that the fourth method mentioned by Annandale is undoubtedly the best—namely, to ligate the neck of the sac, excise the sac below the ligature, and then suture the openings together. In carrying out this last procedure, Annandale advises to stitch together the edges of the rings, the stump of the ligatured neck, and the surrounding cellular tissue, with a continuous *catgut* suture, and Mr. Wood himself, at King's College Hospital, employs the same method. It is better, however, to employ silver wire. This was first recommended, as far as I am aware, by Mr. Mitchell Banks, in a paper read before the annual meeting of the British Medical Association at Worcester, in August, 1882 (b), but I may say that I had employed the silver wire previously—first in April, and again in July of that year, before I was aware of Mr. Banks' views. In his paper he says: "The only point of novelty for which I take any credit to myself in this operation (and very likely others have done it as well as myself) is the use of strong silver wire to draw together the pillars of the rings, which is left permanently in position. *Catgut* I distrust; where there is any strain upon it, it yields too soon. Silver wire seems to bury itself so harmlessly that I cannot see any objection to it; while it must of necessity hold the pillars together for a considerable time, until they are well agglutinated."

The first three methods of operating enumerated by Annandale have little to be said in their peculiar favour, as they make no provision for obliterating the canal or other opening through which the hernia descends. Mr. Rushton Parker, of Liverpool, is the advocate for the third of these

(a) Read at the meeting of the Surgical Section of the Academy of Medicine, Jan. 11, 1884.

(b) *Edin. Med. Journ.*, vol. xxvi., part 1, p. 438.

(c) Warren on Hernia, 1832. Page 100.

(a) *Edin. Med. Journ.*, vol. xxvi., p. 438.

(b) *Brit. Med. Journal*, Nov. 18, 1882, p. 935.

methods, that is he contents himself with applying a ligature to the neck of the sac high up, but he makes no attempt to close the canal or rings. He observes that "a good many inguinal herniæ that come for operation, whether previously strangulated or not, have the pillars just as tightly braced up and as closely opposed after reduction as can be required." (a) Even in cases where the pillars are separated this is due to the pressure of the funnel-shaped sac. "If the hernial protrusion be removed the pillars of the ring may fall together. What I contend for is," he says, "that in the majority of cases, in all but extreme cases, the absence of the hernial protrusion from between the pillars of the ring is all the subsequent treatment they require." This reasoning is palpably a *petitio principii*, for no one would think of operating on relaxed abdominal rings, simply because they were relaxed, were it not that they afford no protection against the descent of a hernia, but rather encourage it. Assuming the absence of a hernial protrusion is assuming the whole question, and though in some cases ligature of the neck of the sac alone may warrant the assumption, in the majority of cases it is insufficient; as I am prepared to admit that in some cases obliteration of the canal and rings is sufficient without ligature of the neck of the sac, yet in the greater number of cases which submit themselves for operation, obliteration of the canal must be supplemented by ligature of the neck of the sac, in order to effect a lasting cure. And as suturing together the edges of the openings, whether with catgut, silk, or wire, adds nothing to the risks and little to the trouble, while it greatly enhances the value of the operation itself, there seems to be no reasonable excuse for not performing it in every case. Although Mr. Parker has been successful in many cases, still it seems hard to conceive how the cicatrix of a ligatured peritoneal sac could offer the same resistance to the abdominal pressure from within, as it could have done had it been supported by the dense tissue and silver wire in an obliterated canal.

The only two operations which seem to me to give promise of extensive application in the future are :

First, suture of the abdominal opening, without removal or ligature of the sac ;

Secondly, suture of the abdominal opening, after excision of the sac.

I have used the term "abdominal openings" instead of "inguinal canal or rings" because neither of these operations is confined to the cure of inguinal hernia alone, but is applicable to all forms of abdominal rupture, wherever situated, when within the surgeon's reach.

The first of these methods of operating is especially useful in cases of recent inguinal hernia before the sac has had time to become large and thickened, and this view is endorsed by Dr. H. O. Marcy, of Boston, (b) who published in 1871, the details of two cases of strangulated hernia, on which he had operated by this method the year before. In a paper read at the Medical Congress in London, in 1881, he says, "If the sac be small the peritoneum should not be opened, if large and bulging, it is much better to excise it." (c) One great advantage of this method of operating is its great simplicity, and the ease with which it can be performed. This was fully acknowledged by Mr. Thornley Stoker in his paper on the Radical Cure of Inguinal Hernia, in 1882, (d) in which he appeared as a strong advocate of Mr. Wood's operation. As this is the first occasion on which these operations have been brought before the Academy of Medicine in Ireland, I hardly think it will be inopportune to enter into the details of the methods of operating in the two cases.

An enema, if necessary, having been administered some time previously, the pubis is shaved, and the skin, not only at the site of operation, but all around it, is carefully washed with carbolic lotion. It is the custom in the Leeds General Infirmary, in all operations, before washing with the lotion, to rub the skin vigorously for a short time with spirits of turpentine, which appears to be the most effective solvent to the fatty and sebaceous accumulations about the hair follicles and gland ducts. (e) In carrying out this preliminary cleansing of the skin, too much care cannot be exercised, as the continued asepticity of the wound till the parts are

completely healed depends largely on this preliminary measure. The patient having been placed under the influence of an anæsthetic, the skin incision is then made, the middle point of the incision corresponding to the external abdominal ring. I have found it a good plan to draw the skin over the tumour slightly upwards before using the knife. The object in doing so is to prevent the skin wound lying directly over the twisted ends of the wire, and I am sure that this precaution will often prevent the subsequent removal of the wires, as that it will aid in the complete union of the skin wound by first intention. The skin being then retracted from over the front of the tumour, the subjacent tissues are carefully dissected until the sac is reached. If it is considered undesirable to interfere with this, it should be carefully pushed up into the abdomen by the index finger of the left hand, which, being kept in this position effectually protects the spermatic cord from injury. The edges of the rings may be refreshed or roughened by scraping; this was the plan adopted by Mr. Steele (f) of Bristol, to whom is due the credit of having been the first to put antiseptic suture in practice for the radical cure of reducible hernia, and it is advocated by Marcy, of Boston, and others. Or the rings may be seared with a red hot galvano-cautery, as advised by Dr. J. Warren, of Boston, at the last annual meeting of the British Medical Association. (g) A strong curved needle fixed in a handle and armed with strong silver wire, is then made to pass through the inner pillar of the external ring, near its apex, and at least half an inch from its free margin. It is then made to transfix the inner border of the internal ring, so as to reach the tip of the finger which lies in the canal. The point of the needle is then made to follow the tip of the finger, which is slowly withdrawn until the eye can be seen, and the wire caught with forceps. The needle is then withdrawn. It is now passed in a similar manner through Poupart's ligament, and the external margin of the internal ring at a point corresponding to its first point of entrance on the inner side. This time the needle is unarmed, and as soon as the eye is brought sufficiently far into the canal it is threaded with the free end of the wire which has already passed through the tissues on the other side of the ring. It is now withdrawn. One or two more sutures can then be passed in the same way lower down. The last one need only pass through the pillars of the external ring. By drawing the corresponding ends of the wires firmly together, the internal and external rings are approximated, the rings themselves closed, and the canal obliterated. The twisted ends are pressed down so as to lie flat against the tissues, and the skin wound is closed with catgut. I have generally employed a small drainage tube, but I believe it is only sometimes necessary. Probably a few strands of catgut or horsehair would answer equally well. Lister's antiseptic dressings are then carefully applied, and the edges kept well down by means of an elastic bandage. It will probably be unnecessary to change the dressings again for four or five days, and usually two dressings will be sufficient to complete the cure.

Sometimes the abdominal opening is so large that it is not possible even, with a good deal of traction, to approximate its edges. Mr. Croly related such a case at the meeting of the Surgical Society, in January, 1882. (h) I allude to it here in order to call attention to a method lately advocated by M. Reverdin, of Geneva. (i) He proposes to make small liberating incisions above the internal pillar, so as to facilitate the drawing of it down to the external one. These incisions are made parallel to the pillars of the ring in the aponeurosis of the external oblique. They divide these fibres into bundles, and by cutting some of the inter-columnar bands they allow the incisions to gape, and to assume a lozenge shape, which reveal the fibres of the external oblique beneath. These incisions should be short so as not to make in the abdominal wall weak points of too large size, which could allow an artificial hernia to escape; but, on the other hand, any amount of relaxation can be procured by multiplying the number of incisions. M. Reverdin has made three or four in two superimposed series, the incisions in one series alternating with those in the second. These incisions manifestly relieve tension at the points of suture, and then the pillars approach each other

(a) "Abdominal Hernia." By Rushton Parker, Liverpool, 1883, p. 47.

(b) Boston Med. and Surg. Journ., Nov. 16th, 1871.

(c) "Trans. Med. Congress," London, 1881, p. 446.

(d) Medical Press and Circular, Feb., 1882, p. 157.

(e) Lancet, Dec. 13, 1883. P. 1043.

(a) Brit. Med. Journ., Nov. 7, 1874.

(b) Brit. Med. Journ., Nov. 16, 1883. P. 914.

(c) Med. Press and Circ., Feb. 22, 1882. P. 185.

(d) Bull. Société de Chirurgie, 1881, P. 268.

more easily and exactly. One of the cases on which he operated, died eleven months afterwards of phthisis, and then it was found at the autopsy that the opening was quite obliterated. (a) In my own cases I have not yet found it necessary to have recourse to this suggestion, but should such an occasion arise, I do not think that I should hesitate to give this method a trial.

The operation here detailed of antiseptic suture of the hernial openings without interfering with the sac is of course only applicable to reducible hernia, or to cases of irreducible hernia, in which the obstruction is seated outside the neck of the sac. In a large majority of cases of congenital hernia, there is either adhesion between the contents of the sac and its inner surface, or else there is constriction about its neck. In such cases the sac must be operated on to effect a cure. It may be here observed that this method of operating seeks essentially the same results as are aimed at in the operations of Professor Wood, Mr. Dunnet Spanton, Mr. Dowell, and others; and without doubt had the discovery of the antiseptic system not taken place, these methods of *subcutaneous* closure would still hold their place as the only reliable means of treating inguinal hernia radically. But among the many changes in surgical practice which the introduction of the antiseptic method of treating wounds has effected, the method of treating hernia with a view to cure has had its share, and I do not think it is too much to expect that the method of antiseptic suture will be the adopted operation of the future. In a series of papers upon strangulated hernia, published in the *British Medical Journal* for 1882, Sir James Paget says: "I would not appear over sanguine in the suggestion of any new method for the radical cure of hernia. . . . However, I must claim a favourable consideration, on a legitimate field, for the use of the carbolised catgut ligature, at least in all cases of strangulated hernia where the wound can be closed. This method does not add to the dangers of the operation, and is probably followed by a cure. In comparing the operation with that usually recommended, of subcutaneously stitching the ring with sutures of any material, it seems apparent that to cut down upon and expose the ring, gives a much better opportunity of carefully closing it, refreshing its borders, and thus avoids injury to the spermatic cord, while it does not increase the danger to the patient."

Dr. H. O. Marcy, of Boston, (b) claims the following advantages for this operation, and I think we may fully endorse them:—

"1. We are enabled to see each and every step of the operation: *blind surgery is bad surgery*, as a rule. This want of clear perception has been the source of many mistakes by even experienced operators, and is a great objection to every form of subcutaneous sewing. In my judgment, no less can be said of the very ingenious and improved modern process of astringent injection into the ring, as advocated and practised by Dr. Joseph Warren, of Boston, in his recent work upon hernia. The same objection would hold good of Mr. Spanton's method of approximating the rings by the use of his corkscrew needle, which is left *in situ* for several days.

"2. It is the only method with which I am acquainted whereby the hypertrophied elongated peritoneal pouch, which has been a primal factor of failure hitherto, can be removed.

"3. Hereby we actually reinforce as well as occlude the ring. In the weakened attenuated condition of the parts in all old cases, there is no small gain in securing such an effect.

"4. Experience has, I think, now demonstrated that this operation may be catalogued among those safely advised, and that femoral and umbilical hernia are no exception. I would not exclude children from the class to be benefited, for in them the vital processes are at the best, and when thus cured they are saved from a life-long disability."

The following cases illustrate the operation by dissection in which the sac is returned into the abdomen unopened.

Case I.—A. B., æt. 17, a medical student, consulted me on March 28th, 1882, for a direct inguinal hernia of the right side. Previous to the 27th of that month he had never noticed any swelling in the inguinal region. He had been in the habit for a short time previously of taking long runs of six miles once a week. On the 27th of March, after one of these runs, he felt a pain in the right groin, and on examination found a hernia which had descended into the scrotum. He came to see me the next day. He then presented a tumour about the size of

a bantam's egg. Reduction was easily effected, and the finger on reaching the external ring, at once entered the abdomen without passing along the canal, the margin of the deeper opening being easily recognised. This opening was large, and the pillars of the ring in front of it were a good deal separated. I recommended the radical cure, which was at once accepted. Accordingly on the first of April, with the assistance of Mr. J. K. Barton and Dr. B. C. Windle, I proceeded to operate in the manner already described. The hernial sac was reduced into the abdomen, and the openings in the aponeurosis of the external oblique and in the conjoint tendon respectively were sutured with silver wire in two places, a small drainage tube was inserted, and the skin wound closed with catgut. The operation was performed on strict Listerian principles. The edges of the dressings were fastened down with a Martin's elastic bandage. The wound was dressed again the next day, owing to some sanious oozing, and again on the fourth day, when the drainage tube was removed. The skin wound seemed quite healed. The fourth dressing, then applied, was kept on for a week, and when removed cicatrization was complete. The highest temperature recorded was 99°. A pad was then applied, and for precautions sake the patient was kept in the recumbent position till the third week. He was then allowed up, and on the 29th day went out wearing a light truss. I have seen him several times since, and he has had no return of the hernia. Writing on the 24th of December last, a year and nine months after the operation, he says: "I cannot speak too highly of the operation and cure. . . . It has been a complete success. The silver wires with which you sutured the rings, and which you did not remove, have never caused me any annoyance whatever. . . . I may add I began to bicycle again last February, and on March 26th won a four mile race, as you will see within a year after my operation. I also engaged in about eighteen races this summer, besides doing a good deal of country bicycling, and so far from being anything the worse of the exertion, at the end of the season, last August, I gave up the truss, and have not since worn it, nor do I experience anything which would warrant a return of its use."

I had advised him to wear a light truss for the first 12 or 18 months, but I am not quite satisfied as to the necessity of it. When I last examined him, about two months ago, there was no sign of a return, and the wires could scarcely be felt beneath the skin. He has since been examined by Mr. Barton and other surgeons, who can corroborate what I have said. I may add that the patient suffered, previous to operation, from varicocele on both sides, that on the right side being the worse. The right varicocele has been completely cured by the operation performed for hernia.

(To be continued.)

Clinical Records.

CASES IN PRIVATE PRACTICE.

A Case of Croup in a girl ten years of age.—Tracheotomy.—Death.

By WM. BERRY, M.R.C.S. Eng., & L.R.C.P., & S. Ed.,
Hon. Surgeon, Royal Albert Ed. Infirmary, Wigan.

M. O., a girl, æt. 10, previously strong and healthy, was seized in the night of the 18th of Feb., 1883, with symptoms of croup. Local remedies were applied, and on Feb. 15, 1883, I was called to see her, and found that she was in bed breathing with difficulty, having all the symptoms of laryngitis. On examining the throat nothing was noticed in the shape of patches, but a general congestion of the fauces and swelling of the tonsils. She was ordered to be kept warm in bed, in a warm room and hot fomentations and poultices applied around the throat. Her bowels had been freely moved.

The following medicine was ordered:—

R. Antim. tart, gr. iss.;
Vin. ipecac, ʒiiss.;
Liq. am. a., ʒj;
Aquam, ad ʒiv.

Ft. mist. Sig.: Two teaspoonfuls every five minutes till vomiting is produced, and this repeated every four hours.
Feb. 16th.—Some relief after vomiting but laryngeal

(a) *Revue des Sciences Médicales*. Hayem. 1882. Vol. xix., p. 662.

(b) *Trans. Med. Cong.*, London, 1882, p. 447.

breathing well marked, skin freely acting and she had passed a pretty good night. Ordered mixture to be repeated and $\frac{1}{2}$ a grain of calomel with sugar every three hours. She had vomited freely several times, but no thick phlegm or membrane had been expelled.

5 p.m.—Symptoms increasing, has to be raised up to breathe, very much inclined to vomit. Ordered the following:—

R. Sodæ bicarb, gr. xxx;
Sp. chloroformi, ʒi;
Liq. amm. a. ʒi;
Aquam, ad. ʒiv.

Sig: One table spoonful every three hours. Tracheotomy recommended to parents.

9.30. p.m.—Symptoms increasing in urgency, mother having consented to the operation, with the assistance of Mr. Foreman I performed tracheotomy, under chloroform, opening the trachea without much difficulty. A lot of mucus was expelled, after clearing all this, and stopping all oozing, the tube was fixed firmly in the opening. On recovering from chloroform there was evident much relief to the breathing.

Steam was diffused through the room, and the tube cleansed with a feather through the night. Beef tea, brandy, and other restoratives ordered.

17th, 5.30. a.m.—Called to patient owing to some hemorrhage, breathing more difficult when seen but hemorrhage had ceased, tube was readjusted, the symptoms were not relieved, and she sank at 2 p.m. the same day.

On opening the trachea after death it was found to contain a good deal of mucus, with the mucous membrane reddened in patches, but no signs of membrane.

Niemeyer says in his "Practical Medicine," that croup is peculiarly a disease of childhood, and the period of greatest predisposition lies between the 2nd and 7th year, and that boys are more subject to it than girls. He says, however, that "children who have passed their seventh year may survive attacks of croupous laryngitis of the utmost intensity, but during the early years of life, croup is one of the most formidable of all diseases." Although one meets with many cases of croup every year, it is seldom met with after the 7th year, and I am inclined to believe that it is more persistent after this age and less amenable to treatment than it is in younger children. The non-success of tracheotomy in this case would not deter me from again recommending the operation, for the relief to symptoms, though temporary, is an amelioration of suffering that in itself justifies the operation.

Transactions of Societies.

ACADEMY OF MEDICINE IN IRELAND. MEDICAL SECTION.

A MEETING of the Medical Section was held on Friday evening, Dec. 14, at the College of Physicians, Dr. W. MOORE, President, in the chair.

Dr. A. N. MONTGOMERY, Secretary, read the minutes, which were signed.

SPECIMENS EXHIBITED BY CARD.

Dr. C. I. NIXON.—1. Abscess in Temporo-sphenoidal Lobe. 2. Scirrhus of the Pylorus.

Dr. J. MAGEE FINNY.—1. Gangrene of the Lung. 2. A Perfect Specimen of a Guinea-worm.

PROTEAN SKIN AFFECTION IN CHILDREN.

Dr. C. F. MOORE read a paper detailing a Protean skin affection. He stated that children are not infrequently attacked with a complication assuming a resemblance to pruritus cutaneous of Hebra, prurigo, pemphigus, and, in some severe cases, pemphigus gangrenosus, or burnt holes of older authors. The diseases which in Dublin had been complicated with the foregoing in varying degrees of severity were variocella, scabies, insects, dentition, certain forms of rash induced by inunction of irritating medicinal or domestic remedies, and rarely vaccination. The cases which had lately come under his notice were those of children whose ages varied from a few weeks to eight years. He did not think he had seen in this country a case of the disorder specially named prurigo of Hebra. Bad or unsuitable food tended strongly to the production of the dis-

order. The irritation caused by pedicule and other insects, and by clothing in a damp or uncleanly state not uncommonly produced pruritus sudinguis, a tedious affection of the skin. Unhealthy surroundings and a low condition of the child, or of its nurse, tended greatly to the production of the rather Protean form of ailment which he wished to bring under notice. The treatment of these cases resolved itself into general and local—better sanitary condition, better food for the child, removal as far as possible of the cause of irritation through cleanliness, and generally speaking, soothing applications; baths with bran, or tar, or liquor carbonis detergens, &c.; mild alteratives with suitable tonics; cod-liver oil or preparations of iron. In all cases inquiry should be made for the presence of intestinal worms, and the treatment suitable pursued. The affection which seemed allied to prurigo, pruritus, and pemphigus, occurred in eight cases that were originated apparently by variocella; in four cases where scabies existed previously; in one case in which tallow had been used as a domestic remedy by inunction; and another in which a very slight appearance of prurigo cutis existed. The latter ailment was apparently increased after vaccination. The cases that had come under his notice had occurred almost invariably in the cold spring or early winter. He did not refer to the many cases of pruritus and prurigo that he had seen in the adult and in youth. The affection noticed by Mr. Hutchinson, of London, as variocella prurigo, and regarded by Mr. Balmanno Squire rather as ecthyma or lichen urticatus, seemed to resemble cases which he had seen in Dublin, but which were of a very Protean character, and did not generally assume the serious forms described by Mr. Hutchinson or by Prof. Hebra in describing the life-long character of the prurigo met with at Vienna.

Dr. H. C. TWEDDY described the case of a boy, aged 16 years, who had come under his observation, presenting the features of true prurigo, which he had had since childhood, and which resisted all treatment.

Dr. DUFFEY said Dr. Moore had described several skin affections, but had not specified the particular one which he considered now prevalent. It was a common thing to find eczema on the soles of the feet and palms of the hands in infants.

Dr. FITZPATRICK considered Dr. Moore had combated the idea that vaccination was a cause of skin disease. He did not believe that pure vaccine matter would produce skin disease in a healthy child.

Dr. MOORE, in replying, was glad to find that Dr. Fitzpatrick's extended experience confirmed his own opinion that vaccination in itself was not a cause of skin disease.

A CASE OF PULSATING LIVER.

Dr. WALTER SMITH reported a case in which he had observed true regurgitant throbbing of the liver in connection with mitral valve disease. A soldier, æt. 35, had suffered from cough and breathlessness for three years. When admitted into hospital the legs were anæsthetic, and the lungs engorged. There was a systolic apical cardiac murmur. There was extreme dusky congestion of the face and hands, and the jugular veins, which were of immense size, pulsated visibly. The urine was albuminous. The liver extended 2½ in. below the ribs, and a distinct expansile pulsation of that organ, extending over right and left lobes, could be seen and felt. The man left hospital after a stay of some weeks. He was admitted shortly afterwards under another physician, and died suddenly. No post-mortem examination was held. Dr. Smith drew attention to the comparative rarity of hepatic pulsation as a well-marked sign, and discussed its causation and bearing upon the diagnosis of tricuspid regurgitation. It was suggested as probable that in nutmeg liver there is commonly some degree of hepatic pulsation, but in many cases this is very feeble, and therefore inappreciable to ordinary methods of examination.

Dr. WALLACE BEATTY said the patient only lived a few hours after his re-admission to hospital, and during that time the liver did not pulsate.

The PRESIDENT mentioned a similar case which had come under his notice three years ago, in which mitral stenosis with dilatation existed, together with a visible jugular pulsation, called post-systolic pulsation.

Dr. C. I. NIXON thought it would be difficult to distinguish between an eccentric pulsation of the liver due to regurgitation of blood into the hepatic veins and that general pulsation which the liver in a state of extreme congestion might receive from a pulsatile condition of the inferior vena cava.

Dr. SMITH, in reply, admitted the force of the point raised

by Dr. Nixon. Still, it remained a question why those cases were not observed in Dublin as they had been in London and Newcastle.

BRACHIAL MONOPLÉGIA WITH ANÆSTHESIA.

Dr. C. I. NIXON, having exhibited the patient, read the notes of a case of partial motor paralysis of the left arm occurring in a girl, æt. 19, who was under his care in hospital. The chief points of interest in the case were shortly these: The girl had been engaged washing clothes in very hot water in May last, when she remarked her hand and forearm becoming numb. Next day the numbness had extended up to the shoulder, and the entire arm became powerless. Shortly afterwards the numb feeling extended upwards to the left side of the neck and face, and downwards over the left half of the thorax. She was admitted into hospital. The notes of her condition were made, as follow:—*Motor function*.—Partial paralysis of left arm were more marked in movements of wrist than in those of elbow, while there was least apparent power in the shoulder. No rigidity of any kind was observed in the movements of the limb. *Sensory function*.—Complete tactile anæsthesia over left arm, left side of face, including left ear and left half of thorax. Common sensibility was affected to a very considerable degree. The patient bore on this arm the passage of a needle through the skin, the application of a heated iron, the most severe pinching, and the application of the induced current without manifesting any expression of pain. *Temperature*.—The temperature of the left arm was sensibly colder than that of the right. Its aspect was considerably altered from the normal state, being of a dusky bluish colour. There were some evidences of trophic disturbances in the occurrence on the fingers of the left hand of patches like chilblains. There was a marked ischæmic condition present over the anæsthetic parts. *Sight*.—There was no alteration in the patient's left fundus oculi. The cornea was completely anæsthetic. There was no achromatopsia. *Hearing, taste, and smell* appeared to be unaffected. In discussing the points of interest in connection with the case, Dr. Nixon dwelt upon the impossibility of connecting the lesions observed, especially the irregular distribution of the anæsthesia, with any localised central lesion; so that he was obliged to regard the case as an instance of the curious manifestation of the great neurosis hysteria. In this case, however, there were none of the usual antecedents or concomitants of the hysterical condition. The family history of the girl was very good, there being a complete absence of any trace of nervous development in the parents or in her brothers and sisters. The girl's generative system was in no way affected. She had no evidences of exalted sensibility in any part, and her disposition was the opposite of that usually observed in hysteria.

Mr. STORV corroborated Dr. Nixon's account of the girl's eyes, except that when he examined her the lachrymal secretion was the same in both eyes.

Dr. WALTER SMITH thought that the sudden disappearance of anæsthesia did away with an intercranial origin for the disease.

Dr. FINNY mentioned a fatal case of acute ascending spinal paralysis in which post-mortem examination failed to exhibit any gross lesion to account for the symptoms.

The PRESIDENT, Drs. H. KENNEDY, J. J. MURPHY, A. BENSON, and JAMES MARTIN having also joined in the discussion,

Dr. NIXON replied.

The Section then adjourned.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.

MONDAY, DECEMBER 3RD, 1883.

JOSEPH WALKER, M.D., PRESIDENT, in the Chair.

MR. J. B. SUTTON showed a remarkable case of absorption of the hard palate, &c., as the result of long continued pressure. The patient had suffered from perforation of the hard palate of syphilitic origin, and for many years before his death he had been in the habit of closing this opening with rags, increasing the size of the plug as the opening became larger, until the following state of things resulted: The anterior three-fourths of the hard palate, with the whole of the alveolar arch and teeth had entirely disappeared; the antra, nasal fossa, and mouth formed one large cavity, bounded laterally by the thin outer shell of the superior

maxilla, and above by the orbital plates of the maxilla, the superior and middle turbinate bones, and the cribriform plate; the nasal septum was almost completely gone, and the left lachrymal bone had disappeared.

Several other interesting specimens having been exhibited, the discussion on Mr. HENRY POWER'S paper on

THE RELATIONS BETWEEN DENTAL LESIONS AND DISEASES OF THE EYE,

read at the previous meeting, and which has already appeared in this journal, was resumed.

Mr. MACNAMARA spoke highly of the value of the paper, which he believed to be the most complete collection of facts bearing upon this important subject which had yet appeared in the English language. Cases were not unfrequently met with in which atrophy of the optic nerve on one side occurred without any apparent cause—there was no local inflammation, and no evidence of any central lesion. These cases were very puzzling to ophthalmic surgeons. In future he should always carefully examine the teeth. If it should be found possible to arrest these cases of amaurosis by extracting a few teeth it would be a most important discovery, and he thanked the author of the paper for calling his attention to this possible cause.

Mr. S. C. GIBBONS, of Brighton, mentioned the case of a young lady who after suffering for eighteen months from greatly impaired vision, said to be due to amaurosis, applied to him and had a number of dead and decayed teeth extracted. Improvement in the sight took place at once, and in the course of a few weeks it was almost as good as ever; one eye, however, remaining a little weak.

Mr. SMITH TURNER thought the subject of the paper concerned the ophthalmic, rather than the dental, surgeon. The latter might assist the oculist by pointing out sources of dental irritation which might escape the notice of his colleague, and would of course have the chief share in carrying out the treatment thus indicated, but as the diagnosis and treatment of diseases of the eye required special knowledge and experience, it was evident that such cases as those referred to in the paper must be dealt with mainly by the oculist.

Mr. SAVORY remarked that Mr. Power's paper called attention to a most important principle which was constantly in action in all parts of the body both in health and disease, viz., that intimate connection between different, and often distant, organs which was commonly referred to under the name of sympathy. The fact that the cause of disease might be in one part of the body and the signs of it in another was one which should be constantly kept in mind, though it was, unfortunately, constantly forgotten.

Mr. CHARLES TOMES said it had generally been thought that remote nervous disturbance was more likely to occur when the living tooth pulp was irritated. But he found that in most of Mr. Power's cases the tooth was dead, consequently the source of irritation was external to them, and must have acted directly on the trunk of the dental nerve, which lay in close proximity to the roots of the teeth, and not upon its terminal filaments. He thought this was an important point and worthy of attention.

The discussion was continued by Messrs. Hunt, S. J. Hutchinson, Storer Bennett and others, after which Mr. Power replied and the President adjourned the meeting.

Special Articles.

MEDICAL ORGANISATION IN WAR.

ON Friday last a paper was read at the Royal United Service Institution by Surgeon-Major Evatt, M.D., of the Army Department, upon the question of Army Medical Organisation in War. Surgeon-Major Longmore presided.

Surgeon-Major EVATT said that the subject had received little attention from officers, and he had failed to find a general knowledge of medical wants infused in the Service. An army existed for war, and if it failed in that duty it was a sham, and had better be cleared away. He maintained that in 1853 the system of medical service so far as war was concerned—and it was tested by war—was a sham. Twenty years later important changes were made in the system of medical treatment in

war, and a new organisation in the shape of the bearer-company was instituted. He claimed for the bearer-company that it was the very best and the most useful outcome of modern humanity in dealing with wounded men in war. As regarded field hospitals there were in 1854-5 47 regimental hospitals, fragile creations, without trained nurses, without their own quartermasters, and completely organised to break down when left behind by the advancing regiment. These 47 fair-weather yachts had been replaced by 25 field hospitals, complete units in themselves. Remarkable improvement, however, had taken place, and the medical service was striving to force upon the army a system of war organisation framed to assist the fighting soldier to achieve success. It was perfectly well known where and how our armies had broken down. They had broken down in the departments—in the Commissariat, in the Transport, and in the Medical services. This would always be the case until all inequalities in the treatment of the various classes of officers in the service were crushed out with a firm hand, and every man, from the highest to the lowest, felt that all were working for the same end.

Lord CHILMSFORD thought that all who had considered the question of military treatment in the field would agree that the position of the Medical Department was not at present sufficiently clearly defined. If one looked back in order to see who was primarily responsible for the defects, it would be found that it must be the Government. Liberal or Conservative, both parties were afraid to go to the country to ask for the requisite amount of money, so as to keep the army up to such a state of efficiency that it would be ready when war broke out. It was very unfair that the Medical Department should be required to look after the sick and wounded when it was not given the proper means of doing so, and he took it that as to the last campaign, to which allusion had been made, it was simply the fault of the country at large that it had not made sufficient provision, so as to enable the Medical and Commissariat Departments to be really placed in the proper position to perform their important and necessary duties efficiently.

A vote of thanks was passed to Major Evatt for his paper.

TUBERCULOSIS EXPERIMENTALLY AND MYCOLOGICALLY CONSIDERED.

DR. A. WEICHELBAUM, of Vienna, recently read a paper on the above subject, and as it is an important one, going as it does over the ground, step by step, traversed by Koch before he arrived at his present views, and as it also goes over the experiments of Spina, and as, moreover, so very few workers have taken the trouble to do this, we think some account of it will be acceptable to our readers.

The writer first shortly reviewed the experimental part of the subject, in the course of which he particularly described the experiments of Villemin, Waldenburg, Cohnheim, Tappeiner, and himself. From these latter it appears that the inhalation of tuberculous sputa by dogs is always followed by nodules in the lungs, bronchial glands and kidneys, and that these nodules correspond anatomically and histologically to human tubercle, and that they constantly contain tubercle bacilli, whilst after the inhalation of non-tuberculous substances either none at all, or but very few nodules are produced in the lungs, and these do not contain tubercle bacilli, and cannot be looked upon as really tubercular. Moreover, the injection of tubercular sputum into the abdominal cavity invariably sets up a disease which exactly corresponds to human peritoneal tuberculosis, whilst non-tubercular substances produce no effect. The speaker

remarked that before Koch the inoculability of tuberculosis had been experimentally proved, or at least shown to be highly probable, but that it was through this investigator that it had been first indisputably proved that tubercle was inoculable, by his discovery of a well characterised bacillus by the pure cultivation of this, and by the inoculation of it into the most varied species of animals, setting up that form of disease that usually follows the entrance into the system of tuberculous substances.

The labours that followed Koch's discovery were usually limited to the proof of the tubercle bacilli in the sputum, and to the method of colouring employed in the identification of the bacilli. Only Spina had undertaken to prove the results of Koch's investigations throughout their whole course. As Spina's have already been made public in our columns it is not necessary to recapitulate them on the present occasion.

Weichselbaum had not only repeated the experiments of Koch throughout their whole course, but also those of Spina and the conclusion he arrived at was, that those of the latter gentleman were altogether erroneous. He maintained (1st) that by employing the aniline colouring matter in the proper manner the bacilli of Koch were distinguishable from all others; that (2nd) their constant presence could be proved not only in tuberculous sputum, but also in tubercle of all organs, therefore also in those excluded from the air, as well in cases of acute as of chronic tuberculosis, whilst they were as invariably absent in non-tuberculous products and fluids. As proof of this sections of tuberculous omentum and seminal vesicles were shown which contained tubercle bacilli in great numbers.

He considered that Spina's results could only be explained on the assumption that he was not master of the art of colouring the specimens, and that his investigations were made without suitable optical aids (oil immersion and Abbé's light). In regard to Spina's cultivation and inoculation experiments, there was a great want of proportion between the numbers of Koch's and those of Spina. Moreover, he did not fulfil the most elementary conditions of a successful cultivation—he did not make use of a suitable and sterilised nutrient material; the blood serum employed by him was neither sterile nor suitable for cultivations, as progressive shrinking showed. It was on this account that in Spina's cultivations plain evidences of decomposition were manifest, and dried colonies of decomposition bacteria made their appearance.

The speaker had himself made cultivation experiments, but his results entirely coincided with those of Koch. At the commencement, and before the necessary technical skill had been obtained, failures were almost unavoidable, it was only by repeated experiments that one learned to know the sources of failure and to avoid them, and then correct results could be obtained. Samples of properly prepared blood serum, and of the serum employed by Spina, were shown and their cultivated bacilli and air germs which could fall on the serum on the opening of the eprouvette.

The speaker then showed that the changes induced in animals on the introduction of tuberculous products and cultivations into their bodies was a true tuberculosis, which could never be produced by any other substances, provided that accidental tubercular inoculation were avoided. Although nodules might be produced by the injection of fluids containing exceedingly fine particles, yet these nodules so produced were essentially different from true tubercle, from those nodules that were the result of inoculation by tuberculous substances. They did not show either the

peculiar regressive changes of true tubercle, nor growth, nor increase, they were confined to the point of inoculation, and their numbers were always in direct proportion to the number of solid particles in the fluid injected; moreover, they never contained tubercle bacilli. The speaker illustrated his points by demonstrations of guinea pigs into which the seeds of lycopodium, carmine, catarrhal sputum, bacteria from air germs cultivated in blood serum, tuberculous sputum, and tubercle bacilli obtained by cultivation had been injected. He contended, in conclusion, that there was nothing in the pathological anatomy of the disease, nor in the clinical history of it that was opposed in any way to the parasitic idea of tuberculosis.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 23, 1884.

CATHETER FEVER.

THE highly-important considerations mooted in Sir Andrew Clark's address on catheter fever continue to attract considerable attention from surgeons, who are manifestly aroused to the necessity imposed upon them to render more satisfactory explanation than any hitherto advanced, to account for the phenomena in question. Notwithstanding, however, that much earnest thought and skilled observation have been brought to bear on the issue, it still remains to be said that Sir Andrew Clark's main facts are unimpugned, although some more hasty generalisations indulged in by him have been modified as a result of further discussion. That many of the statements which have been made are not altogether supported by actual occurrences, may be at once accepted as true; and also that full advantage has not been taken of previous work done in connection

with the subject of controversy; but in return for so much of omission as has to be counted to the discussion we have obtained an amount of information that will enable future workers to relieve themselves of the labour of a good deal of preliminary investigation. In a recent number of this journal we described the views enunciated by Dr. Roberts Bartholow respecting the existence of a form of reflex paralysis excited through irritation of the intestinal canal, and denominated by him "enteric paralysis." Such methods of explanation as were adopted in that paper may with equal forcibleness be imported into the discussion on catheter fever, for in both conditions we have to deal with essentially similar causes and results. In this connection, moreover, it is interesting to recall the substance of a paper communicated in April, 1882, to the *Lancet*, by Mr. A. T. Norton, F.R.C.S., in which the pathology of so-called urethral fever is very clearly laid down, and an explanation of the obscure effects sometimes observed after it. Answering the question, "What is urethral fever?" Mr. Norton states that "it is a reflex paralysis, or, in other words, it is an exciting impression upon, or injury to, a set of peripheral nerves, which, by reflexion through a centre, may result in paralysis of the whole, or a part, of the united cerebro-spinal and sympathetic nervous system, either transient in character, or ultimately through the vaso-motor system, bringing about structural change or suppuration in organs or other tissues." It is highly instructive to note how the same idea has presented itself to other practitioners, as it has to Sir Andrew Clark, who, far from being the first to dwell upon the general principles of the subject, has, as he takes care to explain, been preceded by many observers of the phenomena he describes. Thus, Mr. Norton commences the clinical lecture to which allusion is made above with the following words, to which, in the light of recent events, an unusual amount of significance must be attached:—"Again and again have I known catheterism to be followed by a rigor and an elevation of temperature to over 103° by the following morning. . . A fever so induced would be transient in a subject otherwise healthy, but it would not be so in an unhealthy person with any organ or part already predisposed to inflammation; and more especially might unfavourable signs be expected to present themselves in that part or organ more closely allied to the injured part, such as the kidneys in their relation to the bladder and urethra." In illustration of the principle thus laid down, the author then goes on to detail the history of two cases, in one of which catheterism was followed by a temperature as high as 105°, with most grave symptoms of impending death, which, however, was at length happily averted. In another case closely resembling these, but in which perineal section had been performed, death did occur, a temperature of 106°, with rigors, having been noticed in it. *Post mortem*, only general congestion of the organs was found, without any structural lesion of the kidneys.

But whatever coincidences may be discovered in regard to observations made by different workers, it remains that the principal object now in view is to find a sufficient explanation of the facts about which little

disagreement really exists. Sir Andrew Clark is undoubtedly right in asserting that some subjects of catheterisation do die under the fever induced by the operation, simple though it is; and that no evidence of a kind gross enough to account for the catastrophe is afterwards discoverable in those organs which would be first suspected as seats of lesion. In what way, then, is the result produced?

Reflex irritation of the nervous system, leading to the most widespread alterations of function, and arising from almost trivial causes, is now a well-recognised phenomenon in medicine; and probably the importance attaching to it as influencing the progress of many obscure diseases is likely to assume yet greater proportions in the future. Returning once more to Mr. Norton's paper on urethral fever, we would make this further quotation from it: "When the irritant is in the urethra or bladder we have a variety of results, depending very much upon the extent and duration of the irritation, and also upon the diathesis of the patient. As a result of passing the catheter, we have in one case high temperature for a few hours only, or perhaps the development of a crop of herpes, with albuminuria, lasting for a fortnight or three weeks; in another case paresis or paralysis of one or more sets of nerves, or even of the whole nervous system, or perhaps complete unconsciousness, with high temperature, 106 deg., and death will take place in a few hours." One of the cases cited in the article was completely paralysed on one side after catheterism, and during the illness a large amount of albumen was passed in the urine; but recovery ultimately took place, notwithstanding the very serious nervous disturbance manifested by the symptoms observed. In those cases which terminate rapidly, and which are not to be accounted for by the presence of gross kidney lesions, it is to be assumed that a reflex vaso-motor paralysis is induced as a consequence of irritation of the urethra by a catheter; and we do not need to hesitate about accepting the truth that in certain diatheses a widespread disturbance of this description will suffice to entail disastrous results before time enough has elapsed to permit the production of recognisable structural changes in the organ first suspected—the kidney. How profoundly the state of the body may be affected by paralysis of the vaso-motor system for any length of time is very generally understood by physicians in this age, but we have yet to obtain the full and complete *rationale* of the process whereby so speedy a fatal termination is determined as sometimes occurs in cases of the class instanced by Sir Andrew Clark. Possibly such explanation will be sooner or later forthcoming; its advent will certainly be hastened by the very valuable discussion now in progress as a result of the address on catheter fever.

TRICHINOSIS.

The account of an epidemic of trichinosis in Germany, reported in the last number of the *Deutsche Medicinal Zeitung*, is of more than passing interest to readers on this side of the Channel.

The three villages attacked are situated in the neigh-

bourhood of Halberstadt, one of them (Emerleben) having a population of 760. It is stated that the people of the district have for years followed the bad custom of eating a considerable quantity of raw, chopped pork, especially the field workers, who consume the meat on bread or bread-and butter, out of doors, instead of going home to their midday meal. On the 14th and 15th of September last a considerable quantity of raw, chopped pork was as usual consumed, all of it being furnished by one butcher. The first symptoms of illness made their appearance, in some cases, on the first day, as nausea and vomiting, and on the second day in the form of diarrhoea. The first cases came under treatment on the 20th, more from the 20th to the 30th, and the last on October 15th. The last was an old woman, aged 63, who would not submit to treatment until her married daughter and grandson had died of the disease. The first symptoms then consisted of vomiting, diarrhoea, pains in the stomach and bowels, great thirst, and fever. Temperature, 38° to 41° C. In the succeeding days the vomiting ceased, but the diarrhoea continued, but not to so great an extent. From the fifth to the seventh day the diarrhoea also ceased, and then pains in the limbs came on, pain on pressure in the upper arms, thighs, and calves, and great stiffness, but the chief feature was cedema of the eyes and of the face generally. The symptoms continued the same till typhoid appearances were added to them—sleeplessness; dry, furrowed tongue, with a brown coating; delirium; and, instead of the diarrhoea, constipation in many cases. The cases were frequently complicated with pneumonia, pleurisy, meningitis, herpes zoster, aphthæ, &c. Often, after weeks of illness, the cedema of the hands, legs, breast, belly, and limbs grew worse; on the thighs and labia the skin cracked, and made lying painful. Erysipelatoid inflammation of the skin—in one case gangrenous sloughing of the prepuce—increased the sufferings of the patients. Those cases were the worst in which the tongue, larynx, and pharynx were thickly strewn with trichinæ, as in these feeding became a matter of difficulty, and the air on inspiration was very cutting. The first death took place on October the 3rd, when a man, aged 25, who had eaten the trichinised meat on September the 15th, died. The official post-mortem examination revealed numberless intestinal trichinæ, and wandering parasites were found in the diaphragm and other muscles, but not in such great quantities as later on, when the reporter found thirty in one preparation partly encapsuled and partly free. The greatest number of fatal cases occurred in the fifth and sixth week, when ten and eleven died respectively. The total number of persons affected amounted to 257, of which number 50, or about 20 per cent., were dead at the date of the report. The greatest age at which the disease proved fatal was 76, and the lowest 12. Children were rather numerously attacked—the youngest was 1½ years old—but none under the age of 12 died. Of the fatal cases, 20 were males and 30 females. The first wandering trichinæ were met with in a body on October 6th—the first encapsuled in a woman 60 years of age, who died on October 30th—in the sixth week—and in this case nu-

merous free muscular trichinæ were also found. This patient had eaten the trichinised flesh on September 15th. In the ninth week also, along with encapsuled trichinæ, free trichinæ were found. Persons who had eaten the diseased flesh roasted, cooked, or as liver and red sausage, suffered eight to fourteen days, some as long as three weeks, from stiffness of the limbs; and some, diarrhoea and swelling under the eyes, but they were not confined to bed. No medicines employed were of any avail. Those who had eaten as much as 1½ lb. of the trichinised flesh, with few exceptions, all died. Ergotin, glycerine, &c., were employed. It was mainly the symptoms that were treated. Quinine, chloral, lumps of ice for swallowing, and—as outward applications—muriatic acid, phosphoric acid, camphor, morphia, and acetic ether, were employed internally, and as injections. Three households were completely killed off; in two, four persons died in each, and three in the third. In the second village, Deesdorf, with about 650 inhabitants, a good deal of chopped pork was disposed of, and about forty persons sickened, of whom nine or ten died. The butcher took none of the meat to Nienhagen—the third village—till Sunday, September 16th, and there more than eighty persons sickened, but none died, the reason being that but little of the trichinised meat found its way to this place, as the diseased meat that was sold there was mixed with sound pork from a later killing.

The French Minister of Commerce sent a special Commission, under M. Brouardel, to report on the various phases of the epidemic, and this gentleman submitted his report to the Academy of Medicine at its sitting of December 26th. The following are the principal conclusions contained in the report:—1. The cooking of the pork secures an absolute immunity to the consumer. 2. The time that elapses between the moment at which the trichinised animal is killed and that in which the flesh is eaten has a considerable influence on the intensity of the accidents that may follow its consumption. The longer this interval is, the more the accidents lose in point of gravity. Of those individuals in Emerleben who ate of the raw chopped meat the day after the slaughter of the animal, 33 per cent. died; whilst of those who ate of it six days afterwards none died. 3. The examination of the pork for trichinæ—easy when the animal is not yet cut up, and when the examination is made by competent inspectors (microscopists)—is tedious, difficult, and may be unfruitful as soon as the possibility is not given them of seeking the trichinæ in their favourite sites; it is useless when the consumers, in addition to the examination, do not secure absolute immunity by cooking the meat. 4. The study of this epidemic has convinced the Commission that no such severe cases of trichinosis have up to the present been seen in France.

Upon making inquiry as to whether human trichinosis had ever been traced in Germany to the consumption of American pork, the Commission were assured by Drs. Virchow and Hertwig that, notwithstanding the German custom of eating the American pork raw, no case of human trichinosis could be traced to it.

It will thus be observed that in no case did the disease

prove fatal in which the flesh had been first cooked, and the epidemic was entirely brought about by the disgusting habit so prevalent in many parts of Germany of eating raw pork. We have never heard that such a practice attains in this country, and therefore we do not run the same risk of an epidemic of this nature. But the habit of eating uncooked ham is exceedingly common, and the public must be cautioned that the process of curing this delicacy, whether by smoking or drying, in no sense serves the purpose of cooking, nor is it sufficient for the destruction of these dangerous parasites when embedded in its fibres.

HOSPITAL ACCOMMODATION FOR NORTH LONDON.

AN important and influential meeting was held on Saturday last, at the Athenæum, Highbury New Park, in furtherance of a scheme to provide the North of London with some sufficient hospital accommodation. The chair was taken by the Duke of Westminster, who, after dwelling on the necessity of the movement for providing the eight or nine hundred thousand inhabitants of North London with an hospital situate in the neighbourhood, pointed out that an amalgamation had been arranged between the Committee of the new scheme and the Committee of the Great Northern Hospital, in consequence of which about £4,000 already subscribed by the work of collecting, and for subsequent support of the public became available. Rightly enough, the noble Chairman insisted that this was but a small part of the necessary amount to be raised, but he advocated pressing on with institution to trust to chance. He recommended the meeting first of all to beg or buy the site and then build their hospital, and having been somewhat reckless in that respect they might leave the maintenance to take care of itself, with this reservation, that payment should, in certain cases, be demanded from the patients who were able to pay something towards the great advantages they would receive from the hospital. It was not for a moment intended that the hospital should not be a free one in many respects, but he considered the principle a good one that those who could afford it should pay something, if not the whole, for that which they received.

Such a suggestion at the present time, coming from such a source, is hardly calculated to carry encouragement to the minds of those who are familiar with the sore straits to which all of the great hospitals depending on public charity have lately been put, nor is it at all more comforting to know that Lord Salisbury, who followed the Duke of Westminster, practically endorsed the appeal made by the latter, and stimulated popular confidence in hospitals at the expense of private practitioners. A number of other gentlemen addressed the meeting, the general strain indulged being that entered on by the chairman's introduction, and eventually the following resolutions were unanimously adopted:—

"That this meeting, fully recognising the want of additional hospital accommodation in North London, warmly approves the arranged amalgamation of the Great Northern Hospital and the Central Hospital for North London, as being the best means of providing for that necessity."

"That in accordance with the said arrangement, the

following shall be the constitution of the new united hospital:—I. The name of the hospital shall be 'The Great Northern Central Hospital.' The hospital shall be a general and free hospital, with pay wards or a pay wing. II. The governing body shall consist of a president, vice-presidents, a general council, composed of (1) the existing life governors of the two hospitals, (2) life members, being donors of thirty guineas and upwards, (3) members annually subscribing three guineas and upwards, (4) members representative of congregations, corporations, companies, firms, and workshops, with similar qualifications."

A further proposal was adopted to open subscription lists in furtherance of the objects of these resolutions, and to obtain a building fund, and as a result of the whole affair we may probably expect to see the desired hospital added sooner or later to the list of impecunious charities appealing to public sympathy for relief from the pressure of an empty purse. That the outcome is satisfactory can hardly be said. Doubtless the poor of North London are placed under disadvantages in sickness; but it is questionable if they do not obtain all the aid absolutely necessary to them through existing hospitals; and at this stage of the new movement, though approving the general principle of its promoters, we do not feel able to speak enthusiastically about it.

Notes on Current Topics.

Housing the Poor.

WHATEVER may ultimately result from the very general interest excited in the condition of indigent poor of large towns by the numerous articles and speeches on the subject which have appeared within the last few months, one thing, at any rate, has been made clear, namely, that the powers already conferred by Acts of Parliament for the purpose of improving poor neighbourhoods have been very inadequately put in force hitherto. On this point, an article in the current *Westminster Review* deserves especial attention, and may be the means of awakening action in many quarters where action is sorely called for. The writer of this article shows that there are in existence several Acts containing clauses which are expressly drawn to enable ordinary ratepayers to make such representations respecting the unfitness of tenement houses for dwelling purposes as shall result in their owners being compelled to put them in repair; or failing this they shall be either restored at the public expense and the amount recovered by compulsory sale or otherwise, or purchased by the local authority. The practical conclusion arrived at in the paper is that improvement in the dwellings of the poor should be secured without the assumption by the State of a landlord's functions; and that private philanthropy should be so organised and directed, as has been so ably done by Miss Octavia Hill, as to obtain a fair percentage in the shape of interest on the outlay entered on with a view to remodelling rookeries. Only by one or other of these agencies can the present state of misery be overcome, with all the attendant evils of insanitation, sickness, destitution, and death.

Hystero-Epilepsy complicating Pregnancy.

DR. W. H. SHIPPS recently communicated to the Obstetrical Society of Philadelphia a most interesting narrative of a case of pregnancy complicated by daily attacks of an epileptiform character, and an account of which appears in the *Obstetric Gazette* for December, 1883. When first seen the woman was three months advanced in gestation, and was violently struggling, examination showing perfect unconsciousness, wide open eyes and dilated pupils, frothing at the mouth, which was tightly closed, and a full, bounding pulse. She was eighteen years old, and prior to this seizure had undergone one or two similar attacks, though of less severity. One-third of a grain of morphia injected hypodermically controlled the fit, a state of stupor supervening, followed in three or four hours by total recovery of all powers. For the next two hundred days, at least one paroxysm *per diem* was noted; sometimes the epileptic fit would ensue without warning, at others it would be preceded by distinct hysteria; but in every case, Dr. Shipps observes, the imprint of the dual disease, hystero-epilepsy, could be discerned. The patient, in the inter-paroxysmal periods, enjoyed good health. On September 23rd a more than usually grave attack occurred, and unconsciousness was maintained for many hours, notwithstanding efforts made to combat the condition, and the next day labour commenced at 7 a.m., a healthy female child being delivered at 3.45 p.m. Throughout labour, however, constant vigilance was needed to prevent the woman from falling into one of her accustomed attacks, and subsequently her whole force of will was required to prevent their recurrence; but no repetition afterwards took place, and both mother and child did well. During the entire period the patient was under observation large doses of bromides and other nervines were prescribed unavailingly, save to influence the possible severity and number of the paroxysms, which Dr. Shipps attributed to reflex action exerted by the fœtus *in utero* on the maternal brain and spinal cord. On the question whether premature labour should be induced in the rare class of cases exemplified by his patient, he expresses the opinion that such a course, on theoretical grounds, ought to be followed, and that should he be called on to treat another such, he would procure abortion, in the expectation of most gratifying results. The case is a very interesting one, and may well deserve careful consideration.

OWING to a continuance of the mild spring-like weather the mortality throughout the United Kingdom presents a very favourable record. In the large towns last week the deaths corresponded to an annual rate of 21.0 per 1,000 of their aggregate population. The death-rates in the several towns were:—Portsmouth, Leicester 13; Bristol, Derby, Wolverhampton, Plymouth 17; Edinburgh, Preston, Huddersfield 18; London, Hull 19; Birmingham, Blackburn, Sunderland 20; Nottingham, Birkenhead, Bradford 21; Brighton, Salford, Halifax, Newcastle-on-Tyne 22; Liverpool 23; Cardiff, Bolton 24; Glasgow, Sheffield 25; Dublin, Oldham 27; Manchester, Leeds, Norwich 28.

An Ovarian Tumour Tapped Seventy-seven Times.

In the *Nashville Journal Med. and Surg.*, August, 1883, a case is reported by Dr. Jasper Goodson, of a woman, *set.* fifty-six, a widow, and mother of five grown children, having been subjected to tapping seventy-seven times for ovarian dropsy, at intervals of from fourteen to twenty days. Four gallons of fluid has been the smallest quantity of fluid drawn off, and altogether as many as four hundred and ninety-seven and a quarter gallons were evacuated. Her general health and appetite are excellent; she suffers only from the immense size the tumour attains to before relieved by tapping. She has declined to submit to ovariectomy. The case is interesting, showing the great tolerance of such interference on the surgeon's part, and for the good state of health the patient enjoys, in spite of the great drain on the system.

Our own experience is, that tapping with a No. 3 trocar for any collection of fluid, is a very harmless measure if properly done. In one case we tapped a woman, with a No. 3 trocar, twenty times without producing a bad symptom. She then passed into a hospital, where theappings were repeated, and the woman made an excellent recovery.

Many other instances of repeatedappings have come under our notice, in which marked benefit in some and recovery in others, have evidently attended upon this operation frequently repeated. Connected with this subject of tapping may be noticed, the great and decided benefit that attends free puncture of the legs in anasarcaous dropsy. Twenty to thirty punctures in each leg, drainage being promoted by warm fomentations. This measure frequently turns the balance, and enables diuretics and purgatives to take full effect.

Rainbows.

As announced in our last issue, Prof. Tyndall delivered a lecture on Rainbows, which will be long remembered by all who were privileged to listen to it. That the learned doctor is one of the most original thinkers and experimenters of the age no one will deny, and his last Friday's discourse at the Royal Institution will, we think, be conceded as one of the most interesting with which he has favoured the scientific world. He commenced by treating his subject historically and experimentally. Rapidly sketching the researches, among others, of Descartes, Newton, and Thomas Young, he showed how we have arrived at our present exact knowledge of the primary and secondary rainbows, explaining the refraction of the rays of light from drops of rain, and illustrating his observations by means of diagrams. The experiment which gave such unbounded pleasure to his audience was undoubtedly the shower of filtered water which was caused to fall in the darkness through a very fine "rose," and upon it was thrown a beam from an electric light. Clad in oilskin, Prof. Tyndall entered the shower, and, with his back to the lantern from which the light was projected, he peered through the falling particles of water, and stated that there was visible a perfectly-formed primary bow and secondary bow, with "supernumerary" bows. Puffs of steam from a boiler, with the light similarly thrown upon them, disclosed a bow; and next a shower of spray from

an appliance such as is used in the House of Commons to render the atmosphere humid was caused to descend through the beam, with the result of showing a white bow—rarely seen in Nature. The lecturer, when on his rambles, saw one last Christmas, having previously noted, after a fog, that the air was full of white specks. It was a perfect white bow, and he accounted for its hue by the specks being too small to give off prismatic hues. This theory he demonstrated by the experiments described—the shower from the fine "rose" discovering prismatic hues, and the spray, which descended as a mist, so fine were its particles, forming the white bow. In order to confirm these experiments, if such were wanted, the lecturer requested one of the audience to don the oilskin, and he was rewarded for his trouble by seeing all that had been so eloquently described.

Epidemic Croupous Pneumonia.

DR. BADMANOW, of St. Petersburg, reports having observed 134 cases of pneumonia in a Russian infantry regiment, 1,200 strong, within a very limited period during the past year. Thirty-one of these occurred in 1882, and the remainder in 1883, the whole number—103—being met with in the first five months of the year—viz.: 2 in January, 25 in February, 39 in March, 26 in April, and 11 in May. The men were occupying damp and not sufficiently roomy barracks. From the time the quarters were changed, no more cases occurred. The recruits were as much affected as the seasoned soldiers. The mortality amounted to 12.6 per cent. During the same period—January to May, 1883—22 cases of erysipelas also occurred.

Dr. Rogers and the Local Government Board.

OUR readers will remember that a few weeks since we announced that Dr. Joseph Rogers had been restored to his position as medical officer of the Westminster Union, at the same time animadverting upon the tone in which that withdrawal of suspension had been couched by the Local Government Board. Last Wednesday the Council of the Poor-law Medical Officers' Association held a meeting to discuss the subject, at the close of which the following resolution was unanimously adopted:—

"That this Council cordially congratulates its Chairman, Dr. Rogers, on the removal of his suspension as surgeon to the Westminster Workhouse; but at the same time desires to record its disapproval of the tone of the communication received from the Local Government Board containing the said order, as facts do not appear to this Council to justify the strictures passed upon that gentleman. The Council further desires to express its opinion that the action of the department in writing such a letter is calculated to seriously imperil the necessary independent action of Poor-law medical officers throughout the country in the performance of their duty." It was also resolved that a copy of the above resolution should be sent to the medical journals.

THE appointment of a Professor of Pathology in the University of Cambridge will be made next May. The salary, it is stated, will be £800 a year, and the Professor will not be allowed to engage in private practice.

Medical Licensing in Germany.

DURING the year 1882-83, the number of medical diplomas conferred in the German Empire was 692, against 669 in 1881-82. In the same period 95 veterinary practitioners received diplomas, compared with 121 in 1881-82; and 22 dental diplomas were conferred, against 25 in 1881-82. There were also 315 apothecaries admitted, but the number of these has steadily declined since 1878, when it was 371.

The Pulse after Hanging.

In the Journal of the American Medical Association of December 8th appears a letter from Dr. Blankenship detailing observations upon the pulse of a criminal during and after execution by hanging. After the rope was adjusted the pulse-rate was 121; immediately after the drop it fell to 54, 52, 39, 20, and to 0 in the fifth minute; but the sixth minute it rose to 70, then 73; eighth minute, 0; ninth, 34; after this no pulse was perceptible. The death was from strangulation, the neck not being dislocated. It is stated that the heart beat two or three times between the ninth and nineteenth minutes, and once during the nineteenth minute.

Cremation in Paris.

At Paris permission has been given by the Prefect of Police, on the recommendation of Dr. Brouardel, to cremate the remains of hospital subjects, provided a satisfactory apparatus be constructed in one of the Paris cemeteries. A society for the propagation of cremation is in existence in Paris, the president being M. Koechlin-Schwartz, the mayor of one of the arrondissements.

Professorial Appointments in Berlin.

THE German Cultusminister has again acted in professorial matters without first seeking the advice of the Medical Faculty of the Berlin University in naming as Professors Drs. Sonnenburg and Gluck. The former gentleman has been appointed Professor Extraordinary of the Berlin University, but the latter has not been nominated to any professorial office. Sonnenburg was formerly clinical assistant to Lücke, in Strasburg, and afterwards was appointed to the same office under Langenbeck, and undertook the conduct of the surgical policlinic, in which office he has been succeeded by Gluck.

The Dublin Medical Students' Club.

In submitting their first annual report, the committee state that the affairs of the club are in a prosperous and satisfactory condition. This club was established last year under the auspices of the heads of the profession in this city, as a place of recreation for medical students, and one in which pupils of all the Dublin schools could meet and enjoy the benefits of mutual intercourse; and the club appears to have fully attained these objects, as far as the resources at its disposal permitted. As the number of members who were at first enrolled did not warrant any very great outlay, the committee were obliged to make every step with the greatest caution, and the present temporary premises were taken, which they are glad to say are now inade-

quate for the greatly increased requirements of the club. The reading room has been kept supplied with the chief daily and weekly journals, professional and otherwise. The committee desire to direct particular attention to the brilliant success of the members of this club at the various examinations held during the year, by which it will be seen that by far the largest proportion of prizes fell to the members. The number of members during the year was 143. The treasurer's statement of accounts was presented showing a balance of £17 13s. 5½d. remaining due to the treasurer. This was principally incurred on account of furniture, and will soon be cleared off by the incoming subscriptions and profits of the club. This being the only debt, when the amount of valuable furniture acquired by the club is considered, the committee are of opinion that the monetary stability of the club is sound and satisfactory. The committee beg to state that the present rooms are entirely insufficient for the increased requirements of the club, and strongly recommend that more extensive premises be taken, if possible, more in the track of the students.

An Example for Imitation.

A MOST praiseworthy and useful decision has been arrived at by the Board of Trade of Philadelphia Druggists, to the effect that after Jan. 1st, 1884, they will refuse to keep or deal in those proprietary medicines which are sold indiscriminately to individuals engaged in other kinds of business than dealing in drugs. Should this determination be generally followed in American cities, it must sooner or later materially influence the public craving for imaginary "heal alls," since a principal part of the favour such nostrums enjoy among their illiterate and uneducated purchasers is due to the fact that they can be bought from druggists, and are thereby ostensibly stamped with some sort of expert approval. In this country, Professor Atfield notwithstanding, the spirit of trade is too strongly pronounced among chemists to admit the hope to be cherished that they will forego the important percentages reaped from the sale of worthless proprietary articles. Could they, however, but once be brought to appreciate the benefits that would follow to the community from such a sacrifice on their part, they would certainly and speedily be more than rewarded by the improved status they would obtain, as well as by the additional *bond fide* business they would enjoy in the dispensing of actual remedial agents in place of the stamp-protected rubbish now so large a part of their stock-in-trade. If "patent" medicines were to be procured only from the corn chandler, draper, and small ware dealer, 90 per cent of those who now resort to them would lose faith in their efficacy; for though they will not choose to admit it, druggists must necessarily be conscious of the fact that they encourage the employment of secret remedies by consenting to distribute them. Is the Pharmaceutical Society strong enough and courageous enough to follow in the path opened up by their brethren in Philadelphia?

It is reported that Dr. Oliver Wendell Holmes will shortly come to England on a lecturing tour.

MR. R. CLEMENT LUCAS, F.R.C.S., of Gay's Hospital, has been elected a Corresponding Member of the Société de Chirurgie of Paris.

DR. J. MARION SIMS is said to have left ready for publication a story of Revolutionary times, entitled "Lydia McKay and Colonel Tarleton."

MM. J. CHAMBRELENT and A. Moussons ("Comptes Rendus") have proved the presence of morbid bacteria in the milk of animals attacked by splenic fever.

THE quack doctor and herbalist, Wallis, to whom we recently referred, was on Saturday last committed for trial on the charge of manslaughter for having administered to Matilda Sainsbury, wife of a carman, lobelia, which, according to the medical evidence, caused her death.

IN the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follow:—Calcutta 30, Bombay 26, Madras 38, Paris 23, Geneva 23, Brussels 28, Copenhagen 22, Stockholm 22, Christiania 26, St. Petersburg 32, Berlin 22, Hamburg 22, Dresden 22, Breslau 33, Munich 25, Prague 32, Buda-Pesth 26, Trieste 35, Turin 31, Venice 25, Lisbon 38, Philadelphia 21, and Baltimore 21. Returns were not received last week from nine of the usual large cities.

UNDER the heading of "A Wish Fulfilled," a contemporary states that—"A few days since, a private in the Hampshire Regiment at Gosport called upon the Almighty to strike him blind. A little while afterwards he felt drowsy, and threw himself on a bed. On trying to open his eyes he could not do so, and he is now under treatment in the Haslar Military Hospital, not having recovered his sight!"

HIS Majesty the King of the Belgians is said to be suffering so severely from swollen feet caused by chilblains, that court festivities have been postponed. By this time probably thousands of quack nostrums have been poured into the palace by enterprising proprietors, and a larger number still of offers to cure, by that large number of amateur doctors who have always had the very same complaint that everybody else has, and know how to bring it to a sudden and miraculous cure. Poor Royalty!

THE highest annual death-rates in the large towns last week from diseases of the zymotic class were—From measles, 2.1 both in Salford and Oldham; and 2.0 in Nottingham; from scarlet fever, 4.0 in Leeds, 2.1 in Sheffield, and 1.5 in Manchester; from whooping-cough, 1.3 in Nottingham, and 1.1 in Manchester; and from "fever," 1.1 in Cardiff. The 40 deaths from diphtheria included 15 in London, 6 in Leeds, 6 in Glasgow, 3 in Liverpool, 2 in Huddersfield, and 2 in Hull. Small-pox caused 7 deaths in Birmingham, 2 in London, 2 in Sunderland, and 1 in Liverpool.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

WOODILIE ASYLUM ENTERTAINMENTS.—The first of three entertainments given to the inmates of the Woodilee Lunatic Asylum, at Lenzie, during the winter months, took place on the 18th inst. To these entertainments a number of visitors are invited, and they engage along with the patients in the night's amusements. Four-fifths of the inmates of the institution—250—were present in the recreation hall on Friday night, as well as about 200 visitors. Mr. Bryce Martin, Chairman of the Asylum Committee of the Barony Board, occupied the chair, and the medical staff and others interested in the welfare of the insane were well represented. In opening the proceedings, the Chairman referred to these entertainments as being an approved means of curative recreation for the insane. Dancing was then begun, and almost everyone present took part in it before the programme was finished. Visitors and inmates alike seemed to enjoy themselves thoroughly.

GLASGOW CONVALESCENT HOME, LENZIE.—The nineteenth general meeting of the subscribers to this institution was held on the 15th inst. The Secretary read the annual report. This stated that during the year 1,450 patients had been admitted, against 1,453 in 1882. The total expenditure had been £2,077 19s. 2d., while in the former year it had been £2,085 2s. 3d. The average stay of each patient in the house had been 18½ days. Taking into account the whole cost of the establishment, the expense per patient had been £1 8s. 8d., or 1s. 6½d. per day. There had been a considerable falling off in the amount of general subscriptions, the figures being £978 19s. 6d., against £1,061 8s. in 1882, and £1,197 4s. in 1881. It was trusted that the subscriptions from the general public would be materially increased during the ensuing year. There was, however, a very gratifying increase in the subscriptions from *employés* in public works, from churches, schools, &c. The amount was no less than £332 6s. 11d. Last year it was £243 10s. 2d., and £229 19s. 6d. the year before. The Medical Officer (Dr. Whitelaw) read his report, which stated that of the 1,450 patients admitted during the year, 584 had come from the Glasgow Royal Infirmary, 279 from the Western Infirmary, and 587 from the general public.

EDINBURGH EYE INFIRMARY.—The annual general meeting of the contributors to the Edinburgh Eye Infirmary was held on the 18th inst., Mr. John Cowan, of Breslack, one of the managers, in the chair. The annual report stated that since the re-opening of the charity thirty-four years ago, 28,437 individuals had applied for advice, and of these 410 had been accommodated in the house for longer or shorter periods. During last year the applicants were 1,153, of whom there were five treated in the house. Since July, 1875, 3,538 persons had been treated for affections of the ear, of whom 702 had been seen during the past twelve months. Since the throat department had been added in November last, the number of cases of that nature treated had been steadily increasing. The finances of the institution were in a satisfactory state, and it was proposed that the institution should henceforth be called "The Eye, Ear, and Throat Infirmary of Edinburgh." Reference was also made to the loss the institution had sustained by the death of Mr. Benjamin Bell, F.R.C.S., who had been connected with it from its foundation, and a graceful reference was made to his memory and to the services of the present medical staff by the chairman. The medical officers were then re-appointed for the current year, and the meeting terminated with a vote of thanks to the chairman.

EDINBURGH SANITARY PROTECTION ASSOCIATION.—The seventh annual public meeting in connection with the Sanitary Protection Association of Edinburgh was held on the 18th inst. in the Saloon of the Royal Hotel, Edinburgh. Professor Douglas MacLagan, President of the Association, occupied the chair. The report of the Council and the balance of funds in hand were of an eminently satisfactory nature, and spoke to the excellence of its work, and the amount of good already accomplished. The chief difficulty was to get the public to understand the importance of sanitary inspection, and such an association as this was a means of diffusing the necessary information. Statistics showing how much could be done by means of inspection, what amount of work could be overtaken by each inspector, and such like, was being collected, which would in due time be laid before the President of the Local Government Board, and would prove a most important factor in impending legislation.

HEALTH OF EDINBURGH.—For the week ending with Saturday, the 12th inst., the mortality in Edinburgh was 85, and the death-rate 18 per 1,000. There were 17 deaths under one year, and 24 above 60, of which 5 were above 80 years. Diseases of the chest accounted for 35 deaths, and zymotic causes for 14, of which 2 were due to fever, 1 to diphtheria, 3 to scarlatina, and 6 to measles, the intimations of these diseases for the week being 3, 6, 48, and 212 respectively.

OUTBREAK OF TYPHOID FEVER IN ABERDEEN.—A serious outbreak of typhoid fever has occurred in the West End of Aberdeen. The first accurately-ascertained case happened on the 20th December, in a household of six, and within four days all the members of the household, with one exception, were affected. Since then nine separate families have been attacked, 16 persons in all suffering from the disease. On the 5th January two of those affected died, one being a servant girl, aged 21, resident in the household where the fever first broke out, and the other a man of 60 years of age, who succumbed to the disease after a few days' illness. It is believed that the outbreak was caused by impure milk.

POOR-LAW MEDICAL OFFICERS' SUPERANNUATION.

We learn that the Council of the Poor-law Medical Officers' Association waited on the Council of the British Medical Association on the 16th inst., for the purpose of urging assistance in their effort for legislation. The deputation proposed to make an amendment of the provisions of the Medical Officers' Superannuation Act (England), whereby it should be rendered compulsory on Boards of Guardians to grant the same in all suitable cases. The Chairman of the Council promised that the subject should be duly considered at their meeting in April, and the deputation withdrew.

THE MEDICAL BILL.

In anticipation of the introduction of this Bill—which we have authority for stating will be introduced in the early part of next Parliamentary Session—the Irish Colleges of Physicians and Surgeons have, we understand, come to a standing to confer upon its probable provisions, and possibly upon a concerted line of action, for the mutual protection of their interests. A conjoint committee has been appointed, which will meet this week, and we earnestly trust that the subject will be approached in a reasonable and conciliatory spirit, and with the conviction, which everyone who knows the feeling of Parliament must entertain, that legislation on the lines of the Bill of last session is absolutely inevitable, and that a policy of obstruction to its leading principles is entirely hopeless. The Irish Colleges are per-

fectly right to protect their own integrity within the limits of what is just and consistent with public policy, and we are quite confident that Lord Carlingford will be always willing to listen to reasonable representations; but if the contemptible course of neck-or-nothing obstruction to reform be adopted, we hope that Government will deal with the impracticables with vigour and determination, for they will deserve no other treatment.

Literary Notes and Gossip.

We are asked by Dr. Orange, President of the Medico-Psychological Association, to announce that the Association Prize Dissertations for the present year must be sent to him at Broadmoor, near Wokingham, on or before the 30th June.

A MEDICO-LEGAL journal is one of the new ventures in American journalism. It is published under the auspices of the Medico-Legal Society of New York City, an organisation composed of members of the legal and medical professions.

A NEW monthly has been started with the year by Dr. W. S. Wells, formerly Editor of the *American Quarterly Epitome of Medicine and Surgery*, under the title of *The Analectic*. The annual subscription will be two and a-half dollars, and the publishers Messrs. G. P. Putnam's Sons, of New York.

We understand that Dr. Lauder Brunton, F.R.S., is engaged upon a revised edition of Murchison's classical work on "Diseases of the Liver," for Messrs. Longmans. This same firm will, in future, publish Mr. Proctor's "Knowledge" Library of Science, instead of Messrs. Wyman and Sons.

DR. RICHARDSON, F.R.S., is engaged on a new work, —the first number reached us as we were going to press— "The Asclepiad," which he intends issuing in quarterly instalments at 2s. 6d. It will be devoted exclusively to original research and observation in the science and literature of medicine.

ONE of the most remarkable successes attained by any modern medical book is that of Dr. Fothergill's "Physiological Factor in Diagnosis." It was issued in October last, and the publishers (Messrs. Baillière, Tindall, and Cox) inform us that in less than two months an edition of 1,000 copies was disposed of.

We have received from the publisher, H. Kimpton, of 82 High Holborn, the first issue of a new book of reference, entitled *The Medical Annual and Practitioner's Index*. This work will be found a very useful addition to the study table, containing as it does a vast amount of valuable information of the kind frequently desired by medical men. It is concise, and handy in form, and deserves to obtain a remunerative success.

"BRAITHWAITE'S RETROSPECT" is now published with cut edges, an improvement which will be very generally appreciated by its many readers. This work has completed forty-four years of existence, the volume for the half-year just passed being No. lxxxviii, and it is right to add that in usefulness and completeness it well maintains its reputation as a concise and comprehensive retrospect of medicine and surgery.

A MEMOIR of the late Dr. Heaton, of Leeds, has lately been edited by Mr. Wemyss Reid (Longmans). It is the record of a man full of enthusiasm for his profession, who was foremost in promoting every kind of progress in the locality where he passed a life of great usefulness. The memoir will be found very interesting to those who had no personal acquaintance with Dr. Heaton, while to those who knew him well it will naturally have additional attractions. We highly approve of the issue of this work, and would gladly see more frequent additions to the biographical literature of the profession. Many medical heroes are well worthy of commemoration, and the lessons of their lives more ennobling than those of the "men who delight in war."

THE new volume of the Clinical Society's "Transactions" contains the papers read during the sixteenth year of its existence, and is full of interest and instruction. A new feature, introduced for the first time in this volume, is an appendix containing brief descriptions of the living specimens exhibited at the various meetings of the Society; the departure is a good one, and renders the volume additionally serviceable for reference.

AFTER an up-hill existence for five years, the publisher of the *Index Medicus* announces a heavy loss. It cannot, therefore, go on in future unless the medical societies or the Government of the United States come forward with some subsidy, as the cost of production is too great and the circulation necessarily too limited for it to pay expenses by voluntary effort. We hope something will be done to save so valuable a publication from the grave.

THE lectures delivered by Mr. Jonathan Hutchinson two years ago at the Royal College of Surgeons, on "Temperament and Idiosyncrasy," have just been published in a collected form under the title "The Pedigree of Disease." In a prefatory note, Mr. Hutchinson explains that the present issue is a reprint of the lectures as they appeared "in one of the medical journals." For the information of those who may wish to know the fact, we may add that the name of the journal referred to is the *Medical Press and Circular*.

MESSRS. CHURCHILL'S forthcoming announcements include a fourth edition of Bryant's Surgery; a fifth of Holden's Dissections; a third of Nettleship's Diseases of the Eye; a third of Roberts' Midwifery; and a third edition of Heath's Injuries and Diseases of the Jaws. The same house also announce the following new works as in the press:—Diseases of Children, by Dr. Goodhart; Physiology for Junior Students, by Dr. Gerald Yeo; Refraction of the Eye, by Mr. Hartridge; and Vol. II. of Mackenzie's Diseases of the Throat and Nose.

GREAT BRITAIN can boast of the largest and most complete library in the world. France comes next with the Bibliothèque Nationale which, according to the annual inventory just completed, contains two million five hundred thousand volumes. In the Cabinet of Manuscripts are ninety-two thousand volumes. The Print Collection numbers upwards of two million examples, kept in fourteen thousand five hundred volumes and four thousand portfolios. A special gallery is reserved for the most costly books, which number some eighty thousand.

A CONSPICUOUS feature in the rapid progress of Australia is the extraordinary growth and spread of journalism. One of the first things that follow the settlement of population in the interior is a newspaper, which in due course attracts rivals, so that every interest and every shade of opinion are soon ably represented. Sydney has four daily papers, twenty published once a week, and several monthly. A Medical Gazette, and a University Magazine, recently started, have for their special object the cultivation and furtherance of the higher branches of scientific knowledge and literary taste.

THE *Therapeutic Gazette* last year commenced a collective investigation into the subject of diphtheria, which met with considerable success, a large number of subscribers having responded to the Editor's queries. These have now appeared in a separate volume. As more than 100 medical men contributed to the work, it is not surprising that great differences of opinion appear in it. The Editor, Dr. Mulheron, concludes with a summary, in which he endeavours to discover some harmonising element. To some extent he is successful, and the whole investigation confers credit on the *Therapeutic Gazette*, which is otherwise ably conducted, and like the volume before us, published by Dr. George S. Davis, at Detroit.

SIR JOSEPH LISTER will no doubt feel as much amused as we have been with the brilliant criticism the *Louisville Medical News* passed on his recent elevation to a baronetcy. This light of American science thus comments on the occasion: "Mr. Lister, it is said, has been offered, and has accepted, a baronetcy. So much for a successful theory. Baron de Germs should be the title of the baronetcy. Listerism is no more proved to be true than is Darwinism;

and before the century ends Listerism will be discarded and wondered at." Such utter ignorance is, truly, not often exhibited by medical journals, nor is it common to meet with so willing an expression of it on the part of writers who assume the responsibility of uttering opinions. Amiable as the weakness is, however, it might, in this instance, have been controlled with more advantage than is likely to follow from its indulgence.

THE second edition of Mr. Bernard Proctor's Lectures on Medical Pharmacy will be welcomed by a considerable number of medical men and students as well as by those who limit their work to pharmacy. There are improvements and some additions, and the work is now much more easy of reference. The table of solubilities, though rather crude from a chemical point of view, as the author admits, will be found very useful to prescribers, who are often glad to know that a dose they wish to give will be soluble in a certain amount of liquid, but do not care to have a calculation to make, or even to be referred to a theoretical accessory involving decimal points.

THE facsimile prescriptions in the foregoing work will be useful to young dispensers, and Mr. Proctor's observations upon them are sound. We confess, however, they deserve severe handling. There is no excuse for a physician risking his patient's life by illegible handwriting or by folding his prescription before it is dry and thereby having the figures transformed. Yet this carelessness and haste are of constant occurrence and many prescribers are indebted to the dispensers for the safety of more than one patient. We certainly think that pharmacists have a right to complain and patients would not, if they knew the danger, suffer prescribers thus to play with their lives.

DR. EVRICH E. SATTLER has published a History of Tuberculosis (Cincinnati: Robert Clark and Co.), which cannot fail to prove interesting in spite of its brevity, for it extends from the time of Sylvius to the present day. It contains seven chapters, the first five of which are a condensed, free translation of Spina's "Studien über Tuberculose," which has lately appeared. The views of this able opponent of Koch have already been stated in our columns. In the sixth and seventh chapters, Dr. Sattler gives an account of the investigations of Koch and subsequent experimenters, including Spina's latest labours. The book is a full review of the most important essays on the subject.

MESSRS. CASSELL, PETTER, & GALPIN have this week commenced a re-issue, in monthly parts, of their well-known "Encyclopædic Dictionary," in which, among other novelties, obsolete words are re-introduced with their original spellings and significations, so as to afford readers of old English literature a key to their etymology and the process by which modern substitutes and meanings have come about. The size of the work is quarto, and the first number to hand is an excellent specimen of typography. Assuming future parts to be equal, the completed work will form the most perfect and exhaustive dictionary of modern times, although in monthly parts of sixty-four pages, it will be years in progress.

THE fourth volume of the International Encyclopedia of Surgery, just issued, is another instance, if such were wanting, of the utter impossibility of bringing out a work, wherein a number of authors are engaged, at a definite time. Three years ago this work was announced for publication in six volumes quarterly. Twice that time has elapsed, and Volume IV has but just put in an appearance. We sympathise with the publishers and subscribers alike under the circumstances, and hope that succeeding volumes will come out more promptly. The contributors to this volume are—Drs. Ashurst, jun., G. E. Fenwick, Lidell, and Packard; and Messrs. Barwell, Butlin, and Treves.

NEW BOOKS AND NEW EDITIONS.—The following have been received for review since the publication of our last list, December 5th:—A Manual of Psychological Medicine, by E. C. Mann, M.D. Transactions of the Clinical Society of London, Vol. XVI. Transactions of the Pathological Society of London, Vol. XXXIV. Annals of Cholera, by John Macpherson, M.D. The Evolution of Morbid Germs, by K. W. Millican, B.A. Cantab. Intestinal Obstruction and Abdominal Hernia, by H. O. Thomas, M.R.C.S., and

Rushton Parker, F.R.C.S. Clinical Lectures on Mental Diseases, by T. S. Clouston, M.D. How to Arrest Infectious Diseases, by E. G. Barnes, M.D. Malignant Disease of the Larynx, by H. T. Butlin, F.R.C.S. On Sterility in Woman, by J. Matthews Duncan, M.D. Coffee and Tea, by G. V. Poore, M.D. Braithwaite's Retrospect of Medicine, Vol. LXXXVIII. Diseases and Injuries of the Eye and Eyelids, by L. H. Toeswill, M.B. A Plea for the Cure of Rupture, by J. H. Warren, M.D. Rupture of the Urinary Bladder, by Walter Rivington, F.R.C.S. The Surgical Treatment of Tumours and other obscure Conditions of the Bladder, by W. Whitehead, F.R.C.S., and B. Pollard, M.D. Report of the Medical Officer of Health for Newcastle-on-Tyne. Record of Family Faculties, by Francis Galton, F.R.S. Life History Album, by the same author. Elements of Human Physiology, by Henry Power, F.R.C.S. The Extra Pharmacopoeia of Unofficial Drugs, by Messrs. Martin-dale and Westcott. Collective Investigation of Diphtheria, by J. J. Mulheron, M.D. A Strange Life, by Nemesis. The Medical Annual and Practitioner's Index, 1883-4. Statistical Report of the Health of the Navy for 1882 (Blue Book). A Handbook of Diseases of the Liver, by H. R. Ruckley, L.R.C.P. St. Thomas's Hospital Reports, Vol. XII. A Short Manual for Monthly Nurses, by C. J. Cullingworth, M.D. The Australian Medical Directory and Handbook. Sir Lyon Playfair and Sir Charles Dilke taken to Pieces, by Wm. White. The International Encyclopedia of Surgery, edited by J. Ashhurst, jun., M.D., Vol. IV.

Correspondence.

THE COLLEGES AND THE MEDICAL BILL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The fate of the Colleges may be decided by the use which is made of the present interval between the stranded Bill of 1883 and the new Bill of 1884, now, no doubt, on the stocks, and shortly to be launched. The Bill of last year, had it passed, would have left the Colleges high and dry, interesting as wrecks of a bygone time, but slowly settling down into the sand and mud of uselessness and poverty.

It is the fashion now to vilify the Colleges, to describe them as selfish and effete bodies, whose set object is their own aggrandisement, who have done nothing for the advancement of medical education, and whose examinations are shams. The object of these calumnies is obvious. But speaking for the Irish College of Surgeons, I appeal to the Fellows to say whether they are willing that such charges should remain uncontradicted at this particular crisis, knowing, as we do, that our College has, at great expense, and without increasing the cost of its licence, gone on for years steadily improving its examinations, both preliminary, proficient, and fellowship, and at the same time spending large sums of money on its school, its museum, and library, so that all these departments may be kept well up to modern requirements.

I believe the Fellows will find some way of protesting against charges of incompetence from anonymous writers, and at the same time of boldly and emphatically declaring that the cause of Medical Reform does not require the destruction of the Colleges, but that, on the contrary, it will be very much better for the public and for the profession to maintain the Colleges in an efficient state, and that this can be done consistently with reform by a well-devised plan of union, and at the same time by the newly-formed and renovated Medical Council really undertaking and carrying out such systematic inspection of examinations as will insure a fair standard everywhere and a simultaneous progress in each division of the Kingdom.

Let the Colleges come forward, not to embarrass the Government in their efforts, but to give it valuable help by pointing out the dangers of sweeping away old institutions which are doing the work of the profession well, and, at the same time, firmly and energetically protesting against the theories of the self-styled "party of reform" who, in the general disruption which they hope for, see themselves floating to the surface on the troubled waters.

I am, &c.,

JOHN KELLOCK BARTON;

Past President, Royal College of Surgeons, Ireland, &c.

January 19, 1884.

[We cordially endorse Dr. Barton's appeal to the Colleges

to deal with the Reform Bill in a reasonable spirit—not adopting a mulish attitude of hostility to changes which are obviously necessary, but nevertheless defending all that is good in the Collegiate systems. We coincide with every word written by our correspondent as to the grievous injustice done to some of the Colleges by the attempt to subordinate them to so-called Universities, which are, in truth, nothing but central examining bodies, and in no single respect entitled to public consideration by reason of superior educational rank. We are well aware that, taking the Irish College of Surgeons as an example, it will compare most favourably in its educational standard with certain *soi-disant* Universities, and that it far outstrips such institutions in sterling work done for the public benefit: and we believe that this observation applies equally to other Colleges, and other so-called Universities. We must, however, emphatically dissent from Dr. Barton's statement that the Medical Bill of last session would have left the Colleges "high and dry . . . settling down into . . . uselessness and poverty." There were points, undoubtedly, in the Bill which needed amendment to do justice to these Colleges, but, as a whole, we insist that the Bill preserved all that was deserving of preservation, and would have left the Irish College of Surgeons better off than it is at present.—Ed.]

Royal College of Physicians of Edinburgh. —The following is the list of candidates who obtained the licence of the Royal College of Physicians of Edinburgh last month:—

Buxton, Thomas, Tapley, Stafford.	Minter, Ernest Denman, Plymton.
Carter, Godfrey, Ilkley, Yorks.	Myles, George Thomas, Bristol.
Godde-Smith, F. Martin, Droxford.	Potter, H., Ilkston, Nottingham.
Hunter, Andrew, Castleblayney.	Prendergast, J. J., Melbourne.
Knapton, George, Southampton.	Rimell, Alfred Tom, Kensington.

Parkes Museum of Hygiene.—At a meeting of the Council held on the 8th January, Dr. G. V. Poore in the chair, the following gentlemen were duly elected members:—Sir James Paget, Bart., D.C.L., F.R.S.; H. A. Darbishire, F.R.I.B.A. On January 17th, at 8 p.m., Mr. Pridgin Teale, of Leeds, will deliver a lecture at this institution on "Economy of Coal in Private Houses." The chair will be taken by Prof. G. M. Humphry, M.D., F.R.S.

Society for Relief of Widows and Orphans of Medical Men.—A Quarterly Court of the Directors of the Society was held on Wednesday, January 9th, Mr. Charles Hawkins, V.P., in the chair. The resignations of two members were accepted, the deaths of two reported, and two new members were elected. The Treasurer informed the meeting that a Christmas present had been made to the widows and orphans in December last amounting to £307, grants to the extent of £1,241 were made to 58 widows, 5 orphans, and 3 orphans on the Copeland Fund. The expenses of the quarter were £84. One fresh application was received from a widow and a grant made.

Liverpool Medical Institution.—At the annual meeting held on Thursday, January 10th, the following officers were unanimously elected for the ensuing year:—President: Dr. Geo. Vice-Presidents: Dr. W. Macfie Campbell, Mr. Rushton Parker, Dr. J. H. Wilson, Dr. J. Wallace. Honorary Treasurer: Dr. James Barr. Honorary General Secretary: Dr. F. Pollard. Honorary Secretary of ordinary meetings: Mr. F. T. Paul. Honorary Librarian: Dr. Burton. Council: Dr. Alexander, Dr. Archer, Dr. Carter, Dr. T. Clarke, Dr. Glynn, Dr. Grimes, Dr. Imlach, Mr. McCheane, Dr. R. F. Owen, Mr. R. N. Pugh, Mr. T. Shalford Walker, Dr. Young. Microscopical Committee: Dr. Alexander, Dr. Braidwood, Dr. Briggs, Dr. Glynn, Dr. Grossman, Dr. Hicks, Dr. McClelland, Mr. Newton, Mr. Rushton Parker, Mr. F. S. Paul, Dr. Rich, Dr. Whitford, Dr. W. Williams.

Royal College of Surgeons of England.—Two hundred and eleven candidates were admitted to the primary examination in anatomy and physiology, at the recent meetings of the Board of Examiners, of whom 133 were successful, and 78 were referred to their further anatomical and physiological studies, 65 for three, and 13 for six months. The annual course of lectures at the College of Surgeons will be commenced on Monday, February 4th, by Professor Parker, F.R.S.

Notices to Correspondents.

✎ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a distinctive signature or initials, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

R. G. L.—No appointment has yet been made to the vacant post, the filling of which is made dependent on resignation of the duties usually performed by the junior officer by the gentleman now in office as senior. The circumstances to which you allude have not been made public, and for this reason we do not consider it would be right to pass any comments on them.

TENDO.—You can do a great deal to assist the progress of sanitation by enforcing the necessity for it in your own district and among your neighbours. The scheme of lectures you allude to is deserving of all encouragement, and any assistance we can lend to the movement will be readily given.

MR. FRANCIS SMITH must apply to the Dean of the School in question, who is certainly able to afford the desired information. Whether he will consent to do so, however, will probably depend on the reasons given for the application.

MR. TRAVERS.—Prognosis is usually unfavourable in amputations of expediency. The case you mention would come under this category.

DR. FRASER.—We have so often declared the contrary that your inquiry gives us a shock of surprise.

MR. PRICE.—There is no law to prevent a parent making any disposition of his dead that is not opposed to decency and good feeling.

EDUCATION AND BODY-GROWTH.

DR. CHARLES ROBERTS, whose Report of the Anthropometric Committee attracted so much attention at the last meeting of the British Association for the Advancement of Science, has drawn up a special chart to be used in schools and families, for tracing the body-growth of boys and girls. On the chart are marked in ascending curves the average development of Englishmen, based on the measurements of over 55,000 individuals, so that any departure from normal type may be at once detected. The article which accompanies this chart (published as a supplement to the *Journal of Education*) contains some curious and interesting facts. Thus it appears that between the ages of 11½ and 14½ girls are actually taller, and between 12½ and 15½ are heavier than boys of the same age. The difference between classes is not less marked. The public-school boy at 14 averages nearly 7 inches more in height than the industrial-school boy at a corresponding age. Again, the prize-winners in life are found to have a decided advantage in height. Fellows of the Royal Society are more than 2 inches above the average stature. Dr. Roberts's practical deductions from these and other statistics deserve the attention of all parents and schoolmasters.

MR. WRIGHTSON.—The address has been printed with a special view to exciting a discussion on its subject. We do not regard the views you entertain as being especially such as have been insinuated by the writers you name. No theory can be accounted sufficient which fails to explain the principal facts experienced.

DR. CRAMMER.—We have heard of the circumstances, and always in connection with the same case. There is no hindrance to a full explanation of the arrangements which have been entered into. The letter has been sent.

THE LARYNX: THE ACTION OF THE FALSE VOCAL CORDS.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR.—"Investigator," in your last issue, approaches his subject with a true scientific spirit. My voice was completely changed by Cataneo's training. If anyone, unselfishly desiring truth for its own end, would like to examine it, he can do so next time I visit town, on making an appointment.

Edgbaston, Jan. 19th, 1884. Yours truly, CHARLES LUNN.

A. R. F.—The custom of weighing new-born children is, unfortunately, very generally neglected in this country, and thus much useful and valuable information is lost, by aid of which many important observations might be made, leading to good results. Your idea is a good one, and worthy of being still further elaborated.

J. J. (Armoey) asks.—1. A person holding the L.R.C.S.I., in going up for the L.A.H., will he be examined in medicine and materia medica?—Yes, but not in surgery, anatomy, or physiology. 2. Would Garrod's text-book on *Materia Medica* be sufficient for a pass?—Yes. 3. Is there a clinical examination in medicine in one of the Dublin hospitals?—Yes. 4. How often do the examinations take place, and when is the first?—Examination commences on the first Monday in January, April, July, and October, and a special examination can be had for special reasons on application to the Court of Directors.—Ed.

LIABILITY OF A DEAD MAN'S CHILDREN.

A CURIOUS case is reported by telegram from Moscow, in which an action has been brought against the children of the ex-treasurer of the Melnitsky Foundling Hospital, at Moscow, to recover from them the sum of 807,500 roubles, which, it is alleged, their father had embezzled from the funds of the institution. The jury gave a verdict in favour of the defendants, and the Public Prosecutor has now lodged an appeal to the Senate against their finding.

MR. WESTCOTT.—The book referred to is of American origin. We, however, do not know the price, but this could easily be obtained on application to one of the representative houses in London.

DR. PERRY.—Resorcin is recommended as a substitute for carbolic acid in cases where the latter is employed for external application, and excellent results are claimed from its use. It is distinctly and efficiently antiseptic in properties. Eucalyptus oil, also, is serviceable.

Meetings of the Societies.

WEDNESDAY, JANUARY 23RD.

HUNTERIAN SOCIETY.—At 8 p.m., Mr. T. Mark Howell, On Laryngeal Web following Syphilitic Ulceration.—The President (Mr. W. Rivington), On Two Cases of large Calculi treated by Lithotomy.—Mr. Poland, On a Case of Ruptured Intestine.

FRIDAY, JANUARY 25TH.

CLINICAL SOCIETY OF LONDON.—At 8.30 p.m., Mr. Rivington—1. On an Unusual Form of Dislocation of the Hip; 2. On a Wound of External Carotid by a Stab in the Parotid Region, Recurrent Hemorrhage, Temporary Ligature of Carotid Trunk, combined with Ligature of the External Carotid at the Seat of Injury.—Dr. Donald Hood, On Angina Pectoris immediately followed by Pericarditis.—Dr. de Havilland Hall, On Empyema followed by Abscess of the Brain.

SATURDAY, JANUARY 26TH.

ROYAL INSTITUTION.—At 3 p.m., Professor Morley, On Life and Literature under Charles I.

FRIDAY, FEBRUARY 1ST.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.—At 8 p.m., Dr. Savill, On the Value of Statistics in the Study of Disease.—Dr. J. Allen Owles, Notes of the Progress and End of a Case of Aphasia.

Vacancies.

Ardee Union, Dunleer Dispensary District.—Medical Officer. Salary, £120, and £25 as Medical Officer of Health. Election, Feb. 4.
Brecon Infirmary.—Resident House Surgeon. Salary, £120, with apartments, &c. Applications to the Secretary on or before Jan. 31st.
Derbyshire General Infirmary.—House Surgeon. Salary, £100, with board, &c. Applications to the Secretary by January 25.
Sussex County Hospital.—Physician and Assistant Physician (Honorary). Applications to the Secretary by February 6.
West Herts Infirmary, Hemel Hempstead.—House Surgeon and Dispenser. Salary, £100, with board, &c. Applications to the Secretary by February 6.
Wolverhampton and Staffordshire General Hospital, Wolverhampton.—House Physician. Salary, £100, with board, &c. Applications to the Chairman of the Medical Committee, on or before Feb. 5th.

Appointments.

CAMPBELL, C. G., L.K.Q.C.P.I., M.R.C.S., Medical Officer in the Township, Saddleworth Union.
CARR, J. A., L.R.C.S.E., L.R.C.P.E., Medical Officer and Public Vaccinator for the Kippax District of the Tadcaster Union.
HANDFIELD-JONES, M., L.K.C.P.Lond., M.R.C.S., Assistant Physician to the Chelsea Hospital for Women.
HOLMAN, R. C., M.R.C.S., Medical Officer for the South Keighley District and Workhouse, Keighley Union.
JACKSON, C., L.R.C.P.Ed., Medical Officer for the Rainton District of the Houghton-le-Spring Union.
LARDER, H., M.R.C.S., Assistant Medical Officer to the St. Marylebone Infirmary, Notting Hill.
MERCEZ, J., M.R.C.S., L.R.C.P.Lond., Resident Medical Officer to the Bath General or Mineral Water Hospital.
SCANLAN, A. DE C., M.R.C.S., House Surgeon to the Royal Westminster Ophthalmic Hospital.
SHAW, J. A., M.R.C.S., Registrar to the Victoria Hospital for Children, Queen's Road, Chelsea.

Births.

CASEY.—Jan. 10, at Pembroke Road, Dublin, the wife of P. F. Casey, M.D., of Hay, Melbourne, of a son.
GODFREY.—Jan. 16, at Devonshire Cottage, Balham, the wife of Benjamin George Godfrey, M.R.C.S., L.R.C.P., of a daughter.

Marriages.

BAITHE—WORSLEY.—Jan. 19, at St. John's, Southall Green, Edward John Baxter, L.R.C.P., L.R.C.S., L.M., second son of Henry F. Baxter, of The Green, Southall, to Clara Elizabeth, eldest daughter of the Rev. Henry Worsley, Vicar of Ashford Bowley, Ludlow.
DU-PRE—HARDWICKE.—Jan. 17, at St. John's Church, Rotherham, Cornelius S. W. H. Du-Pre, of Highley, Shropshire, to Constance Ellen, only daughter of Junius Hardwicke, F.R.C.S., M.D., of Clifton Lodge, Rotherham.
HEAD—WRAITH.—Jan. 15, at St. Saviour's Church, Eastbourne, Percy Turner Head, L.R.C.P., &c., of Hornsey, to Louisa Augusta, younger daughter of the late John Wraith, of Canterbury.

Deaths.

HARKNESS.—Jan. 16, at her residence, Ivy House, Ore, Sussex, Ann Harriette, widow of John Samuel Harkness, M.D., aged 76.
HARLEY.—Jan. 16, at 25 Harley Street, London, W., Vernon, youngest son of Dr. George Harley, F.R.S., of quinsy, after five days' illness, aged 16.
PARSEY.—Jan. 18, at Hatton, Wm. H. Parsey, M.D., Physician-Superintendent of the County Asylum.
SHEARMAN.—Jan. 13, at Davos Platz, Switzerland, Percy Edward Shearmann, L.R.C.P.Lond., eldest son of the late Charles James Shearmann, M.D.Lond., of Rotherham, Yorks, aged 36.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 30, 1884.

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A Course of Lectures

ON

THE EYE: ITS DISEASES, AND THEIR REMEDIES.

Being an Abstract of a Course of Lectures delivered in the Royal College of Surgeons in Ireland,

By ARCHIBALD H. JACOB, M.D. Dub., F.R.C.S.I.,
Professor of Ophthalmic and Aural Surgery in the College;
Ophthalmic Surgeon to the House of Industry Hospitals.

(Continued from page 65.)

Atrophy of the Conjunctiva and Xerosis.

I SPOKE in my last lecture of the atrophy of conjunctiva and loss of its secretory function, which is the result of the long continuance of the third or neoplastic form of granular conjunctiva. This condition of the conjunctiva is marked, on eversion of the lid, by its presenting in patches (usually close to the lid border) a smooth, shining, white cicatricial appearance, just as if the caustics had been overdone and had burned the conjunctiva. This is the condition known as *Xerosis*, and the state of chronic irritation in which the general conjunctival and corneal surfaces remain is called *Xerophthalmia*. In this condition, which is extremely common amongst the lower classes throughout Ireland, the lid conjunctiva is totally destroyed, and its lubricating function as a mucous membrane lost, and the eye consequently suffers from attrition with the dry and hardened lid surface. On everting the lid we find it abnormally pale and glistening with streaks or patches of a cicatricial appearance on its surface. It has, indeed, so much of the tendinous appearance of a scar that it is not to be distinguished from the result of the over-use of escharotics in the treatment of the granulations. This shrinkage of the membrane extinguishes its secretory function and bends the tarsal cartilage, so that, seen from the outside, the lid is distinctly bowed and narrowed, and if, as is usual, the

lashes are not inverted, at least the hardened margin of the lid is pressed on the eyeball and creates much irritation. Entropion is a very common result, and trichiasis still more usual, the eye eventually presenting the appearance depicted in the illustration. In the worst cases of



Fig. 10.

xerosis the ocular conjunctiva is completely dried, so that it wrinkles when the eyeball is moved, and the cornea becomes quite opaque, while the epithelial scales stick to it and accumulate in the canthi. At the same time, the conjunctiva becomes nearly dead to sensation, and the excretion of the lachrymal gland suspended, so that the normal folds of the conjunctiva are obliterated, and the surface of the eye is converted into a rough, epithelial condition.

As I have said, no treatment of xerosis is of any avail, the disease being incurable. Its discomforts may be relieved to a certain extent by the constant use of emollients and lubricants—olive oil and pure glycerine are best, the latter being especially useful because of its retaining water and keeping the conjunctiva and cornea moist. Milk is also highly recommended by Von Græfe.

Treatment of Conjunctival Injuries.—The treatment in case of injury of the conjunctiva is firstly to remove the intruding substance, and then to mollify the injured surface and abate inflammation and guard against adhesions in the process of healing. I have already described the method of removal of foreign bodies.

To clear the eye of sand or such like bodies, the work-

men use two simple methods, which may be found effective at the moment of the occurrence. They introduce the point of the tongue under the lid, and lick away anything which it will detach, and, if this fails, they fill the mouth with water, and having opened the eyelids as widely as possible, squirt it with force against the eyeball. When the case is seen by the surgeon, the lid must be everted, and every speck of the lime or other foreign body picked off it and the eyeball, and, this being done, the injured surface should, in lime-burns, be touched over with a little very dilute acetic acid, to dissolve any minute crystals which remain, the acid being washed off after a few moments; and in burns by acid the same course must be adopted with strong solution of carbonate of soda.

Injury of the Eye by Lime.

This form of injury is common amongst bricklayer's labourers, in consequence of the ebullitions which take place in the slaking of lime, and which are sometimes strong enough to splash the lime into the eye. However happening, the injury is very dangerous, and the more so because the effect of the caustic alkali is rapid, and the patient is seldom seen until much mischief is done. The first effect of pure lime is to disintegrate or burn the entire conjunctiva wherever it lodges, and to destroy the corneal surface in the same way. The less slaking the lime has undergone the more injury it does, and when it is fresh and unslaked the mischief is increased by the slaking of it by the tears, so that it burns deeply. If the lime is in the form of mortar or plaster, it is less hurtful, especially if it has been long exposed to the air; but in any case, it is liable to cause serious injury. If it only lodges in spots, those parts of the conjunctiva will suffer and the remainder escape, because the lime being insoluble, does not spread to any serious extent, and, moreover, the process of slaking absorbs all the tear-water, and the deposit is, therefore, not washed away. The destruction of the cornea is the worst part of the injury, and commonly, even when the lime is in the form of mortar, the epithelium is removed from the entire cornea, which then appears as a dull opal-coloured surface surrounded by the swollen conjunctiva, and appearing as if buried in a pit in the surrounding vascular tissue. Vision is almost *nil*, the pain violent, but of a smarting rather than an aching character, and the flow of tears excessive. If the conjunctiva be burned off only in patches these places will appear as shallow depressions usually with the cake of lime adherent to their bottom. The effect upon the conjunctiva is usually the formation of large contracted cicatrices, which pucker the membrane and restrict the free movements of the eyeball, and where the lid conjunctiva is also burned there is much danger of the formation of *symblephara*, or adhesions between lid and eyeball. The effect upon the cornea is the establishment of a keratitis, which will be referred to under the head of "Injuries of the Cornea."

Treatment of Lime Burns.—The first indication is to remove the lime very thoroughly, which, in consequence of the closeness of its adhesion, is a troublesome and painful proceeding. The eyelids should be fully everted, all that can be removed by a camel-hair brush taken off, and all that cannot, picked away by forceps, or even dug out, if necessary, with the needle or Walton's gouge. The deepest part of the retrotarsal fold often contains a quantity of the lime, which may be overlooked if not searched for. When the large portions are removed, the surface should be syringed with weak vinegar and water, which will form with the remaining small particles an innocuous acetate of lime. The removal of the lime having been completely effected, a drop of atropine should be instilled, and then a couple of drops of fine oil or sweet glycerine, and the lids closed. Astringents, such as weak nitrate of silver solution and sulphate of zinc are sometimes recommended, but I have found them very irritating in such cases, and worse than useless. Acetate of lead lotions must be specially avoided, as they will deposit a coating

of insoluble chloride and albuminate of lead in the ulcerated surface, which will heal in and remain as a permanent stain. According to the extent of the injury, the subsequent treatment must be directed to allay inflammation. Cooling lotions externally will be suitable in slight cases; those more severe will require leeching to the temple, and poulticing; but, while every means is adopted to protect the injured cornea from rubbing, special care must be taken to open the eye once or twice daily, and wash out the conjunctival sac with weak carbolic lotion, lest the burned surfaces of lid and eyeball may form permanent adhesions.

Injury of Conjunctiva by Gunpowder.

The explosion of gunpowder close to the eye, as in the bursting of a gun, or from the discharge of fireworks, frequently not only burns the eye by the heat of the discharge, but drives the minute particles of charcoal into the conjunctiva, where, if not immediately picked out, they become, embedded leaving a number of black points permanently as a disfigurement. Occasionally the impact of the charcoal granules is so great that they penetrate the eye and lodge in the vitreous. The removal of them from the conjunctiva is tedious, painful, and not without danger; but it must be thoroughly done, grain by grain, to save the patient from permanent disfigurement.

Treatment of Conjunctival Injuries in General.—The after-treatment of these cases must be to mollify the injured surface—deplete the patient if the injury is a bad one, and try to prevent adhesion between the denuded surfaces in process of healing. In case of small conjunctival abrasions, I content myself usually with an evaporating lotion, complete rest, and a moderate purgative. If the lesion is larger, olive oil should be dropped in, and, if there be much ciliary irritation or aching pain, a couple of leeches should be applied to the temple, and a hot poppy stupe with bandage. In the case of burns from chemicals or lime, an ointment of vaseline with a minute quantity of atropine rubbed up in it should be daubed between the lids three or four times daily. When the surface is healing the lids should be carefully separated from the eyeball, and the eye syringed with an antiseptic lotion before each application of the ointment. Even with this precaution it will be difficult to prevent the abraded surfaces from adhering to each other.

Silver Stain of Conjunctiva. There is one other conjunctival stain which should be noted, lest an error of diagnosis may be made. The prolonged application of nitrate of silver drops to the eye is liable to produce an olive-green stain to the entire conjunctiva, which, though not materially detrimental to vision, is a great disfigurement. This staining will not take place unless the application of the silver nitrate is continued for months; and, to guard against it, it will be well, when prescribing a nitrate of silver collyrium, to direct the patient not to continue its use beyond a few weeks; but it is better, in case of ignorant or negligent patients, to avoid the risk by refraining from prescribing nitrate of silver collyrium, for which another astringent can be readily substituted. The stain is permanent, and cannot be cured.

Atropine and Eserine. Before leaving the treatment of conjunctivitis I have to refer to the use of these agents in the treatment of that disease and of corneal ulcerations. Atropine has been in fashion for some years for the treatment of almost all eye diseases, from the simplest scrofulous ulcer to the most destructive inflammations of the eyeball, the theory of its use in such cases being that it acted as a sedative to the ultimate nerve filaments, and thus was a remedy for photophobia, and that it relaxed the ciliary muscle, and thus relieved the eye of ciliary spasm and posterior tension.

In the limited number of cases in which this latter purpose was aimed at, atropine is undoubtedly useful; in the minor affections, such as phlyctenular ulceration, it

has, I believe, been proved to be of little value, and will shortly cease to be advocated by any one. Its physiological action, as we all know, is to dilate the pupil, and Dr. Harley explains this by presuming that it stimulates the sympathetic nerves which supply the radiating fibres of the iris. But the more usual view is that it paralyzes, in the case of the iris, the third nerve supplying the lenticular ganglion. We have no sufficient physiological warrant for placing confidence in its use in conjunctival and corneal diseases in which ciliary relaxation is not specially indicated. To these doubts as to the efficacy of atropine, Professor Jaeger, of Vienna, gives the authority of his great name by the following recent pronouncement:—

"Only when very violent inflammation of the cornea is present, is there any sense in the use of atropia. Atropia is used far too frequently. If a patient suffering from any eye affection comes to a physician, and he does not know what to prescribe, atropia, belladonna, and mercurial ointment are always at hand. Such physicians believe that they have in atropia, calomel, and mercurial ointment, medicines that are serviceable in all eye diseases, just as in former times everyone resorted to bleeding in general disease, gave purgatives, or otherwise acted according to rule of thumb."

With the change of fashion which periodically seizes upon ophthalmologists, Eserine, the alkaloid of the calabar bean, is now the rage, and bids fair to take the rank heretofore occupied by atropia as the universal panacea. The physiological action of this drug, as has been shown by Frazer, is to destroy reflex action, and in this way it is supposed to paralyse the radiating fibres of the iris and allow the sphincter to produce contractions. A drop of a solution of gr. ij. of eserine sulphate in an ounce of distilled water causes marked contraction of the pupil.

I believe, not only upon physiological grounds, but from experience, that eserine is far more worthy of confidence than atropine, and that it is an indispensable addition to ophthalmic therapeutics because of its faculty of suspending the reflex irritation from corneal ulcers and herniæ iridis; but to speak of it, as some authors do, as the sovereign remedy of conjunctival, corneal, and iritic diseases, is calculated to make the writers ridiculous and to cause disappointment to the practitioner from its use.

Jequirity. This, the newest addition to ophthalmic therapeutics, has been recently introduced by M. De Wecker, of Paris, as a remedy for pannus and chronic conjunctival disease. It is an infusion of the seeds of the *Abrus precatorius*, a Brazilian plant, and it acts by establishing in the conjunctiva to which it is applied a specific and comparatively transient inflammation which is expected, so to speak, to oust the old inflammation and restore the transparency of the cornea.

The idea of establishing a specific inflammation for this purpose is not new, it having been the habit many years ago to inoculate chronic conjunctival cases with gonorrhœal pus. That practice was abandoned, it being found that as a rule the remedy was much worse than the disease; but as the jequiritic ophthalmia is of a much milder character, and is capable of being limited in violence by limiting the original inoculation, it is quite possible that M. De Wecker's suggestion may prove valuable. The following is the formula for preparing the infusion according to De Wecker: Take 32 seeds (about 3.25 grammes), bruise them to a fine powder, add about 500 c. c. of distilled water; after allowing to macerate twenty-four hours add the same quantity of hot water, and after cooling, filter, when the infusion is ready for use. My own experience is, so far, negative; for though I have undoubted successes in the cure of Pannus, I am not satisfied that my proportion of satisfactory cases is greater, or the period of recovery much shorter, than with the ordinary treatment; and I do not think that the published reports of cases are conclusively in favour of the new treatment.

The jequirity acts by producing a direct germ proliferation, and the process has been carefully investigated by Sattler:—

"The cultivated bacillus," he says, "was used, some of the material was carefully applied to the conjunctival cul-de-sac by means of a disinfected brush. In the course of two or three hours slight œdema of the mucous folds, injection of all the vessels of the conjunctiva occurs; during the next hour these symptoms increased, the margins of the lid became quite red; while the mucous membrane was covered with a layer of grayish flakes, and gave off a muco-purulent secretion. If only one application has been made, these symptoms soon subside; but if the application is repeated at intervals of one to two hours for a few days, we can produce that peculiar ophthalmia to such a degree that the conjunctival cul-de-sac is covered with diphtheritic exudation material."

The latest experience of the new treatment which I have seen is from the Wills Hospital at Philadelphia, from which eight cases are reported, not one of which is stated to have resulted in a definite permanent improvement of sight; while I note that of sixteen cases reported by M. Sedan in the *Recueil d'Ophthalmologie*, only three were claimed as at all successful, the others being either not improved or admittedly the worse for the treatment.

I quote these records, not for the purpose of destroying confidence in an agent which is as yet not established by experience, but with a view to counteracting the enthusiastic laudation of the drug by authors who seem determined to be at least fashionable, if nothing more.

(To be continued.)

THE PRACTICE OF MIDWIFERY IN BYGONE TIMES IN THE CITY AND COUNTY. (a)

By G. KINLOCH H. PATERSON, M.D.,

Corresponding Fellow of the Edinburgh Obstetrical Society.

CASE 1.—Mrs. M., æt. 27 (first pregnancy); began to be ill, at full time, during the night. The pains were rather feeble at first, occurring at short intervals. However, as the following day advanced, these became more strong. About mid-day she was affected by muscular twitches and flushings of the face between or just before the coming on of a labour pain. The face at times was much flushed, along with hurried and short breathing. Being a very healthy, well formed, and stout-made woman, I thought it proper to bleed her, and took away from twelve to sixteen ounces of blood from her arm, after which she was much more quiet; the labour pains grew firmer; the os uteri dilated more and more. At three p.m. the pains having considerably increased, the head of the child—presentation natural—was pressing firmly downwards and forwards. In a short time a strong labour pain followed, during which she became convulsed; delivered her of the child. The latter was quite asphyxiated, and did not come to life again. Soon afterwards the placenta came away. Now, there was at short intervals a convulsion, followed soon by another convulsion (of an eclamptic nature). In a short time, on these becoming more violent, I cut off the hair of the head. Then it was shaved; this being done, I applied to it evaporising fluids. After this, in about three hours, leeches were put on behind the ears. Meanwhile, the convulsions continued, although at longer intervals of time; and then also, from the force of the convulsions, and from the bodily strugglings, she appeared violently maniacal—so much so that it took two, if not three, persons to keep her in bed and from hurting herself. The convulsions continued more or less up to the turn of the night, when she became more quiet, with less moaning, and seemed inclined to sleep.

(a) Part of this Paper was read before the Perthshire Medical Association on 7th December, 1883 (portions on Anæsthetics).

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Early on the following morning I ordered a terebinthinate and castor oil injection to be given her, which operated well, and repeated it not long after. Ordered her mild, warm drinks now and then, and to be kept very quiet; also to be kindly and closely watched, and to have very careful nursing, with free ventilation of the lying-in room. Next day she seemed much relieved—her pulse felt less strong; face not so flushed. And afterwards, by attention to her bowels, food, quietness, &c., she made—though her life was all but despaired of—a very gratifying and not over long recovery.

CASE II.—Mrs. C., æt. 43, a pale, weakly-looking woman had a family previously, all grown up well. Was brought to childbed at full term. Felt labour pains near midnight, lingered on during the early morning and the coming day till afternoon, when, towards evening, her labour pains became stronger, and an individual who gave himself out as a doctor was asked to visit or attend her. He had done so, and remained some time at the poor woman's bedside afternoon and evening, and then left her, saying he would soon return, which he did, bringing some instruments with him. Not succeeding, he again left her, stating that he would return soon, but did not. At 10 p.m. I was pressing asked to visit her, without being told of the aforementioned individual's attendance. When at the bedside of Mrs. C. I found *her pains had all left her*. There she lay, pale-looking, her pulse weak, and she seemed quite worn out; her skin felt rather too cold. I immediately applied warmth about her body and to the feet; cheered her up; had hot drinks of gruel given her at short intervals. After 12 p.m. (midnight) slight labour pains began to be felt by her. On examination I found the head well down. She now seemed to be regaining more of her natural heat. I waited patiently another hour, and then, on account of there being no advance of the head, instrumentally delivered her of a living child. She did well afterwards. When out of the house and now on my return home, the *secret* was told me of the name of the previous individual who pretended to be a medical man.

CASE III.—Mrs. B., æt. 47, was ill in bed from lingering labour, late at night, in her first pregnancy, after nine months. At 11 p.m., the husband—a well to-do man, with more than usual money means, gained by his steadiness and industry—called on me to come quickly, and being willing, I started with him. Arrived at his house, and going to his wife's bedside, I found there before me an exhausted, in lying or childbed woman, aged-like, and pale and thin in her appearances. *Her labour pains had fled*. At 12 p.m. I set to work as in Case II., gave her good hopes, and patiently waited two hours, meanwhile examining her now and then. About three a.m., the pains having become more strong, and the head of the child, fortunately being small, advancing (it kept on doing so), by every additional help I could safely and cautiously think of, until I got it at length, not without difficulty, into the world—a slender, living, wee creature, indeed, having a very weak cry. I had it rolled very gently as speedily as possible in warm flannel clothes next its skin, giving it very mild, nourishing drinks, in half-teaspoonful doses, more frequently than usual, also continued applying heat outwardly to its whole body for a considerable time, while carefully attending to the necessary wants of the mother, whose spirits now were all aglow with thankfulness and joy, not only in herself, but to her own good man. Mother and child thrive, as time went on, happily well both together. Twenty years afterwards this same child (a grown up woman) I saw accidentally in her father's gig—a Scottish blooming maiden, his only child and heiress. On reflection, the thought came across my mind, if I had been at all rash at her birth, such a blooming maiden as her would likely or for certain “*nae hae been long in*” or seen “*bonnie Scotland*.”

CASE IV.—Mrs. S., æt. 49, was attended by me, and had a lengthened labour of between two and

three days. The feet and ankles of Mrs. S. were cedematous; she had the appearance of incipient jaundice, and was in the seventh or eighth month of her pregnancy. During the day and evening before the birth of the child she lay in a low, deeply-depressed state of mind; her labour pains were of a weak kind. Vomiting came on, so that nothing would stay on her stomach. The head of the child advanced very slowly. I saw her frequently before and at 10 p.m. No better. I visited her again at 12 p.m. Her friends had *her dead clothes laid out*. Used brandy and heat now as a last resource, and succeeded in delivering her at one a.m. of a still-born female child. She mended gradually afterwards, and regained her health and strength.

CASE V.—Mrs. C., æt. 23. After being several hours in labour, I succeeded in delivering her of a still-born, malformed child, the latter owing, as far as I could believe her, to *maternal impression*. A beggar woman of a very unpleasant looking appearance, some months before she lay in, had asked of her alma, which she refused. The beggar woman poured angry malice on her and her offspring, or when she would come to lie in. Well, the child she bore had its eyelids as follows—one eye shut, the other open; also one nostril closed, the other open; also hare-lip; and a club-foot. It was without a sternum; the organs of its chest inside were exposed. The patient recovered favourably.

CASE VI.—Mrs. A., æt. 21, became ill with the pains of labour at the usual time, about 10 a.m. Saw her not long after. On examination I found something quite unusual in the internal passages—two heads instead of one, and one had not the feel of the other. However, the woman was excellently healthy and well made, and the labour pains very good. I used no manual force, but helped nature gently, when the child's head soon cleared the perineum, the shoulders also. Lastly, in helping expulsion of the child's body, a darkish-like tumour made its appearance, which, on the child being completely born, turned out to be a congenital hernia, or elastic, umbilical tumour. This lying-in woman was soon well again. As to the treatment of the umbilical hernia, I had recourse to, and applied, gentle firm pressure by pads and bandages round the child's body. In the course of a fortnight or three weeks, all round the tumour—nearest the child's abdomen—sphacelated, and ere long the tumour dropped off; then I drew the opening left as well together as I could by adhesive plaster from time to time, and used afterwards half-singed cotton rags dipped in astringent lotions, and succeeded in closing the opened part. The child grew finely, and thrived well afterwards.

CASE VII.—Mrs. R., æt. 41, fell ill at nine months end, lingered all day with coming and going labour pains, until evening, when I was requested by her husband to attend her as soon as possible. On seeing her I found much more want of bodily strength than usual. On examination, the presentation was natural, but towards 7 p.m. of an autumnal evening the pains luckily grew stronger. Here I must digress for a little. Some-time previously, through one or more of the then medical journals, which informed us of the good effects of—and also as an anæsthetic—sulphuric ether it had found its way amongst us medical practising men in Perth then (in 1846). A bag with some ether in it, and flexible tube for inhaling (I having had—ere this case happened—fitted up), and on this occasion I took with me. Her labour was going on very satisfactorily, only, not so well as to herself, she looked both wearied and very much done up; then the thought flashed into my mind—Would I administer sulphuric ether through the tube between one of the pains? I did so, and, after putting the tube into her mouth I told her to breathe slowly. Then, drawing in her breath now and then for the space of five minutes, I, to have no fear, took it away, and she soon after fell into a pleasant and very sound sleep, the labour continuing, never-

theless, unaffected, and herself so like needing that state "tired Nature's sweet restorer, balmy sleep" that I thought I would try to deliver her of her child without her knowledge ere very long. I did so. A respectable aged grand dame being my only nurse, to whom I gave charge of the child, I speedily assisted her in putting on its "braw" new and clean white infant clothing. When, just as the child was set up in an upright position on its kindly nurse's knee, dressed, I observed my now mother patient in bed raise her head and shoulders and lean on her elbow, and without speaking so much as a single word to her, she looked towards the new-born child and said, "Oh, I wish my bairn was that length" (meaning born). In a moment or two I gladly convinced her that it was her own bairn she saw. On her being made to believe this, a sincere thankfulness seemed to shine through her pleasant, kindly-like countenance. Both did well.

Remarks on the Use and Advantages of a flexible Tube and properly fitted Bag for Inhaling the Vapours of Sulphuric Ether, Nitrous Oxide, Chloroform, &c., instead of a handkerchief, sponge or surgeon's lint, &c., covering mouth and nostrils:—

One of the most trying things to the operating surgeon doubtless is in his having first made himself sure—before the operation intended to be performed—as to how sound in health the patient is every way, and to be clear and confident, if it is possible, of his diagnosis. Still, that may not seem all that is to be desired. Some mishap may, and often has, occurred during or after the best-performed operations, quite unexpected; and this has been, unfortunately, experienced by the most celebrated operators, as our medical journals now and then testify. Nevertheless, I cannot help saying that I am not in favour of the usual modes through which the vapour of chloroform, &c., are inhaled by patients about to undergo operations during or at child-birth. No doubt there has been, and perhaps will always be, difficulties and perplexities unseen beforehand in certain classes of patients, as well as from the nature and present state or extent of the diseases, and also when it is remembered that the whole system of a patient may be much more fitted for an operation to be performed at a certain time than at another; even with all this there is the not unfrequent drawback to the operating surgeon: he has to begin his surgical work on living ailing patients who may have more diseases than one, and often have, or when the states of the latter's systems or strength are not in so good or hopeful condition, or may not be what it could be wished at the time to expect success.

Deeper questions, however, start up as to the responsibility of the operating surgeon himself in applying chloroform or any of the other anaesthetics. None more trying perhaps than in certain accidental injuries requiring, it may be, as soon as the case will permit of an operation, when the surgeon has speedily to decide judiciously, too, as to what is best to be done before, and during, the operation, and to perform it as skillfully as possible. If the patient's brain, heart, blood, &c., are normal, and the air of the lungs all go right under chloroform administered for the purpose of allaying pain it is well for him or her. It has been undoubtedly, and still is, a great boon and blessing to many, both male and female, before and during surgical operations.

My chief object in reference to advising the use of the tube and bag properly fitted to it for inhaling the vapour of chloroform is because it takes off much of the fear of it; and when applying it before or during the performance of a surgical operation there is not so likely to be risks, or unpleasant or painful states of the face and lips, or headache, &c., afterwards, as by the handkerchief, flannel, or sponge plan, or with surgeon's lint. Then there is also, by the use of a tube and bag, more access given to the free influence of atmospheric air while a surgical patient is under chloroform, also

more freedom to see into the mouth or air passages should anything unusual happen or take place unexpectedly.

I subjoin the following questions:—

1. How far may the operating surgeon apply with impunity, previous to, and during an, operation upon a patient, chloroform, and how much by measure may he apply?

2. In what surgical cases and in what circumstances may the operating surgeon, through his assistant, take the responsibility on himself when having as soon as possible to perform an operation?

3. Is chloroform always necessary or justifiable in surgical cases, or in what cases?

4. Can the operating surgeon be brought into trouble on account of an operation performed by him, and expenses afterwards, for not applying chloroform?

5. In reference to occasional unpleasant, or regretted "expressions" of patients (or in certain illnesses of), while any of those are under the influence of chloroform, can no mode or remedy be found to lessen or prevent their occurrence?

So much there is still to know, and attain to, if possible, that many cannot but acknowledge the truth of, and utter, the words of old more clearly and anew—

"Ah! how hard it is to climb
The rugged steep, Parnassus hill,
Where Fame's proud temple shines afar!"

Perth, N.B.

THE RADICAL CURE OF HERNIA BY THE METHOD OF DISSECTION.

By KENDAL FRANKS, M.D. Univ. Dub.,

Fellow Royal College of Surgeons; Fellow Academy of Medicine in Ireland; Surgeon to the Adelaide Hospital; Surgeon to the Dublin Throat and Ear Hospital, &c.

(Concluded from page 70).

Case II.—F. H., æt. 24, was admitted to the Adelaide Hospital in June, 1882, suffering from an oblique inguinal hernia of the right side. On June 22nd he fell off a car, and shortly afterwards felt considerable pain in the right groin and a large swelling appeared, which however, vanished when he lay down. It was about the size of a small sausage. The operation above described for the radical cure was performed on July 3rd. He was a man of intemperate habits, and when ether was administered he became so excited that it had to be discontinued, and chloroform given in its place. This excitement continued for hours after the operation was completed. In this case the internal and external rings were sutured in the usual way, the sac having been returned into the abdomen. The dressings were changed on the fourth day, when the wound seemed perfectly healthy, and the drainage tube was removed.

On the tenth day the dressings were found greatly disturbed and part of the wound exposed, owing to the fidgetty restlessness of the patient, and there was some slight purulent discharge. Three days later, as the upper wire suture protruded through the skin wound which had begun to gape, it was removed, and the second suture about a fortnight later. The healing process was not completed for several weeks. On August 15th a slight return of the hernia took place, but it was immediately returned and a pad applied. It did not again descend while he was in hospital, where he was detained by an attack of broncho-pneumonia, and when he left the hospital, on October 10th, there was no appearance of hernia, even when standing erect without a pad. He was ordered to wear a truss for one or two years. I saw him some months later. He was not wearing a truss or support of any kind, though the hernia had returned. It was not so large as when he presented himself at the hospital.

The failure in this case was due to the very great difficulty in keeping the wound aseptic throughout in a patient whom it was impossible to keep quiet in bed, and who was detected in getting stimulants conveyed to him surreptitiously. Unfortunately it is not easy to bandage a restless man to a St. Andrew's cross till healing is complete, as has been recom-

mended by Dr. Buchanan, of Glasgow, in the case of children.

Case III.—C. D., a gentleman, æt. 24, consulted me two or three years ago for an oblique inguinal hernia of the right side. At that time it was but alight, scarcely more than a bubonocoele. I advised him to wear a truss. This he did in an intermittent sort of way, generally leaving it off when he was dancing or taking other exercise. He showed himself to me again in April last, with the view of having a radical cure performed, for which he was most anxious, as he was leaving this country for America in the following August. The hernia was then found to have increased in size, though still not large, and it had descended into the scrotum. On the 1st of May last, with the assistance of Mr. Barton and Mr. J. H. Scott, I operated as in the former cases, putting in two silver wires. The wound was dressed according to Lister's method. The dressings were not disturbed till the seventh day, when the incision was found firmly united, and could scarcely be recognised. The drainage tube, a very small one, was then removed, and the dressings re-applied. Four days later the whole wound was found healed and the dressings were accordingly discontinued. A pad of salicylic wool was laid over the region and kept *in situ* by a light truss, and the patient was allowed to sit up. The next day, that is the twelfth day, he went out for a drive. The highest record of temperature, which was regularly taken, was 98° 4', and the pulse never exceeded 76. Shortly afterwards he went down to the West of Ireland, and was out shooting and boating nearly every day. I even learnt that he used to bathe in the sea without a truss. I saw him again on the 1st of August. There was not the slightest sign of a return of the hernia; there was no cough impulse; the wires could be distinctly felt, and he suffered no pain or uneasiness. He is now in America.

In none of these cases was there any trouble with the cord or testicle, beyond a passing pain of a neuralgic character, which was easily relieved. In two of the cases there was, during the first twenty-four hours, some retention of urine, but only one required a catheter to be passed and then only once.

The second method of operation which claims our attention, and which has a wider field of application than the first, is that in which the abdominal openings are sutured, preferably with silver wire, after excision of the sac. Dr. Guénod (a) thus describes the operation, which he divides into six stages:—

1. Incision of the skin and subcutaneous tissue down to the sac.
2. Dissection and isolation of the sac, performed with blunt instruments or with the fingers; if this dissection be impossible, isolate the neck of the sac, so as to be able to ligate it.
3. Incision of the sac, reduction of its contents, subsequent to division of the constriction, should the hernia be strangulated, or after resection of omentum, should this be adherent to the inside of the sac.
4. Ligature, single, double, treble, or quadruple, of the neck, carried as high up as possible, and excision of the sac.
5. Suture of the pillars, when necessary.
6. Closure of the external wound.

During the space of three years in the surgical clinic of the hospital at Bâle, forty-four operations of this kind had taken place, and of these, thirty-four had been found and examined by Dr. Guénod at different periods. Twelve had a return of the hernia, and 22 had been completely cured; these latter were divided into 8 cases of reducible hernia, 6 inguinal and 2 crural; and 14 incarcerated, 9 inguinal, and 5 crural. (b)

Most of the cases which present themselves for operation, and in which this method is applicable, that is, in all cases where it would be unwise to return the sac untouched into the abdomen, give but little trouble in carrying out these various steps. But there are cases in which considerable difficulty may arise, and to deal with which many suggestions have been offered.

The first of these are cases of congenital hernia, where the sac consists of the patent tube of peritoneum, carried down originally by the descent of the testicle, in which cases modifications in the preceding mode of operating must be made. Moreover, in cases of old scrotal hernia, the sac may

have contracted adhesions to the testicle, and the tissues of the spermatic cord may be found spread out and intimately adherent to the back of the sac in its whole length. This, no doubt, is most frequently seen in old cases of oblique inguinal hernia, but that it may also exist in cases of the direct variety is also true, as the case I shall now relate will sufficiently show.

Case IV.—M. B., æt. 50, employed in a forge, came into the Adelaide Hospital under my care on the 26th January, 1883, suffering from a large inguinal hernia of the left side. He looked weakly and sallow, but stated that previous to the descent of the hernia he had always enjoyed good health. The account he gave of his rupture was shortly as follows:—About six or seven months previously, whilst shoeing a horse, he got what he called a "draw," which caused him pain in the left groin at the time. Examining himself afterwards, he found a small lump, which he referred to the external abdominal ring. This lump gradually increased in size till it attained its present size. He also complained of pains under the ribs, which shot down to the groin. He had been affected lately with some pain and delay in passing water, which he attributed to the kick of a horse, received about three weeks ago.

On admission he presented a very large scrotal hernia, which could be easily reduced, but owing to the size of the abdominal openings, could not be kept in position. The finger passed through the external ring at once entered directly into the abdominal cavity. The opening in the conjoined tendon could be distinctly felt. The hernia was direct. These openings admitted the tips of three fingers.

After the hernia was reduced, the great thickened, baggy sac, which remained irreducible, was very noticeable. When the bowel was down the hernia measured 6½ inches longitudinal diameter and 3 inches in the transverse.

I proposed to him to do an operation for the radical cure, and he consented. Accordingly this was done on Feb. 1st last. When the sac was reached it was found impossible to isolate it completely from the spermatic cord, the constituent parts of which were spread out in a thin layer over the whole of its posterior part. Not having previously obtained the consent of the patient, it was decided not to employ castration, which, owing to the atrophied condition of the gland, I felt very inclined to do. I, therefore, endeavoured to detach the sac from the cord. This was effected completely in the neighbourhood of the ring, but lower down it became evident that part of the sac must be left behind. I then cut across the sac about half an inch below the ring. I had no fear of its retracting into the abdomen, as it was adherent to the margins of the deeper opening. I then passed two fingers of the left hand through the openings into the abdominal cavity, and with the right hand passed a strong Liston's needle armed with stout silver wire through the whole thickness of the abdominal parietes, from the aponeurosis of the external oblique to the peritoneum, till I felt the point of the needle on the tip of my finger inside the abdomen. Withdrawing the finger, with the point of the needle pressing upon it, the wire was brought into view, and caught, and the needle withdrawn. It was then passed unarmoured through all the tissues on the other side, including the peritoneum, threaded with the wire and withdrawn. Two more silver sutures were passed in the same way lower down, and when their corresponding ends were pulled together, it was found that the edges of the openings, and included between them the neck of the sac, could be well brought together. The wires were then twisted in the usual way, and the twisted ends flattened down. As much of the sac as could be dissected away from the cord was then removed, the wound closed with catgut, and a drainage tube inserted. The whole operation and after-treatment was performed antiseptically, according to Lister's method. That night all our precautions were in imminent peril of proving abortive. The nurse in charge of the ward left it for a few moments. The patient took advantage of her absence to get out of bed and go to the closet. On his return, finding I suppose, the dressings irksome, he began to remove them, and had just reached the deep dressings, when the nurse returned and discovered what he was doing. She at once sent for the resident, who proceeded without loss of time to replace the dressings, using all the precautions which the occasion allowed of. The next morning I discovered that the scrotum was swollen and fluctuating, and from its darkened colour it was evident that, owing to his perambulations of the previous night, he had got an hæmatocele.

(a) Thèse de Bâle, 1881.

(b) *Revue des Scien. Méd.* Hayem. 1882. Vol. xix., p. 662.

The evening before, when inspected, there was no sign of swelling or disturbances.

The wound was examined, and as it appeared to be doing well, it was redressed as before, and was not again disturbed till the eighth day, when it appeared uniting well. The drainage tube was removed. On the 10th it was dressed again, and also on the thirteenth day. A small piece of the skin wound at the seat of drainage was not quite healed, but in a few days later cicatrisation was complete.

The progress of the hæmatocele was not so rapid, as it began to suppurate on the seventh day, and free incisions were made into it on the eighth, the temperature on the night before being 101.2°, though previously it had not reached higher than 100.6°, on the second day, after which it had fallen. The patient now slowly but steadily improved, and he left the hospital on the 7th April without the smallest sign of a return of the hernia, and without cough impulse. I have not since been able to see him.

Two very similar cases were reported by Dr. Kraske, of Halle, on which Volkmann had operated. (a) The first was a man, æt. 42, the subject of an irreducible congenital scrotal hernia, which was very painful. He was very anxious to have an operation done, which was accordingly performed—the sac was opened, the hernia reduced. It was impossible to dissect away the sac from the parts adhering to it. Castration was performed as high up as possible, by raising the sac and cord at the same time, ligaturing both together at the neck, and then having divided them both below the ligature, the cord and testicle were removed with the tunica vaginalis. Carbolic dressings were applied over all. The patient recovered and left the hospital wearing a pad and bandage. There was no sign of a return of the hernia, even on coughing. The second case was very similar, only that the sac contained intestine and omentum, both of which were carefully replaced as high up as possible beyond the neck of the sac. This case was likewise followed by cure, coughing producing no effect at the ring.

Sometimes, however, in acquired inguinal hernia, when the sac is old, it not only adheres to the cord, but may be intimately connected with the tunica vaginalis below. If it be roughly pulled upon, the testicle may come bodily out of the scrotum, a point to which Mr. Mitchell Banks (b) has called attention. In such cases, as well as in cases of incomplete descent of the testicle, Nussbaum fastens this organ to the bottom of the scrotum with sutures, then dissects away the sac from the cord, sutures it and divides it in the usual way; but taking into consideration the usually undeveloped condition of the testis in these cases, Kraske prefers castration, a proceeding advocated also by Mr. Banks, two successful cases of which he published in 1881. Whatever may be the course pursued in the young, in the case of a man advanced in years with an atrophied or undeveloped testis, castration would undoubtedly remove many of the difficulties, and would probably aid, not only in the more rapid progress of the case, but in the greater efficiency of the cure.

In cases of congenital hernia in children the employment of castration is, of course, out of the question. Dr. Buchanan, of Glasgow, (c) has employed an expedient which proved successful in his hands, and has the advantage of preserving the organ intact. He dissects up the sac and divides it. The lower portion he turns down so as to form an artificial tunica vaginalis. The upper half he rolls up and uses it as a plug for the internal ring. He then stitches up the canal with silk. The edges of the internal ring are drawn together with silver wire, but this, instead of being allowed to remain in the wound, is removed on the tenth day. The child on which he operated thus was kept quiet by being secured to a St. Andrew's cross with bandages. At the end of four weeks it was liberated and was then perfectly cured.

Besides the difficulties which present themselves, owing to adhesions having formed in an old hernia between the outer wall of the sac and the spermatic cord, or to the sac being congenital and of old standing, other circumstances may exist which may complicate the operation, but which prove at this same time its superiority over other methods of dealing with hernia generally. Among the many instances which we find published in late years, I may cite one which was brought

before the Seventh Congress of German surgeons, by Dr. Pauly, of Posen, (a) it was the case of a woman, æt. 43, the subject of an enormous inguinal hernia of the left side, which could not be controlled by any truss. The hernia which had existed for 13 years, reached nearly to the middle of the thigh, and had at its base a circumference of nearly 15 inches. After the replacement of the tumour, the inguinal canal was found to be dilated into a ring which could easily admit four fingers; a pouch as long as the forearm, consisting of skin and hernial sac remained. Under antiseptic precautions the hernial sac was extirpated and shown at the Congress. It was capable of holding about two pints of water. The opening was closed by sutures in the usual way. The case did well, and when discharged from treatment showed no sign of relapse. Dr. Pauly urges particularly that before applying the ligature to the neck of the hernial sac the sac should be opened, otherwise, notwithstanding the apparently 'complete reduction of the hernia, a small loop of intestine might be penetrated by the needle.

I may here observe that this method of operating is known in Germany generally as Czerny's method, and Dr. S. D. Gross (b) thus refers to it: "An extension of this operation (simple suture of the rings) has, within the last few years, been practised by a number of surgeons, chiefly European, attention having been previously directed to it, in 1879, by Prof. Czerny, of Heidelberg."

Now, Czerny's first five cases were published in 1878, (c) seven years after Lister recorded his two cases in his address on Surgery, and after Marcy, of Boston, had performed the same operation in strangulated hernia, published in 1871. It is evident, therefore, that he has no claim to priority, nor is there any special reason why his name should be attached to it.

Another remarkable case in which this method was employed was reported by Prof. Lawrie, of Lahore. (d) The patient was a gentleman, æt. 34, who was the subject of a right inguinal hernia, complicated with a tumour of the right testicle, which after removal proved to be a soft carcinoma. The tumour was as large as the closed fist, and was of three months' growth. On Jan. 5th, 1883, the operation was performed. The hernial sac was found to be congenital, and contained a mass of omentum which was adherent to the upper surface of the tumour. The neck of the sac and its contents were transfixed *en masse* with double catgut, which was tied on each side immediately outside the ring. The sac, omentum, and tumour were amputated half an inch below this point, and the ring with the thick stump in the centre was occluded by means of the catgut ligature which held the stump. "The patient left Lahore on Jan. 20th, well and not wearing a truss." Prof. Laurie has operated in this manner twelve times, the results being in each equally good. "Under proper antiseptic management," he says, "without which the operation would be impossible, the wound heals at once, and consolidation of the ring is complete in from eight to ten days."

In a few cases the post-mortem appearances of the parts at varying periods after the operation have been put on record, and these all demonstrate the good results which follow from this method. In no case that I have found, where Listerian precautions were adopted, have the evidences of peritonitis, as a result of the operation been seen. In a case reported by Mr. M. Banks (e) the patient died about a fortnight after operation with symptoms referable to the nervous system, he being well advanced in loco-motor ataxy. The pillars of the ring were found "agglutinated together with lymph in such a way that the inguinal aperture was completely closed, and in the lymph the sutures were completely buried." In a second case, reported by Mr. Davies Colley, (f) in which the man died three years after operation, "the hernial ring was found represented by a slight depression on the inner side. The *processus vaginalis* was obliterated, and the tunica vaginalis was nearly obliterated.

I need not here detail cases to show that the radical cure by antiseptic suture is applicable to other kinds of hernia besides inguinal. The two cases related by way of illustration in the address on Surgery in August, 1871, by Sir Joseph Lister were, the first a case of large umbilical hernia,

(a) *Centralblatt für Chirurgie*, No. 26, 1882; and *Revue de Chirurgie* Jan. 10, 1883, p. 74.

(b) *Op. Cit.*

(c) *Erit. M-d. Joura.*, May 17, 1879.

(a) *Lond. Med. Record*, June, 15, 1873, p. 270.

(b) "A System of Surgery." By S. D. Gross. Vol. II., 1882., p. 514

(c) *Berl. Klin. Wochenschrift*, 1881, No. 4; by Dr. H. Braun.

(d) *Lancet*, May 12, 1883, p. 815.

(e) *Op. cit.*, p. 937.

(f) *Lancet*, March 11, 1882.

the second a ventral hernia, both completely successful. It is now the only method employed to effect the radical cure of femoral hernia. An interesting case is reported in the *Lancet* for August 20, 1881, in which Mr. Wood, the author of the subcutaneous wire operation, employed it as a supplemental operation in a case of strangulated femoral hernia, and the same has been done frequently by others. These instances sufficiently show the wide application of which this operation is capable. The same cannot be said for any other method of treating hernia radically. Wood's great success in his wire operation has been attributed to the care he exercises in selecting his cases, avoiding those in which he had reason to believe that the wire operation would not be successful. In 1882 (a) he acknowledged that in cases of congenital hernia he now always removed the sac through a small opening, using antiseptic precautions, as his large experience of the subcutaneous wire operation showed him that these cases were less amenable to the radical cure than others. The same observations apply to Mr. Spanton's method with the corkscrew needle. In his list of cases, published in July, 1882 (b), he says: "The most suitable cases for cure are, I think, those occurring in the young," and his table of thirty-four cases shows that twenty-two were below the age of eleven, and the remainder between the ages of thirteen and twenty-seven. This shows at once the large number of cases excluded from the benefits which his operation might afford. If we further exclude all those forms of inguinal hernia where adhesions exist between the sac and its contents, or where the testicle has either not descended, or is adherent to the sac, the result cannot fail to convince us of the great superiority of the method by antiseptic suture. In the *British Medical Journal*, p. 1110, Dec. 8th, 1883, a new operation is described by Dr. Fitzgerald, of Melbourne, in which he obliterates the canal by means of a crucial suture, which is passed subcutaneously. "The sutures being of pure gold and perfectly unirritating, are left in permanently." This is an improvement on the method advocated by Dowell, of Texas (c), in which silver wires are introduced through the margins of the rings, and the free ends brought out at the same side of the opening in a line parallel to the inner pillar of the ring. They are secured over a piece of wood or cork, as in quilled suture, and are removed about the seventh day. Dr. Fitzgerald's method has the great advantage over other methods of subcutaneous suture in this, that the wire is not removed, but remains as a permanent barrier against the re-descent of the hernia. Ingenious as this method is, it can lay claim to no points of advantage over the antiseptic suture, or open method, or method of dissection, as it is variously styled.

I have no doubt that any surgeon who will give this method a trial, and who will perform it under the protective influence of full and unmodified Listerian principles, will hesitate before he surrenders it for any one of the methods based on the principle of blind surgery.

Clinical Records.

CASES IN PRIVATE PRACTICE.

Case of Albuminuria, Anasarca, Liver dyspnoea, Weak heart, Chronic Bronchial affection, Treatment; Recovery.

Under the care of JOHN W. MARTIN, M.D.,
Sheffield.

I WAS called in a hurry to see W. R., middle aged, a brewer's cooper, living in Napier Street, Sheffield, who had been seized suddenly about 12 o'clock midnight, with urgent dyspnoea, bordering upon apnoea. He was of medium height, stout, bull-necked, puffy looking, and of a pasty complexion, exceedingly partial to beer, and had been indulging largely during the Whitsuntide. When seen, the dyspnoea continued very urgent, there was general anasarca of the body, the legs being greatly swollen. Pulse 128, very weak, but regular. Heart's action very weak, the first sound very faint, and the second almost lost. Impulse imperceptible, no increase in the area of cardiac

dulness, nor were there any murmurs present. He had been troubled for some time with a cough attended by bronchial expectoration of tenacious clear frothy mucus. The lungs were fairly resonant, the respiration was roughened throughout; some coarse moist râles were heard all over. The tongue was dry, bared at the tip, furred at the base. The bowels had been moved. Temperature 100°. Urine scanty and on examination, acid in reaction and highly albuminous, $\frac{1}{2}$ in bulk.

I ordered mustard stupes to be applied to his feet, large mustard poultice over the heart, poultices of linseed over the loins, and prescribed the following mixture:

R. Amm. carb., 3j;
Sp. am. sromat., 3ij;
Tr. lavandulae, 3iss;
Tr. cardamomi, 3ij;
Syrup zingib., 3j;
Aque, ad 3viij.

M. 3j. every third hour.

Ordered him to have plenty of beef tea and milk.

May 21st.—Passed a restless night for two hours in the middle of the night, felt very faint and low. Better this morning, pulse 112, stronger. Heart's action improved. Passed water freely last evening, still highly albuminous. Tongue cleaner and moister, less furred towards the base. Desire for food returning. No motion from the bowels. I ordered a drachm of pulv. jalapae co. to be given at once; and changed his mixture for:—

R. Pulv. pot. nit., 3iss;
Sp. eth. nit., 3ij;
Tr. scilla, 3iss;
Tr. digitalis, 3j;
Aque chloroformi, 3viij.

M. 3j. every fourth hour.

I also wet cupped his loins, taking away about six ounces of blood.

22nd.—Much better generally. Pulse 84. Tongue clean. Temperature 99.2. Appetite improved. Heart's action stronger. Anasarca diminished. Bowels had been three times freely moved; motions loose and watery. The urine scanty. Through a misconception, the poultices to the loins had been omitted; ordered them to be reapplied.

23rd.—Much improved. Tongue clean. Pulse 80, firm and regular. Temperature 98.4° (normal). Passing water freely, of a good colour, and containing only about one-third albumen. The anasarca disappearing, traces alone remaining. The heart's action much stronger, both sounds strong and distinct. Has a good appetite, and in every way is more comfortable and in better spirits. Treatment continued.

24th.—Improvement continues. Urine abundant, but showed $\frac{1}{2}$ albumen to-day. No motion. Repeated the 3j. of compound powder of jalap, and altered the medicine to:—

R. Ferr. amm. cit., 3iss;
Tr. scilla, 3ij;
Tr. digitalis, 3iss;
Potass bicarb., 3iss;
Aque chloroformi, ad 3viij.

M. 3j. every fourth hour.

25th.—Up and dressed. Tongue clean, moist, and firm. Pulse 80. Temperature normal. All traces of anasarca gone. Passing an abundance of urine; had four liquid motions. Treatment continued.

28th.—Improvement in every respect. Urine abundant, and presents a mere opalescence on application of the heat and nitric acid tests. Treatment continued. The subsequent course of the case was most satisfactory; on the 31st there was a relapse as regards the amount of albumen passed, one-third being found on applying the test, but this soon passed off again. Anasarca had quite disappeared, and only the faintest trace of albumen was to be noticed shortly before he passed from under my observation, through a change of residence from Sheffield to Burton-on-Trent.

It has been decided to drain the Great Ormond Street Hospital for Children on modern scientific principles, under Mr. Rogers Field's advice and superintendence. £1,500 will be required to carry out the necessary works, which will be undertaken forthwith.

(a) *Lancet*, March 11, 1881.

(b) *Brit. Med. Journal*, July 22, 1882, p. 125.

(c) Warren on Hernia, 1882, p. 169.

Special Articles.

THE IRISH POOR-LAW SUPERANNUATION BILL.

THE future of this measure was the subject of a private deputation to the Chief Secretary for Ireland on Thursday last, convened by the Irish Medical Association. The Irish College of Physicians was represented by its President, Dr. Moore; its Registrar, Dr. J. W. Moore; and by several of its Fellows. The College of Surgeons was represented by Drs. Barton and Hamilton, the President being absent in consequence of indisposition. Dr. Banks attended as President of the Dublin Branch of the British Medical Association, and Dr. Duffey as its Secretary. The Irish Medical Association was present in the persons of its President, Dr. Jacob; its Chairman of Council, Dr. Thomson; its Hon. Sec., Dr. Chapman; as well as Drs. Purcell, Browne, Taggart, &c. The deputation was introduced by Dr. Lyons, M.P., Mr. Brooks, M.P., and Mr. Meldon, M.P.; letters being read from Mr. Gibson, M.P., and Col. King-Harman, expressing their strong approval of the Bill.

Dr. Jacob submitted to the Chief Secretary the necessity for the Irish Government giving to the Bill its most active support in the coming session, pointing out that it had failed to pass in the two last sessions only because of the late period at which it had been brought forward; that it had the united support of almost all parties in the House of Commons, and of the Department officially interested in the question; that it has been investigated by a Select Committee of the House and approved in its present shape; and that the Government had for two successive years pledged itself to its adoption. Dr. Jacob reminded the Chief Secretary that a most forcible memorial to the same effect had been presented by the non-medical union officers, whose views were entirely in accord with those of the deputation, and he finally urged that the Irish Government should, in the coming session, take the matter seriously in hand and pass the Bill.

The Chief Secretary was afterwards addressed by the President of the Colleges of Physicians and Surgeons and of the British Medical Association branch, as well as by the Members of Parliament.

In reply to the arguments urged, the Chief Secretary said that there were already two measures which the Irish Government was pledged to bring forward before all others, and that he was not prepared to pledge himself as to the measure which should follow these. But he regarded the Superannuation Bill as one of the most important of the Irish Bills, and he would certainly give it his earnest support. He thought it should remain in the hands of Mr. Herbert Gladstone, and that, whenever the Bill came under discussion in the House, he would give all the support of the Irish Government as well as his own personal aid.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, JANUARY 25TH, 1884.

Sir ANDREW CLARK, Bart., M.D., F.R.C.P., President, in the chair.

Mr. WALTER RIVINGTON on

AN UNUSUAL FORM OF DISLOCATION OF THE HIP.

On August 5th, 1883, a man, *et.* 34, was standing with his legs apart and his body bent forwards when some large packing cases fell upon him, striking him on the right side of the head and right hip. The head of the right femur was

displaced from the acetabulum. The symptoms were complete immobility of the thigh, which was slightly flexed; abduction and commencing inversion of the whole limb, and shortening to the extent of 3-8ths of an inch. Under ether it was readily reduced on the first employment of manipulation, the head entering the acetabulum with a click, and with slight grating. The dislocation differed from the ordinary sciatic form in the abduction, slight inversion, and less amount of shortening; and it did not resemble some published instances of anomalous displacements. It might best be described, perhaps, as the first stage of a sciatic displacement. On September 11, the patient, being able to walk, left the hospital cured.

Mr. WALTER RIVINGTON on a case of

WOUND OF EXTERNAL CAROTID BY A STAB IN THE PAROTID REGION; RECURRENT ATTACKS OF HÆMORRHAGE; TEMPORARY LIGATURE OF THE CAROTID TRUNK, COMBINED WITH LIGATURE OF THE EXTERNAL CAROTID AT THE SEAT OF INJURY.

The patient, a carman, *et.* 31, was stabbed by his wife in the left parotid region on December 24th, 1882. Hæmorrhage had ceased before his admission into the London Hospital, and his wounds were brought together by sutures. On December 30th and 31st some hæmorrhage occurred, but it was readily arrested by pressure. Swelling of the left side of the face and erysipelas supervened, necessitating incision and the insertion of drainage tubes. He went on well till Monday the 15th of January, 1883, when severe hæmorrhage occurred, arrested by pressure with a sponge and bandage. On the following morning he was seen by Mr. Rivington. On removing the bandage and compress blood gushed out in a strong jet from a wound over the position of the external carotid behind the jaw. Pressure stopped the hæmorrhage. To avoid loss of blood during the process of securing the wounded vessel Mr. Rivington cut down upon the carotid above the ordinary seat of bifurcation of the common carotid, and passing a cat-gut ligature round one of the carotid trunks (either the common or external carotid) tied it so as to stop the current without dividing the coats of the vessel. On removing the pressure from the wounded external carotid only a languid stream issued, and the vessel was tied above and below the opening. The ligature round the main trunk was then untied, but left under the vessel and the wound was closed, the ends of the ligature passing out between its lips. No more hæmorrhage occurred, and the patient made a good recovery. The cat-gut ligature dissolved and came away from under the main trunk spontaneously on the sixth day after operation.

Dr. COUPLAND observed that a very similar case had been reported in a former volume of the Society's Transactions, and that the patient was present in the ante-room for examination.

Dr. DONALD HOOD on a case of

ANGINA PECTORIS IN WHICH THE ANGINOUS SYMPTOMS WERE RAPIDLY FOLLOWED BY PERICARDIAL EFFUSION.

The history of the case was briefly as follows:—A gentleman, *et.* 65, resting on a sofa, apparently asleep, was suddenly roused by the window curtains being on fire. He quickly jumped up to extinguish the flames, and within half an hour of this exertion he was suddenly seized with severe heart cramp. Seen shortly afterwards by Dr. Hood he was noticed as being blanched, barely able to speak, heart irregular and fluttering, pulse of peculiarly low tension, with agonising cramp-like pain over cardiac region. Hot stimulating applications, brandy, ether, and opium, were used freely, and the patient slowly lost the pain, and a general improvement of the circulation took place. Twenty-four hours after the commencement of the attack a soft pericardial shuffle was noticed, within a few hours it had deepened into a distinct rub. From this time during the succeeding ten days the case assumed all the characters of one of pericardial effusion, the amount of fluid being but moderate, and apparently completely absorbed within the ten days. A fortnight later the patient was found to have a systolic apex murmur and symptoms of incompetency of the mitral valve rapidly developed. The patient died four months later from syncope, and at the time of death was the subject of cardiac dropsy. No post-mortem could be obtained. Dr. Hood suggested as a possible explanation of the primary attack with its subsequent train of symptoms that the patient was the subject of some fibroid degeneration of the heart. Roused from sleep by the flames, his alarm and exertions caused a sudden distension of the heart cavities which possibly gave rise to some lesion of the

visceral layer of pericardium and so started the pericarditis. In support of this hypothesis Dr. Hood called attention to the series of cases of fibroid disease of the heart, collected and published by the late Dr. Fagge in the 25th volume of the *Transactions of the Pathological Society*, and stated that in more than half of these cases the patients were found to have been the subjects of pericarditis. He further suggested that fibroid degeneration of the heart should be looked upon as a possible factor in those cases of pericardial effusion in which it was difficult to explain the cause of the pericarditis.

Dr. BURNLEY YEO asked if the patient had shown any signs of renal changes, or of arterial degeneration?

Dr. DE HAVILLAND HALL narrated the history of a patient who, soon after quarrelling with his son, was seized with pain in the præcordium, and when seen by Dr. Hall the spasm was of a severe character, accompanied with frequent and feeble pulse; there was no murmur audible, and the temperature was not raised. The case clearly looked like angina, and Dr. Hall prescribed diffusible stimulants, with a subcutaneous injection of morphia. Two days later the patient was visited again, when it was asserted that, though better on the intervening day, pain was still experienced. At this time friction sounds were heard over the heart, and death occurred five days afterwards. Dr. Hall considered that this case was plainly one of angina succeeded by pericarditis forty-eight hours after the attack.

Dr. GLOVER asked if Dr. Hall had noticed any elevation of temperature in the later stages of his case; and, in reply,

Dr. HALL said the highest recorded figure was 99° or 100°.

Sir ANDREW CLARK expressed curiosity to learn why Dr. Hood had not resorted to nitro-glycerine as a remedy in the treatment of his case. He also desired to know what degree of temperature had been reached in it, and in connection with this question drew attention to the fact that many cases of pericarditis go through their course without any exaltation in this respect.

Dr. DUCKWORTH suggested that pericarditis might pass unrecognised under the description of angina pectoris. He had seen no cases in which the former succeeded on the latter, but he recognised the existence of a pseudo-angina, especially when disease of the aortic valves existed, and thought Dr. Hood's case might possibly be of such a nature. Few physicians had seen fatal cases of angina, and for each such there were many in which the pain did not terminate in death, being of the character of an acute temporary neuralgia.

Dr. ANGEL MONEY asked how Dr. Hood's case differed from one of ordinary pericarditis?

Sir ANDREW CLARK replied that Dr. Hood had not, he thought, introduced the case as having any special features as one of pericarditis, but as one of pericarditis ensuing on angina.

Dr. EWART observed that it was a question how far analogous symptoms to those of angina might be caused by dilatation of the heart and large vessels. He had met with cases in which cardiac pain was brought on by excitement, as in a case mentioned. Deposition of fibrin resulting from injury of such an organ might produce an amount of irritation equal to setting up pericarditis, and in an enlarged aorta, or a ruptured aneurism, the antecedent conditions necessary might be found.

Mr. COODE ADAMS made the suggestion that fatty degeneration of the heart might bring about the result described; extravasation through a rent in one such case had been described.

Dr. HOOD explained, in answer to Sir Andrew Clark's query that he saw the case on a Sunday night, and was unable to obtain nitro-glycerine to administer. Temperature was normal throughout. The urine was of good density, and there was no arterial degeneration.

Dr. DE HAVILLAND HALL on a case of

EMPYEMA FOLLOWED BY ABSCESS IN THE BRAIN.

S. N., æt. 19, a pupil teacher, admitted into the Westminster Hospital, August 20th, 1883. The patient had empyema following an attack of acute pleurisy three years previously. She had been tapped, and a drainage-tube left in. When first seen by Dr. Hall at Christmas, 1881, she was suffering from hæmoptoe in consequence of imperfect flow of pus; immediately, however, that perfect drainage was established, her condition improved, and for a year she was able to resume her duties. The reason of her last admission into hospital was the hope that the chest had sufficiently fallen in to allow of the withdrawal of the drainage-

tube, but when this was done the evening rise of temperature which occurred showed that pus was accumulating, and the tube had again to be introduced. Just as the patient was about to return home she began to complain of headache; this was followed by vomiting. On the 11th day from the onset of cerebral symptoms the temperature, which previously had been subnormal, began to rise. There were slight convulsions on the left side of trunk and face, the drowsiness became more profound, and she died comatose. Shortly before death there was a copious purulent discharge from the left nostril. At the post-mortem examination, which was made by Dr. Hebb, the left pleura was found extremely dense, a cavity capable of containing several ounces of fluid lay between the opposing surfaces, elsewhere the parietal and visceral pleura were united. On removing the brain, an abscess in the left posterior lobe burst; no other pathological appearance was detected. The abscess, spherical in shape, and about the size of a hen's egg, lay in the white matter, the walls were nearly an eighth of an inch thick, hard, and of a purplish brown colour; the contents were a thick greenish pus, which had an offensive odour. In commenting on this case Dr. Hall insisted on the importance of having a double opening in cases of empyema, the lower one being made, if possible, in the eleventh interspace—a drainage-tube being passed through the two openings, and the ends tied together. By this means perfect drainage is attained. He claimed the case under consideration as a success, so far as the empyema was concerned, as the treatment was so far beneficial that the patient was able to resume her duties; whereas, prior to the double opening being made, she was much exhausted by the constant suppuration, and consequent hectic. Turning to the question of cerebral abscess, Dr. Hall mentioned some cases in which this disease had followed empyema. In his case the thick abscess wall pointed to its being of many months duration; the absence of symptoms till towards the end being explained by the seat of the lesion being at a distance from the motor and sensory centres, which apparently were not compressed. The two symptoms which ushered in the terminal period, viz., headache and vomiting were those commonly observed in such cases. He was unable to give any explanation of the discharge of pus noticed from the left nostril shortly before death. At the autopsy in spite of careful search, no appearance of suppuration was detected at the base of the brain, and there was no communication between the abscess and the nose.

Dr. BURNLEY YEO expressed himself strongly in favour of Sir Joseph Lister's operation in cases of chronic empyema, whereby a free incision is made and a portion of the seventh rib excised in the axilla. In his own practice this plan produced good results, and three cases were instanced by Dr. Yeo in proof. He wished to know how Dr. Hall regarded this operation. German authorities selected the fifth interspace in front as the point of operation, because of difficulty arising in old-standing cases from the thickened deposits found in the axillary region.

Mr. PARKER pointed out that no particular spot could be named as suitable in all cases, and that empyema should be treated where found. In empyema of the whole chest, however, he preferred Dr. Yeo's plan to that indicated by Dr. Hall. Had the case narrated by the latter been under his care he would have been dissatisfied with any less result than a cure, which he thought ought to have been obtained in it. When operating in such cases he made a single opening, into which he inserted two drainage tubes to promote free discharge of pus. No portion of rib need be removed if the opening made were large enough. He found good results to follow from well scraping the cavity in old-standing cases.

Mr. PEARCE GOULD considered the unsatisfactory termination of the case should not be credited to the operation, which was, in itself, successful. It was difficult to explain the abscess of the brain in association with empyema, but it had to be admitted that it was septicæmic, as shown by the temperature chart of the case. Mr. Hulke, he observed, regarded the existence of subnormal temperature with headache as indicative of intra-cranial suppuration. Was any tubercle of the brain found in Dr. Hall's case? He agreed with Mr. Parker that all cases of empyema were not alike, and thought encouragement to operate in the 11th interspace in some cases was found in the fact that the diaphragm did not in this situation interfere, a cavity remaining there. Moreover, where the wall of the chest collapsed in an empyema, the 11th interspace was the only spot where a wide space

existed, the diaphragm not being adherent, so that good drainage might be secured there. He believed it would have been a good plan in Dr. Hall's case to have left the upper tube in place instead of removing it. Commenting on Mr. Parker's plan of employing two tubes, Mr. Gould instanced the case of a gentleman on whom he operated, making a single free opening in the post-axillary line, inserting only a single tube. The patient, though much reduced, made a good recovery.

Mr. GODLEE thought it rash to ascribe the brain abscess to the empyema unless examination had been made to discover a suppurating spot in the ear or nose. He approved the removal of portions of three ribs in some old cases of empyema, thus affording an ample opening for free drainage. Two tubes would not be called for if the single opening was made sufficiently large. In one case he had operated on, and which died from other causes than the empyema, he found a formation of new bone progressing.

Mr. BARKER advocated excision of part of the rib to prevent nipping of the drainage tube during collapse of the chest wall. There would be no difficulty in obtaining free drainage, provided the opening was sufficiently large. In one case he removed parts of three ribs, and in it complete renovation of bone occurred; and in young subjects especially such a proceeding could be recommended.

A MEMBER said he had seen two instances within the last year in which cerebral abscess followed empyema treated by removal of rib.

Sir ANDREW CLARK said the discussion had brought out the fact that, under certain conditions, inflammation might occur without a rise of temperature; and also that septicaemia and even fever might exhibit an assemblage and progression of symptoms without exaltation of body heat. In the London Hospital, recently, was a young married woman with phthisical family history, who had been five times operated on at Guy's, and then sent to the country. She returned with a dry pleuritic rub over the whole right chest. With rest in bed she improved, and one large opening was then made in the lower part of the axilla. She was discharged well; right lung natural. While wearing the tube she exhibited small storms of fever, which always subsided on the removal of small accumulations of pus, to which they were due.

Dr. HALL said consideration was given, before operating in his case, to Dr. Burney Yeo's suggestion, the lower opening having been purposely selected. It should be remembered, in judging the result, that the case was one of fistulous empyema, and had been progressing sixteen months before it came under his care; and in such a case the low operation offered the most favourable chance. The wall of the cerebral abscess was one-eighth of an inch thick, and must have, therefore, been some time in formation. There was no evidence of tubercle in the brain, nor of any diseased bone at the base of the brain, in the nose or ear.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY. FRIDAY, JANUARY 4TH.

Dr. THUDICHUM, President, in the Chair.

Mr. T. PICKERING PICK read the notes of a case of
STONE IN THE BLADDER OF A FEMALE.

Seven years ago the patient was admitted into one of the London hospitals suffering from symptoms of stone in the bladder. An operation was performed for removal of the stone, and ever since she had suffered from incontinence of urine. Several plastic operations had been performed for the cure of the incontinence, but without success. Two years ago an opening had formed between the rectum and vagina, and ever since the faeces had passed from the one tube to the other. When she came under Mr. Pick's care he found that the whole of the posterior wall of the bladder had been destroyed, as well as the under surface of the urethra. There was also an opening the size of a goose-quill between rectum and vagina. As there appeared to be no probability of closing the vesico-vaginal fistula, Mr. Pick occluded the vagina by removing a circular belt of mucous membrane from just within the orifice and bringing the raw surfaces together with quilled sutures. The operation was attended with marked success, the patient passing her water by the rectum, and being able to retain it "as long as she liked." Mr. Pick then

remarked how unadvisable it was to use gradual dilatation, or, as proposed by some, to slit up the urethra, in that these methods usually resulted in incontinence. The rule, he thought, should always be to dilate rapidly for stones not larger than a filbert, while for stones of larger size lithotomy is preferable to lithotripsy.

Mr. LUNN mentioned how difficult it was to perform lithotripsy in young children, owing to the danger of injuring the bladder.

Mr. HOWARD MARSH asked Mr. Pick as to how his patients bore the urine in the rectum. He also remarked upon the difficulty of turning the instruments sufficiently to crush the stone in the bladder of a child, and mentioned that frequently the fistulae were due to syphilitic ulceration, and therefore impossible to heal.

Dr. HART VINEN and Mr. LLOYD also spoke.

Mr. PICK, in reply, said that he found his patients bore the urine in the rectum exceedingly well, and mentioned a case of recto-vesical fistula due to gonorrhoea in a young man in which the rectum became, as it were, a secondary bladder, and lasted for many years with but slight inconvenience.

CARIES OF THE SPINE MISTAKEN FOR MORBUS COXÆ.

Dr. CLIPPINGDALE showed a case illustrating the difficulty of diagnosing between caries of the spine leading to psoas abscess and disease of the hip joint. The patient, a boy, æt. 11, had been in no fewer than four of the London hospitals, where he had been treated by plaster of Paris jackets applied to the back, and weight and pulley attached to the leg, and his friends had been informed at the various institutions that he was suffering from spine disease, from hip disease, or from both hip and spine disease. Dr. Clippingdale and his colleagues at the Kensington Dispensary had treated him for disease of the hip-joint as well as for caries of the spine. Yet, now that many of the sinuses had ceased discharging, it was perfectly clear that each hip-joint was perfectly intact, and that all that had occurred was caries of the lowest dorsal and uppermost lumbar vertebrae. This disease had apparently given rise to a psoas abscess on each side, and this in time had occasioned sinuses around each hip-joint similar in situation to those produced by morbus coxæ. There had also been some ostitis of the great trochanter upon the left side, which had evidently helped to produce the error in diagnosis.

EXCISION OF THE HIP.

Mr. POTTER showed a living specimen after excision of the hip. The patient was a boy, æt. 8, who had been the subject of hip disease for three years. He was admitted into the Kensington Infirmary four years ago, and on account of the pain induced by the disease and extensive suppuration telling upon the powers of the patient, the joint was excised. Mr. Potter, in detailing the steps of the operation, said he removed the head, neck, and the upper part of the great trochanter, and finding in the acetabulum a loose sequestrum, also took this away. The wound healed completely in nine months, and the patient had since been walking about without a crutch. The shortening was 2 3-8th in. So little inconvenience had resulted from the operation that the patient, with the aid of a high boot, ran up and down a passage before the members of the Society without pain. The normal movements of the joint were only slightly modified; that of abduction was decidedly lessened. A few days since the boy fell, and ruptured a cicatrix in the groin; with this exception no sinus existed.

Mr. J. R. LUNN then read

TWO CASES OF HIP DISEASE.

I.—Susan G., æt. 10, was admitted to the St. Marylebone Infirmary in October, 1883, with old hip disease, and small sinus over the left femur. She was quite well until four years ago, when she fell on her left hip, and has been lame ever since. She had had three or four operations performed by Mr. Beck at University College Hospital, where she was ten months. She was then a patient for three years at the Incurable Hospital, Chelsea. On admission, child looked very anæmic, had ankylosis of left hip, no apparent shortening, old scars about the hip, and one small sinus still open, some lordosis with lateral curvature towards right; viscera normal. She could stand on her left leg when supported. There was also some wasting of gluteal muscles.

II.—R. J., æt. 28, single, a laundry-woman, was admitted into the St. Marylebone Infirmary in December, 1883, with hip disease. She had always had good health until three years

ago, when she had an accident and fell through some glass and cut her right arm severely. She was taken to St. George's Hospital in an unconscious state, and was confined to bed for six months with her arm. When she got up she noticed that her right leg was painful, causing her to limp. In February, 1883, she went to St. Bartholomew's Hospital, where she was treated with an extension for four months, and was told that she had hip disease. She then went to Margate Infirmary, and on admission there appeared to be a fairly healthy woman. She had old scars on her right arm and wedge-shaped incisor teeth. There was no flattening of the buttocks, $1\frac{1}{2}$ in. shortening of the right leg, and she was able to stand on her right leg when supported. There was also incomplete ankylosis of the right leg.

Dr. THUDICHUM, speaking, laid great stress upon the use of the stethoscope in such cases, as by means of that instrument one can generally tell the nature of the disease. Thus, when the stethoscope is placed over the joint, one will hear a distinct grating of the bone when there is hip disease, but if it be due to rheumatism, one will hear a specific soft grinding noise, somewhat like the murmur of a distant engine.

Mr. HOWARD MARSH, speaking of the diagnosis of these cases, strongly advised putting the patient through all the natural movements of the spine, such as making the patient run upstairs, lie down on the back and get up again, the enarthrodial movement being of the greatest importance.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 30, 1884.

THE TERMINOLOGY OF PHTHISIS.

NOTHING so much conduces to an accurate comprehension of disease, and especially of the phenomena which characterise the varying phases of allied diseases, as the employment of a definite and easily-applied terminology. Notwithstanding that the habit of thinking of disease as an assemblage of signs and symptoms, without relation to the name denominating it, is inculcated by all good teachers, and undoubtedly is observed

by every capable clinician, it is still essentially true that as increase of knowledge enables stricter application of words to things, so does the progress of medicine advance; the two, indeed, proceed *pari passu*. It was in some such spirit of reflection as this that Professor Virchow recently indulged when addressing the members of the Berlin Medical Society on the Infectiousness of Tuberculosis, a translation of the speech delivered on this occasion having been published in our issue of Jan. 9th. For a long time, and especially since Koch's epoch-making discovery, pathologists and clinical observers have evinced an obvious dissatisfaction at the loose manner in which the terms "tubercle" and "tuberculosis" are employed; and the same disinclination to accept the use of phrases which are not etymologically exact has evidently occurred to the great master of German science, who emphatically denounces the system by which encouragement is given to misapplication of names.

To a majority of physicians the word phthisis calls up a mental picture of a certain definite kind, while to most it suggests also a division of the general disease into species each possessing distinctive features of its own. Guided, moreover, by deeper researches into the origin and progress of the affection, they now very usually assign to "tubercle" the rôle of an active producing agent in one form of phthisis; and for the most part they here close the process of analysis which has led them to the formation of a diagnosis. Strictly speaking, however, there is no ground for such a proceeding, since "tubercle" is literally nothing more than a diminutive "tuber," or a small nodule, and is equally appropriate for designating any minute mass-growth, wherever found. Previously to the creation of an interest in the existence of bacilli within the body, universal acceptance gave the term "tubercle" a particular meaning of its own, which, though founded solely on usage, was sufficiently definite to be generally serviceable; though not on that ground to be defended. Now, however, in the presence of the knowledge which shows that the growths formerly denominated "tubercle" have an invariable association with the bacteroid organism bacillus, it is both desirable and essential to throw aside the loose system of names in this connection, and to assign to the products of the disease a distinctive and descriptive epithet.

Not every "tubercle" or little nodule found in the body as a result of morbid action is "tuberculous," in the sense of its being a focus of bacilli development; and hence, if we should continue to misapply a term long misapplied harmlessly, it cannot fail to breed confusion in the minds of those who will come to regard it in the future as synonymous with bacillus infected deposits. To avoid so undesirable a result, the adoption of Virchow's proposal would be at once wise and generous, involving only a slight amount of present inconvenience, with a view to smoothing away difficulties from the path of newer generations of students. The suggestion made in this connection by Virchow is to replace the word tubercle by "bacillous," and so give a definite and restricted meaning to the term when employed to designate that which it is really intended to convey.

Thus, supposing that phthisis is the disease in question, and that particular form of phthisis hitherto called tubercular, it would henceforth, at Virchow's instigation, be known as "bacillous" phthisis; and thus the name given to it would immediately recall the main facts distinguishing it from other and non-bacillar varieties of the affection. That much simplicity of meaning would be introduced under this plan does not admit of doubt; but its principal support is found in the freedom from misapprehension as to the real points to be conveyed in the description.

On several occasions proof has been given of the importance to be attached to an accurate terminology of disease; and though it sometimes happens that too little regard is had to this by inventors of new names, yet there is tacit acceptance of the principle on all hands. It will necessarily follow, moreover, that many diseases must, when first fairly brought to notice, be dubbed with names which, when their etiology and pathology are better understood, will be found manifestly inappropriate. To admit the truth and to correct the error committed in ignorance is surely to advance in the path of improvement, and, at the same time, to make the literature of medicine more perfectly representative of diseased conditions. We fortunately hear very little now of declamation against the uselessness of words in the profession of medicine. As a matter of fact, words are of priceless value in this connection; but also it can be said that they may be made the instruments of vast evil. The best teachers are they who use their words as they would use their instruments or their drugs—each one in its exact place, and each with a view to achieve a distinct and exactly-defined purpose. Thus utilised, they convey meanings which cannot pervert the truth, as truth is contemporaneously understood; they enforce it, and assist its reception in the mind of the student and observer.

THE ACADEMY OF MEDICINE OF IRELAND.

EVERY well-wisher of the Dublin School must rejoice at the large measure of success that has attended the formation of an Academy of Medicine in Ireland, and feel a pardonable sense of pride at the encomiums that have been bestowed on the first volume of its Transactions by so many competent critics in England, Scotland, and the United States of America. The work done in the various sections of the Academy is such as will undoubtedly enhance the reputation of a School which, previous to the foundation of the Academy, was fast lapsing into a state of regrettable torpidity. However, though we must rejoice that a much healthier condition of things now exists, and that evidence is afforded at every sectional meeting of a zeal, activity, and earnestness in furthering every branch of medical science, there is a circumstance which cannot escape the notice of even the most casual observer at the meetings of the Academy, viz., that with one or two exceptions, the work done is by the junior or comparatively junior members of the profession. This is a fact which is much to be deplored, and we think the time has arrived to inquire why this state of things should be. In all other great centres—

London, Paris, Edinburgh, Berlin, Vienna, New York, &c.—the leaders of the profession—those in whom the public place the greatest confidence—are among the most active of the members in contributing papers and taking part in debates and discussions on them. Why is it that in Dublin so many of those who have obtained foremost places in the front ranks of public practice, men of intelligence, of ripe experience, and whose discretion and abilities are unquestioned, should at all the meetings of the Academy be conspicuous by their absence? This was not formerly the case in the days of the old Pathological and Surgical Societies of Ireland, where the acknowledged heads of the profession were invariably present, ever ready to sympathise, aid, and encourage by their example.

When we compare the records of the London societies with those of our Academy, we cannot but be sensible of the fact that, whereas in London the acknowledged leaders of the profession exhibit an energy and activity which is worthy of all praise and recognition, in Dublin, alas! their analogues are apparently indifferent, but certainly mute. This is a more serious matter than would appear at first sight. A persistent ignoring of and indifference to medical scientific progress on the part of those who ought to be teachers and pioneers is most discouraging to those willing and able to do original work, and who cherish the hope of accomplishing some work in the future that may maintain or perhaps enhance the fame of our School.

Recently, on State honours being given to our profession, a widespread dissatisfaction was felt and expressed at the neglectful way Ireland was treated, but when the leaders of the profession in Ireland adopt a principle of self-effacement in all efforts made here to advance medical science, one cannot be altogether surprised if the State, in distributing honours, should ignore them.

While, however, we deplore this want of scientific ardour in the majority of the leaders of our profession in Ireland, we must guard ourselves from the inference that we attribute that indifference to any feeling of ill towards the Academy or its administrators. We rather think that the energy displayed by the heads of the profession in other parts of the Kingdom and the absence of the same energy in Ireland are the natural result of the differences in our systems of medical practice. In London the consultant is fully conscious that he lives by the patronage of the general practitioner, and that if he desires to retain that patronage he must from time to time remind the rank and file of the profession of his existence and of his scientific progress by appearing at medical gatherings and in the professional periodicals. In Ireland, on the contrary, the consultant lives by the confidence reposed in him by the public at large, and he thinks, unwisely we believe, that that confidence would not be increased or extended by anything he might do to attract the admiration of his own brethren. Therefore, as a rule, the Irish consultant writes little, speaks little, and mixes little in scientific converse with his brethren, and perhaps we may say in some cases, reads little. A more short-sighted policy could not be adopted, for it must be

obvious that the physician or surgeon who elicits the respect and admiration of the general body of the profession by his devotion to the science and art which he practises stands on much safer ground as regards practice and income than he who depends upon the fancies of the public. There are men in Ireland who could double their incomes by taking their proper position at the head of the working practitioners of the country, and it is greatly to be regretted that they remain satisfied with the commonplace honour of a sufficient income when they might raise themselves and the Irish School in public estimation by the exercise of a little more zeal and a little less selfishness.

THE DEMORALISING AND PAUPERISING INFLUENCES OF HOSPITALS.

AN interesting correspondence on the above subject has been recently carried on in the columns of our able contemporary the *Scotman*, initiated by "M.D.," who, *inter alia*, apropos of the Report of the Edinburgh Royal Infirmary, states: "Apparently it never enters into the minds of any concerned to ask whether any such increase [of patients] be occasioned by a real need for gratuitous medical advice on the part of the applicants, or whether these institutions themselves may not be fairly charged with creating this increased demand by the utter want of any system of control, or any attempt to determine the means and status of the applicants. As the result of experience and inquiry, there is much reason to think that our medical institutions are really pauperising a section of the community by assisting such as are well able to pay a medical adviser; are misapplying the contributions of donors, and are also acting most unfairly towards the general practitioner."

With these sentiments we entirely agree, and in a subsequent letter on this subject it is pointed out that artisans earning from 25s. to 35s. a week should pay for medicine and medical attendance. We hold with the writer, that artisans earning any such wage have no more reason nor right to expect free medical attendance and medicine than they have to demand that they should be supplied *gratis* by their butcher or baker. The results of this excessive medical charity are only too apparent. As a rule, the working classes are shamefully pauperised in this manner, habits of dissoluteness and improvidence are begotten, and drunkenness and crime are rampant, while a large section of the medical profession are unjustly robbed of their just due. In the city of Glasgow, for instance, within the past thirty years, working class practice has all but disappeared, having been drafted to the large hospitals to further the personal ends of those whom the accident of birth or fortune may have raised above the need of such practice. The extent to which this has taken place is shameful and scandalous in the highest degree, and the only cure which we can see for it is the encouragement of the provident system of medical relief among the humbler orders. It is perfectly true that the profession itself is not blameless in the matter, and it is much to be deplored that well-meant benevolence is not directed with more judgment and wisdom.

From this stage, however, to compulsory payment in all cases is an abrupt step which has been taken by the authorities of Guy's Hospital, who have just introduced so novel a change in the mode of administering the charity under their charge, that it may well become matter of wonder to what extent they may not by and-by proceed. Henceforth all out patients are required to contribute threepence towards the hospital funds, in return for the assistance given to them; and those who obtain medicine to go over a fortnight must pay sixpence. As, however, it must sometimes happen, even at Guy's, that patients of extreme poverty will present themselves for relief, and be in a position to need it imperatively, the authorities have hit upon the happy (!) plan of co-operating with the Charity Organisation Society, and will now require the latter body to set its *imprimatur* on every letter given to patients who are unable to pay. The Charity Organisation Society is a most excellent institution in its way; but, nevertheless, we doubt somewhat whether such a partnership as that arranged between it and Guy's is either advisable or legitimate. At any rate, it is unquestionable that the new regulations formulated at the hospital meet with anything but approval from the poor who have to apply to it for medical help; and in addition to this we fail to see the advantage that will accrue to the charity from such pitiful augmentation of its funds as will result from its competition with fourpenny dispensaries. Moreover, the question still remains, Is the charge a legal one?

Notes on Current Topics.

The Medical Bill.

It is generally understood, in well-informed quarters that the prospects of the Medical Acts Amendment Bill in the coming Session of Parliament are of the most encouraging description. The Government is fully determined to introduce the measure as soon as an opportunity of doing so presents itself, and it may reasonably be presumed that a valuable lesson will have been learned from the disasters which marked its progress last year. Already, too, signs are not wanting to indicate that opposition is marshalling its forces in preparation for the fray; and probably the Bill will encounter a good deal of rough weather ere it is steered safely into port. Whatever may result, however, there seems to be no question entertained respecting the reality of the renewed attempt to pass the measure into law; but a good deal will doubtless depend on the nature of the modifications to be introduced into its provisions in consequence of the experience gained last year. It is something, and a good deal, to be assured that those in charge of it are not dispirited at the poor amount of success already gained, but are prepared to begin anew to fight the battle of reform against the Corporations. We would earnestly hope that time will have tempered the extravagance of a few of these bodies, and that their demands will be pitched in a much lower and more becoming key than on the last occasion when they were uttered. It will now be speedily known what are the

real intentions of the Government, and much justifiable curiosity is naturally felt concerning them.

Electric Railway Lighting.

RAILWAY travellers accustomed to the misery of ill trimmed, feebly-illuminating oil lamps in the carriages of trains will rejoice to learn that some prospect of relief is at last opening before them. Especially will South London travellers by the lines running out of the great city termini hail any indication of a possible era of improvement in this respect; for no one who is used to the dimly visible darkness of an ordinary London, Brighton, and South Coast train will be at a loss to understand what an era of absolute comfort will set in when electricity is adopted in place of the dirty and inefficient lamps now employed. Rumours have, indeed, for some months past been current respecting trials of various schemes on one or another of the north-running lines, but none of the plans proposed seem to have been found successful. Lately, however, on the District Railway, a direct method of lighting trains by electricity has been under experiment between Kensington and Putney, and a fortnight's trial has shown it to be completely feasible. When fully perfected the apparatus will be worked with steam from the locomotive, a special engine, small in size, but of high speed, being situate, with the dynamo, on the tender. When this mode of lighting trains once becomes general, it will in all probability lead to material diminution in the amount of injury caused to eyesight by straining attempts to read the small type of evening papers by aid of flickering oil lamps, a cause which is to blame for not a little of the disease found among middle-class patients.

The Social Science Association.

THIS body is early in the field this year in making arrangements for the next congress, to be held in Birmingham in September. The secretary of the Association has already visited the midland town, and conferred with the Mayor and others as to the public buildings to be placed at the disposal of the Association for the purpose of the congress. The Mayor will preside, and a deputation from the council, consisting of Sir Richard Temple, Bart.; Mr. Hastings, M.P.; and the Rev. S. Alfred Steinthal, will attend and deliver addresses on the objects and work of the Association.

The late Mr. Wheatley.

THE general regret experienced through the death of the Royal Medical and Chirurgical Society's resident librarian has, in the case of the Society itself, led to a practical expression of the sense entertained of the late Mr. Wheatley's services. We understand that it is in contemplation to establish some description of memorial by which the deceased officer's devotion to the interests of the Society for forty years shall be kept in mind. A movement of this kind is at once a graceful and a well-deserved tribute of respect to the memory of one who had been so long identified with the Society; and it is pleasant to find that the tribute is so heartily and spontaneously to be offered. At a special meeting of the Council of the Society, held on

the 17th inst., the following resolution was unanimously adopted:—"The Council of the Royal Medical and Chirurgical Society of London desire to express their sorrow at the sudden and unexpected death of their late excellent resident librarian, Mr. Benjamin Robert Wheatley, and their sympathy with the surviving members of his family. The Council also wish to record their deep sense of the value of his services to the Society during the last forty years, and their due appreciation of his constancy and fidelity in the discharge of his important duties."

The Cure of Hernia by Injection.

DR. JOSEPH H. WARREN, of Boston, Mass., has recently published, through Messrs. J. & A. Churchill, a small work, entitled "A Plea for the Cure of Hernia," which well deserves to be carefully studied by surgeons. The principal object of the brochure is to describe and advocate the author's mode of curing hernia by means of subcutaneous injection of an astringent fluid into the hernial canal and around the sac. Dr. Warren cautions his readers against the common error of injecting the sac itself, whereby peritonitis is necessarily set up, and the operation jeopardised. Dr. Warren employs a special form of syringe, the nozzle of which is so constructed that it turns in the hernial cavity, and, terminating in a rose, the contained fluid is well scattered throughout the surrounding structures. The solution most commonly employed consists of quercus alba, with alcohol, ether, sulphate of morphia, and tincture of veratrum viridis. It acts by creating an irritative inflammation in the fibrous tissues, and thus adhesion among them is promoted. After eight days from operation the patient wears a special truss, devised by Dr. Warren, and called by him the anatomical truss, which is discarded in about three months, and cure is complete. Dr. Warren has been most successful with this method of treatment.

The Effect of the Pro-Contagious Disease Agitation.

VENEREAL of the most virulent type (says the *Army and Navy Gazette*) is still the prevailing disease among the troops at all the military stations. At Aldershot, considerably more than one half the patients in hospital are suffering from this disease, which is steadily on the increase. On the other hand, the Lock hospitals are almost empty. Attendance at these institutions being now optional, but few unfortunates present themselves for treatment, and these, as a rule, are only very bad cases. Fostered and encouraged as it is, this loathsome disease is spreading to such an extent as to cause grave anxiety.

IN the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follow:—Calcutta 29, Bombay 25, Madras 42, Paris 24, Geneva 28, Brussels 24, Amsterdam 30, Rotterdam 30, The Hague 22, Copenhagen 24, Stockholm 24, Christiania 7, St. Petersburg 35, Berlin 23, Hamburg 30, Dresden 26, Breslau 29, Munich 27, Vienna 31, Prague 35, Buda-Pesth 27, Trieste 29, Rome 30, Turin 25, Venice 34, Lisbon 41, New York 24, Brooklyn 19, Philadelphia 24, and Baltimore 25.

The Testing of Practical Study.

THE following important addition to the existing rules respecting the admission of candidates for the Licence in Medicine of the King and Queen's College of Physicians has been adopted, and the necessary amendment of the by-law made accordingly: "Every candidate for the Licence in Medicine in this College who shall commence his professional studies after September 30th, 1883, shall submit evidence of personal attendance on at least five fever cases; and shall also be required to produce evidence showing that he has discharged the duties of medical clinical clerk during six months, or of having taken notes, to the satisfaction of the physician in charge of the case, and certified under his hand, of at least six separate medical cases—including different varieties of acute and chronic disease—in the wards of a recognised hospital; and shall also produce evidence of having attended, during the whole period of his attendance on hospital practice, demonstrations in the post-mortem room of a recognised hospital."

Pro Utilitate Hominum.

WE are glad to see that the St. John's Ambulance Association has started on a new sphere of usefulness and enterprise in the organisation of a corps for the transport of sick and injured patients. Hitherto, if a person of means met with an accident in the streets of London which necessitated his removal to a hospital or to a distant home, he had to be submitted to the discomfort of a journey in a cab, a lumbering invalid carriage which was equally suggestive of a hearse and a mourning coach, or he had to be carried in any way which chance or expediency might dictate. Now all that he would have to do would be, telegraph to St. John's Gate, Clerkenwell, and he would have his journey arranged and effected for him on the most scientific and approved principles, and at a fixed and moderate cost. Or, should he find himself in a London hospital with a fractured thigh, and wish to be taken to his home, in Dublin, for instance, he could be placed on one of Mr. John Furley's litters, and not be disturbed again until he was gently and safely deposited upon his bed in the Irish metropolis.

Or, to take the case of a poor man, who, with a fractured spine, wished to be taken from a hospital ward to his bed at his own house, the Society would undertake the transport at a merely nominal cost. It seems to us that the Corps will find itself with plenty of work to do as soon as the profession and the public become aware of its establishment, and we wish it all success.

THE deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 20.7 per 1,000 of their aggregate population. The death-rates in the several towns were:—Wolverhampton 11; Blackburn, Portsmouth 15; Halifax 16; Bradford, Hull 17; Bolton, Nottingham, Bristol 18; Newcastle-on-Tyne, Derby, Leeds 19; Plymouth, Norwich, Birmingham, London, Edinburgh, Liverpool 20; Brighton 21; Huddersfield, Leicester 22; Oldham, Sunderland, Preston 23; Salford, Birkenhead 24; Sheffield, Cardiff 25; Dublin, Glasgow 26; Manchester 27.

The Royal Irish University.

DR. CHARLES F. KNIGHT, M.D., of Dublin, has issued a circular to the Senate of the University, in which he announces that, at the coming meeting of the Senate, three resolutions, proposed by him for acceptance by Convocation at the last autumn meeting, will be brought before the Senate. The first resolution is, "That the Senate be requested to consider the advisability of holding the medical examinations in the months of May and November in each year." The months of June and September are those in which the medical examinations are now held; these follow one another too quickly, and are nothing but a pass and honour examination. It is obvious that the time between the two examinations is far too short for a student to make up his business, especially his practical work, as the medical schools and hospitals are virtually closed during the interval. The examination in June interrupts the summer course of lectures, and students cannot present the certificates of lectures delivered at this time, as the session is not over until the end of June. The September examination is held when professors and students are seeking a change of scene after the nine months' prescribed course of study. At this time of year our schools and hospitals are closed, our professors are absent, and opportunities for acquiring practical knowledge and for testing candidates in clinical work are wanting. These disadvantages may be obviated, and the usefulness of the University increased, by selecting May and November as the months for holding the examinations. The second resolution is, "That the Senate be requested to admit undergraduates of the University in the Faculty of Medicine to two examinations in the year." Dr. Knight thinks that a University which only affords one opportunity of obtaining its degree in the year will not for any length of time be in favour, and that this circumstance will drive men from its doors and send them to the licensing corporations, many of whom hold monthly examinations, and nearly all four examinations in the year. He says that, in consequence of unsuccessful candidates being rejected for twelve months numbers give up the idea of obtaining a University degree in despair, and go to the licensing bodies, and he understands that the principal objection to admit students to two examinations in the year comes from the examiners in anatomy, who very properly say that under existing regulations unsuccessful candidates in June, cannot, before September, obtain instruction in practical anatomy. If May and November are the months selected for the examinations, this objection is removed. The third resolution is, "That the Senate be requested to admit Undergraduates of the late Queen's University in the Faculty of Medicine to two examinations in the year." He considers that students of the late Queen's University are seriously hampered in the pursuit of their medical curriculum. The Queen's regulations provided for two examinations in the year, and required the fees for degrees to be paid only on the first occasion. If a candidate were unsuccessful he might present himself at a subsequent examination without paying again. The Senate of the Royal has thought it right to prevent such students presenting themselves for examination a second time in the same year, and insists on their paying fees at every examination. Dr. Knight does not

consider this equitable. The Queen's students have fulfilled their part of the contract, and the Royal may very reasonably be asked to perform the other part, which would have been done by the Queen's University if it still existed.

Lectures at the Royal College of Surgeons, England.

THE following are the lecture arrangements at this College for the first half of the year :—

Professor Parker will commence a course of nine lectures on "Mammalian Descent," on Monday, the 4th of February. Professor Flower will then deliver nine lectures on the "Principal Types of the Human Species," commencing on Monday, the 25th of February. And Mr. F. S. Eve will give three demonstrations on "Some Points in Pathology," illustrated by specimens from the museum, commencing on Monday, the 17th of March. The course of lectures will be concluded in June by Professor Sir Henry Thompson, who will deliver six lectures on "Some Important Points in connection with the Surgery of the Urinary Organs," and by Mr. A. E. Schafer, who will deliver three lectures on a subject to be hereafter announced.

The lectures, which are open free to members of the profession on presentation of their card, will be delivered on Mondays, Wednesdays, and Fridays, at 4 o'clock each day.

Adulteration.

THE Legislature of Massachusetts having passed a law for the prevention of adulteration, the State Board of Health has lost no time before trying to put it into force against the wholesale druggists. One charge was for selling tincture of opium that contained only 0.81 per cent. of morphine. This case was not tried on its merits, it having been dismissed upon the curious quibble that there was no evidence that the person who sold the drug was an "authorised salesman."

Coated Tongues.

THE *Microscope* gives the following as some of the articles found by microscopical examination on coated tongues :—Fibres of wood, linen, and cotton; fibres of spiral vessels; fibres of muscle, in one case eight hours after eating; starch grains; cheese mould; portions of potato skin; scales, moths, &c.; hairs from legs of bees; hairs from legs of spiders; pollen of various flowers; stamens of various flowers; hairs of cats, quite common; hairs of mouse, once only; hairs from various leaves; wing of mosquito, once; fragments of the leaves of tobacco, chamomile flowers, &c. A list ten times as long could be made, but *jam satis*.

THE Paris correspondent of a medical contemporary states positively that there is absolutely no truth in the report circulated freely by British opponents of legislation for checking the spread of venereal diseases, that the French Contagious Diseases Acts were to be revoked on January 1st, and that the Hôpital du Midi and the Lourcine at Paris, together with similar institutions in other French towns, were to be closed forthwith.

Bequests to Dublin Hospitals.

MR. JAMES BENJAMIN BALL, D.L., late of Merriion Square, Dublin, who died in October, 1883, at Nice, bequeathed the following amongst other legacies :—£3,000 to trustees to be distributed to any of the Irish charities, schools, or institutions they may think deserving; £1,000 to the Adelaide Hospital, Dublin; £1,000 to Mercer's Hospital, Dublin; £1,000 to the City of Dublin Hospital; £1,000 to the Rotunda Lying-in Hospital, Dublin; £500 to the Whitworth Hospital, Drumcondra; £300 to the Coombe Lying-in Hospital, Dublin; £200 to the Night Asylum, Bow Street, Dublin; and £200 to the Convalescent Home of Adelaide Hospital.

The Drawbacks of Hypodermic Syringes.

EVERYONE in the habit of using the now indispensable hypodermic syringe will have been incommoded in taking up one that has not been used for some time by finding that the packing round the piston valve has become loose by over-drying, and that it requires a few moments' soaking in water before it can be used. Although but a trifling inconvenience, this may be of more importance than appears at first sight, for if an attempt be made to use the syringe before the valve has become tight, a few of the drops intended for injection, instead of finding their way into the patient, will very likely slip past the valve, and the patient will be deprived of a certain—sometimes a large—proportion of the dose intended. For the sake of accuracy in the administration of concentrated and powerful medicine, then, and for the sake of convenience and time-saving, it is of some importance that the piston-valve shall always be in good working order. Various plans have been devised and tried having for their object the avoidance of this little drawback. One German instrument-maker now fits up his syringe with an air-tight cap, intended to be screwed on to the nozzle after the needle has been removed—something after the fashion of the cap of the "stylographic" pen. This prevents evaporation, and, of course, consequent drying and shrinking of the valve. But this plan, although ingenious and efficacious, involves the purchase of a new instrument; and for those who are content to continue their old one, the plan of a German surgeon may be tried. He says he has tried it many years, and finds it to answer well. When the instrument has been properly cleaned, and after the needle has been removed, he simply pulls out the piston-rod and completely immerses the whole syringe in clean water. He then, whilst the instrument is under the water, slowly pushes the piston down, and as this is being done the barrel of the syringe behind the valve fills with water. He then takes it out, dries it on the outside, and puts it into its case with the upper part of the syringe thus filled with water. Of course, under these circumstances, the valve cannot dry nor shrink, and the instrument is always ready for an emergency.

THE Annual Metropolitan Dinner of the Irish Graduates' Association will be held at the Holborn Restaurant, on St. Patrick's Day, at 7.30 p.m., the President, Prof. G. F. Yeo, M.D., F.R.C.S., in the chair.

The Hospitals Association.

THE following will be the order of proceedings at the inaugural meeting of this Association, which is to take place in the Egyptian Hall of the Mansion House on Friday next:—The Lord Mayor will take the chair at 3 o'clock, and after a statement by Major Ross, M.P., the chairman of the Provisional Committee, in explanation of the objects and scope of the proposed Society, the following resolutions will be submitted:—

1. That in the opinion of this meeting it is desirable to establish, under the name of the Hospital' Association, and on the basis of the constitution prepared and adopted by the Provisional Committee, an organisation for the consideration and discussion of matters connected with hospital management.

2. That the preliminary arrangements connected with the establishment of the Association, including the appointment of the first council, be entrusted to the Provisional Committee.

3. That the best thanks of this meeting be given to the Right Hon. the Lord Mayor for placing at the disposal of the Provisional Committee the use of the Mansion House, and for his courtesy in presiding over the proceedings this day.

The speakers will include Earl Stanhope, Lord Frederick Fitzroy, Sir T. Fowell Buxton, Bart., Sir Rutherford Alcock, K.C.B., Mr. Timothy Holmes, and others. The Provisional Committee desire very specially to invite the attendance of hospital governors and subscribers, and of the clergy, ministers, churchwardens, and other officials connected with congregations contributing to the Metropolitan Hospital Sunday Fund. A large number of cards of admission have been issued and applied for, and the Secretary of the Association, Mr. J. L. Clifford-Smith, will gladly supply more if those desirous of being present will communicate with him. The office of the Association is at No. 1 Adam Street, Adelphi, London, where further information can also be had.

THE collection made in Dublin on Hospital Sunday, November 11, 1883, amounted to £4,212—a sum considerably in excess of that realised the previous year. Something over £4,000 will be available for distribution between the sixteen institutions which participate in the benefits of the Fund.

MR. ROLAND WILLIAMS, L.R.C.P. and L.R.C.S. Ed, who was acquitted at the Bangor Assizes on Saturday last for conspiring with two other persons to defraud an insurance company to which he was a medical referee, was re-arrested at once on three other charges of fraud, and of issuing false certificates of death.

THE present exceptional healthiness of the United Kingdom does not appear to afford any index to the mortality in other parts of Europe. For instance, we have Geneva and Lisbon giving a death-rate for the week ending January 5th of exactly double the births; whilst in Prague, Rome, Vienna, Buda-Pesth, and Turin the births and deaths are nearly equal.

Virchow on Nephritis Arthritica.

THIS subject, about which so much diversity of opinion exists, has much engrossed the attention of our distinguished German *confrère* of late, and at the last meeting of the Berlin Medical Society, in December, he delivered an important address, in which will be found his matured views and experience. This communication we propose laying before our readers in translated form next week.

The Hunterian Oration.

WE understand that Professor John Marshall, F.R.S., President of the Royal College of Surgeons of England, has been appointed to deliver the oration at the College in 1885, in honour of the illustrious Hunter. This oration, which was formerly an annual fixture, is now delivered each alternate year, and the choice of Professor Marshall is in every way a most happy one.

Professor Frerichs.

IN April next Professor Frerichs will celebrate the 25th anniversary of his appointment as Director of the first Berlin University clinic. His colleagues and the medical profession of the city generally are already making active preparations with a view of giving such an expression of their sentiment on the occasion as will to some extent at least correspond to the very high esteem in which their distinguished *confrère* is universally held.

A Living Child after Craniotomy.

AT the meeting of the Royal Society of Physicians of Berlin, of the 18th inst., Dr. Breus exhibited a living child 18 days old on whom craniotomy had been performed. The conjugate diameter of the mother was 9 ctm. (3½ in.). On extraction by the forceps the left frontal bone was fractured during its passage over the promontory. the child, born asphyxiated, quickly recovered, without any paralysis and without pyrexia. The mother also made a good recovery.

The Centenary of the Irish College of Surgeons.

ON the 11th of February next the Irish College of Surgeons will have completed its 100th year of existence from the date of the grant of its first charter, but a considerably longer period since it was charged with public functions as "The Dublin Society of Surgeons." We understand that Mr. Wheeler, the President of the College, in order to mark the occasion, has invited the Lord Lieutenant—Earl Spencer—to a banquet at the College, and the invitation has been accepted by His Excellency. A large number of the heads of Departments—Judges, members of Parliament, and Irish Nobility, as well as the Council, Examiners, and Professors of the College, have been invited to meet His Excellency. The entertainment will, we anticipate, be worthy of the occasion, and of the President's hospitality, but we should hope that the Council will also honour the occasion by holding a *conversazione*, and will not permit the occasion to pass away without making it a red-letter day in their Calendar, and giving the Fellows of the College an opportunity of wishing the College prosperity and a long career of usefulness. It is not every such institution which can congratulate itself on having outlived a hundred years of difficulties and responsibilities, and it would be greatly to be regretted if this very special occasion for glorification should pass by without public gratulations.

DIPHTHERIA is again very prevalent in Berlin, sixty-three deaths from this zymoticalone having occurred there last week, which is nearly double the number recorded in the whole of the United Kingdom.

THE forthcoming Health Exhibition should be a great success, if money can guarantee it. In addition to those guilds of the City of London whose donations have already been announced, £3,562 was voted by other Companies last week, and £5,565 guaranteed in addition.

As Emeritus Professor of Clinical Surgery to the London Hospital Medical College, Mr. Jonathan Hutchinson, F.R.S., will deliver a course of six lectures in the anatomical theatre of the College, at 2.45 p.m., on Wednesdays and Fridays in the first three weeks in February, beginning on the 6th.

A SAD case of poisoning by mistake occurred at Ramsey, Isle of Man, on Friday last, when a retired merchant of Leeds, Mr. Thomas Reynolds, took by mistake a wineglassful of a liniment composed of aconite, chloroform, and opium, which was on the dressing table, instead of his proper medicine. Medical assistance was promptly obtained, but he died in about two hours.

THE studies of female medical students in Russia are not prosecuted under the most favourable conditions. A telegram states that all those now in St. Petersburg have been compelled to take up their residence in a large boarding establishment, provided by the authorities, instead of being free, as heretofore, to live where they please. They are to be at home before nine o'clock in the evening, under penalty of exclusion from the medical course. The dread of Nihilism permeates every rank and condition of life in Russia.

THE highest annual death-rates in the large towns last week from diseases of the zymotic class were—From scarlet fever, 2.8 in Sheffield, 2.4 in Leeds, and 1.6 in Salford; from measles, 2.6 in Salford, 2.3 in Birkenhead, and 1.7 in Oldham; from whooping-cough, 3.0 in Huddersfield, 1.8 in Brighton, and 1.4 in Newcastle-upon-Tyne; and from "fever," 2.2 in Cardiff, 1.9 in Blackburn, 1.3 in Salford, and 1.1 in Preston. The 39 deaths from diphtheria included 16 in London, 8 in Glasgow, 3 in Edinburgh, and 3 in Hull. Small-pox caused 6 deaths in Sunderland, 5 in London, 4 in Birmingham, and 4 in Liverpool.

THE annual general meeting of the Dublin Branch of the British Medical Association will be held to-morrow (Thursday), the 31st, at 4 o'clock p.m., in the College of Physicians. The President-elect, Dr. Edward Hamilton, will deliver an address. Notice has been given by Mr. Wheeler, President of the Royal College of Surgeons in Ireland, and by Dr. Jacob, President of the Irish Medical Association, that they will bring the present condition of the Army Medical Department—especially as regards the great block in promotion that exists in the senior ranks of the Department, and the short period

of home service enjoyed by Surgeons-Major—under the notice of the Branch, and will submit a resolution thereon. The annual dinner will be at 7 o'clock p.m., on the same day, in the College Hall.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

PROFESSOR CLELAND ON TERMINAL FORMS OF LIFE.—On the 24th inst., in St. Andrew's Hall, Glasgow, Professor Cleland, of Glasgow University, delivered a lecture "On Terminal Forms of Life," under the auspices of the Glasgow Science Lectures Association. At the outset Professor Cleland showed, from the investigation of organs, textures, development, and date of first appearance of animals, that these all combined to display animal life as a connected and progressive whole. They did not, however, and could not, prove a common ancestry, though certainly they suggested the raising of the question, and the more that observation bridged the gaps between groups far apart, the more possible such community of ancestry would appear. He explained that terminal forms in the animal kingdom, however they might have originated, had no power to advance to a higher level. Examples of these were given in detail from vertebrate and invertebrate forms. Illustrations were taken in the former case from lamp shells, bivalves, star fish, and cuttle fish; while in the case of the latter, it was shown that, although there was an ascending series consisting of fishes, amphibians, reptiles, birds, and mammals, the three last mentioned had all proceeded from animals as low as amphibians, and that each division of reptiles and birds was terminal. Showing by anatomical evidence that the development of the vertebrate form had reached its limit in man, there was no possibility, he said, of doubting that the animals most nearly approaching man were the apes, and that the orang and the gorilla were the highest. So far as the skull was concerned, the orang was decidedly nearer to the human form than the gorilla. Man was a terminus, and not only a terminus, but the terminus of vertebrate life. In defence of this proposition, he asked what had been the whole history of the advance of life from the simplest animals up to man but the growth of structure fitted for the exhibition of consciousness? After referring to the structure of the human body and brain, the lecturer said it seemed in the last degree improbable that in the future there would be a progression in the construction of the human body that would give birth to greater intelligences than the sages and heroes of antiquity.

TERCENTENARY OF EDINBURGH UNIVERSITY.—It has now been decided that the tercentenary of the Edinburgh University will be celebrated on the 16th, 17th, and 18th of April next, and that the proceedings will include a religious service, a graduation ceremony, and a banquet to distinguished guests. Delegates have been invited from the most celebrated universities, colleges, and learned societies in the world.

SIR ANDREW CLARK, M.D., AND THE REPRESENTATION OF CAITHNESS.—A meeting of the Caithness Land Law Reform Association was held in Brim's Hall, Wick, on the 18th inst., Mr. James Waters, Faulds, President, in the chair. It was intimated that the business was to consider what action should be taken in regard to the representations of the county when the seat became vacant. After a

long consultation and discussion, it was resolved to submit the subject of the Association to Sir Andrew Clark, of London, and if he approved of the proposition therein set forth, he was to be invited to address a district meeting of the electors who were members of, or in sympathy with, the said organisation. The Committee, in the meantime, pledge themselves not to ask any other candidate till Sir Andrew had full opportunity afforded him of expressing his political opinions.

SCOTCH VITAL STATISTICS.—From the official weekly returns of the eight principal towns of Scotland for the week ending Saturday, January 13 we learn that the death-rate was 22·4 per 1,000 of estimated population. This rate is 4·9 below that for the corresponding week of last year, and 6·1 below that for the previous week of the present year. The lowest mortality was recorded in Dundee—viz., 15·4 per 1,000; and the highest in Glasgow—viz., 25·9 per 1,000. The mortality from the seven most familiar zymotic diseases was at the rate of 3·4 per 1,000, being 6·5 above the rate for last week. Acute diseases of the chest caused 191 deaths, or 4 less than the number for the previous week.

MORTALITY IN GLASGOW.—For the week ending with Saturday, the 19th inst., the death-rate in Glasgow amounted to 25 per 1,000 per annum of the population, as compared with 24 in the previous week, and 39, 25, and 42 in the corresponding periods of 1883, 1882, and 1881.

ABERDEEN.—**TYPHOID FEVER AND DAIRY UTENSILS.**—Dr. Simpson, Aberdeen, Medical Officer of Health for the city, reporting to the Aberdeen Town Council on the epidemic of typhoid fever, now prevalent in the West End, ascribes the outbreak to the washing of dairy utensils in an offensive burn by a milk-seller, whose produce was supplied to the families affected with the disease.

HEALTH OF EDINBURGH.—The mortality in Edinburgh for the week ending with Saturday, the 19th inst., was 89, and the death-rate 19 per 1,000. Diseases of the chest accounted for 40 cases, and zymotic causes for 18, of which 2 were due to fever, 3 to scarlatina, and 5 to measles, the intimations of these diseases for the week being 5, 39, and 165 respectively.

GLASGOW ROYAL INFIRMARY.—The following is the report of the superintendent of this institution for 1883:—During the year the admissions were 5,445; 499 died, which gave the rather high mortality of 9·1 per cent. Of these 140 died within forty-eight hours of admission, and there remained in hospital on 31st December, 1883, 502. The daily average resident was 509, average residence 33·4 days. Non-resident accident cases treated in wards, 1,326; number under fifteen years of age, 878; died 48, or 5·4 per cent. In the out-patient department there were treated at the dispensary—medical, 9,609; surgical, 11,727; treated at dispensary for special diseases—throat, 468; ear, 1,444; women, 337; skin, from 7th November, a new department under the care of Dr. Provan, 68; teeth, 976; vaccinated, 1,532; total treated, 32,682, against 32,687 in 1882; sent to Lenzie Convalescent Home, 584.

GLASGOW EYE INFIRMARY.—The sixtieth annual general meeting of the contributors to the funds of the Glasgow Eye Infirmary was held on the 25th inst., when Mr. James King, of Lovernholm, occupied the chair. From the annual report which was presented, there remained at the close of 1882, 3,608 cases on the books of the Infirmary; the new ones admitted in 1883 were 10,089, making the total number of cases under the care of the medical officers during the twelve months 13,697, being an increase of 490 as compared with the previous year.

If these cases, there were dismissed cured by ordinary treatment, 4,358; cured by operation, 1,484; relieved by ordinary treatment, 1,167; relieved by operation, 169; as incurable, 50; with advice, 2; and as irregular, 10; while there remained on the books of the institution on the 31st of December inst. 2,352. The ordinary income was £2,801 13s. 11½d., and the ordinary expenditure £2,536 0s. 9½d., so that the treasurer had in hand a balance of £15 18s. 2d.

EDINBURGH UNIVERSITY ENDOWMENT ASSOCIATION.—The annual meeting of this Association was held in the Physicist's Hall on Friday last, and was well attended. The report, which was read by the secretary, dealt principally with the funds in hand, and legacies received for the purposes of founding bursaries in the various faculties, and was of a very satisfactory nature. Since the last annual report the following new foundations in the University have been intimated:—£1,500 by Frederic John Mount, M.D., of the Local Government Board, London, and formerly Professor of Medical Jurisprudence in the University of Calcutta, for the foundation of a scholarship to be styled "The Mount Scholarship in Practice of Physics," in connection with the Class of Practice of Physics. The late Miss Dick, of Edinburgh, has bequeathed the moiety of the moiety of her property, estimated to amount to about £10,000, to trustees, under certain conditions, for the purpose of founding a Professorship either of Comparative Anatomy or Surgical Anatomy (whichever the trustees shall consider most desirable in the interests of medical science) in the University of Edinburgh. Sir A. Christie, in moving the resolution relative to the formation of the Stark Scholarship in Clinical Medicine, the amount of which now exceeds £1,463, expressed his entire approval with the conditions imposed by the Senatus:—That the scholarship is to be open to students who are or have been in attendance on the class of Clinical Medicine, and to Bachelors of Medicine of not more than eighteen months' standing who have attended that class; and that the scholar, during his tenure, is to carry on original investigations or other work in the medical wards of the Infirmary, with the approval and under the superintendence of the professors of clinical medicine. Professor T. R. Fraser, in seconding the motion, expressed on behalf of the Medical Faculty, gratification at this generous benefaction. The Marchison Fellowship, which already existed, was competed for every second year, and there was, therefore, an unfortunate gap in the encouragement of the study of clinical medicine produced by the absence of an annual competition. That gap would now be filled. He had no hesitation in saying that research scholarships were the great want of the Faculty of Medicine; and they felt that all the more strongly because of the splendid equipment which the new buildings of the University afforded for original research. This motion was agreed to, and the appointment of office-bearers for the ensuing year terminated the proceedings.

THE DIFFICULTY OF HEALTH REFORMERS.—This formed the subject of the first of two lectures, under the auspices of the Edinburgh Health Society, delivered last week by Mr. H. H. Almond, and, like the preceding lectures, it attracted a numerous auditory. Speaking to his subject, the lecturer remarked that, whenever Hygeia attempted to carry theory into practice, she displayed a combination of qualities which men in general loathed and ridiculed. She was stigmatised as meddlesome, prying, lecturing, and new-fangled, especially in those matters which men regarded as the sphere of custom and common sense, and in which they most prided themselves as being their own masters. The difficulties of hygiene were mainly those of research and discovery. It was not too much to say that if what was already discovered could be realised

in practice, though that day must be far distant, the face of society must be transformed. Why did practice not follow recognised truth in hygiene? The first reason was indifference, bred partly of ignorance, partly of selfishness, and partly of indolence; and the second was the gigantic force of custom or fashion. Sanitary science was advancing by leaps and bounds, so far as it dealt with the surroundings of man; but the wet blanket of indifference was thrown over its most clearly-proved truths when they related to his institutions and habits. Good ventilation was repugnant to those who did not lead wholesome lives. Most of those present were probably too accustomed to rooms habitually over-heated; they were too indifferent about taking exercise; and the custom of having the head covered out of doors and uncovered within doors was too deeply engrained to be within the range of practical reform. He could, however, from his own experience, assert that boys who were usually bareheaded when out of doors could stand a greater amount of ventilation in school-rooms and sleeping-rooms than those who wore head-coverings. He referred to the want of sufficient ventilation in theatres, churches, and schools, and condemned the apathy with which this question was regarded. The knocking down of "rookeries," the opening of new streets, and the widening of old ones had been of great benefit, and for much noble work of that nature Edinburgh could never forget the debt she owed to the memory of her great citizen, Dr. William Chambers.

Literature.

PRACTICAL PATHOLOGY. (a)

THE subdivision of labour advances so rapidly at the present time that students and practitioners become accustomed to the advent of new "manuals."

While for years past the practical aspects of Pathology have been ably demonstrated in the dead-houses attached to our hospitals, as regards the best manner and method of making post-mortem examinations, it is only within recent years, comparatively, that the continuous advances in physiology and pathology have necessitated a like advance in the use, as well as the demonstration, of the methods by means of which the more exact scientific knowledge of the present day enables us to ascertain with precision the pathological importance of morbid anatomy.

Dr. Woodhead has recently published a work on "Practical Pathology" destined to become a classic work of primary value to the pathological student of the future, and replete in pathological precept and practice of value and interest to the scientific practitioner.

The author does not desire to compete in any way with the many already existing and excellent works on pathology; but he has prepared his manual as a "guide to the practical work involved in the study, preparation, and examination of morbid tissues: as an introduction to the study of systematic pathology."

The general features of the work are eminently practical, and the reproduction of the microscopic sections by means of carefully-coloured illustrations amply testify how much time and care must have been expended, both by the author and the publishers, in their execution. A full list of these valuable illustrations follows the preface, including several supplied by the author from original drawings taken in the course of work with the Edinburgh University Practical Pathology Class; while a large number are copied from the best authentic sources, and duly acknowledged. The two first chapters deal respectively with the details of autopsy, based upon Virchow's method of performing post-mortem examinations, and with the subject of practical histology. This latter chapter includes valuable hints on the selection of a microscope, a short résumé of the best methods of using it, and also

a list of apparatus required, as well as of the re-agents in general use by the practical pathologist.

These introductory chapters will commend themselves especially, as worthy of attention, to the student, for upon a thorough mastery of these will depend his fitness to enter upon the study of practical pathology with satisfaction and profit.

The methods of injecting and hardening tissues for microscopic examinations, including the use of "stains," and the practical formulae for their preparation, are all given in detail. The coloured illustrations, already referred to, faithfully express the value which must accrue to the scientific histologist who is first able to demonstrate by the microscope, and then permanently depict by this means the minute structure of morbid tissues. For the student, however, it is possible that the "staining" of tissues rendered pictorially may not be free from error, as he may be led to attach an improper value to the signification of a given "stain," and so become confused. For instance, the "carmine" staining fluid has already been superseded by "logwood" and picro-carmin; "aniline blue black," "osmic acid," "fuchsin," are all employed for investigating the pathology of the nerve centres; while for the differentiation of altered structures "picro-carmin" and "methyl aniline" violet are both valuable. "Chrysoidin" is chiefly used as a contrast colour, but it is gradually being superseded by methylene blue." No doubt these difficulties will be overcome when practical pathologists can concur in attaching a definite differential value to a given "stain," a period which will be as grateful to students and practitioners as to many pathologists themselves.

In discussing the practical pathology of individual organs, the author prefaces each chapter with the normal histology of the organ considered, before he proceeds with the details necessary to determine the various morbid conditions to which each organ is respectively liable.

For the student Dr. Woodhead's work will prove a faithful guide in the study of practical pathology; and as a work of reference, to the practitioner who has time for scientific study, we doubt not this manual will be to him as a walking expert by his side, to which he may apply with confidence, assured that if he follows the instructions given he will be able to produce a reliable section for the microscope. Whoever can conscientiously master the work in all its fulness will prove himself no mean student in pathology, a valuable teacher, and a worthy follower of the author himself.

The conscientious manner in which Dr. Woodhead has placed his knowledge at the disposal of the profession cannot in time fail of grateful recognition; in the meanwhile we can but express a hope that all students of pathology will devote time to study his practical work before proceeding to learn systematic pathology.

THE DISPENSATORY OF THE UNITED STATES OF AMERICA (a).

It is just fifty years since Dr. George B. Wood brought out his Dispensatory which has remained throughout that time the chief book of reference in the United States; passing through fourteen editions and in its jubilee year the fifteenth appeared (1883) adapted to the new American Pharmacopoeia. The book now extends to 1,928 large pages, many of them of quite small type, and includes almost all the drugs used by English speaking people. It has also a number of illustrations, some of these being of microscopic sections of plants. These cannot fail to be welcome. To show the large amount of new matter in this edition, it is only necessary to state that the present index extends to more than 1,600 titles being 5,000 more than its immediate predecessor. Another welcome feature is the indication of the pronunciation of official names. The marks adopted for this purpose are those employed in Worcester's Dictionary. These marks will no doubt tend towards uniformity of pronunciation, and we could wish that they may become generally accept-

(a) "Practical Pathology: a Manual for Students and Practitioners." By G. Sims Woodhead, M.D., F.R.C.P.E. Edinburgh: J. Pentland. 1883.

(a) "The Dispensatory of the United States of America." By Dr. George B. Wood and Dr. Franklin Baehle. Fifteenth edition. Rearranged, thoroughly revised, and largely re-written. By H. C. Wood, M.D., Professor of Materia Medica and Therapeutics in the University of Pennsylvania; Joseph P. Remington, Ph.D., Professor of Theory and Practice of Pharmacy in the Philadelphia College of Pharmacy; and Samuel P. Settlér, Ph.D., F.O.S., Professor of Chemistry in the Philadelphia College of Pharmacy and of General and Organic Chemistry in the University of Pennsylvania, Philadelphia: J. B. Lippincott & Co., 1883.

able and so help to displace some of the absurd differences which have prevailed in pharmaceutical circles.

Those who are accustomed to the use of the Dispensary will find that the present edition is almost if not quite a new book. Nevertheless it is so far founded on its predecessors that they will find no difficulty in referring to any part. The change in the U.S. P. necessitated bringing Parts I and II of former issues into Part I of the present, so that Part III becomes Part II. The enormous advances in Therapeutics are well reflected as we might expect now that Professor H. C. Wood becomes the senior editor. He has also revised the Botany and Materia Medica. The progress of science has rendered it necessary to re-write the whole of the theoretical chemistry contained in this enormous volume, and this part of the work has been conscientiously discharged by Professor Sadtler, who has also revised the toxicology. The labour involved in this department will be appreciated by anyone who compares the fourteenth and fifteenth editions. The Pharmaceutical Department is also largely if not entirely new, and must have entailed great labour on Professor Remington, by whose calculations the official formulae have been adapted to the use of those who prefer to measure liquids. It is stated that the alternative formulae have been carefully tested in practice, and we believe they will be found very useful. At any rate during what may be called the transition stage caused by the plan of ordering parts by weight adopted by the new U.S. P.

The editors tell us that the work has occupied most of their spare time during the last three years, and we can well believe this for the more we examine it, the more we admire its extent and accuracy. We do not pretend to have read it straight through, indeed such a proceeding would not be expected from any critic; we have, however, employed it as a book of reference since it has come into our possession, and being actively engaged in some departments upon which it treats and specially interested in others, we were gratified with the result on every occasion on which we have turned to it. Sometimes we have tested it on points which we thought likely to be overlooked or insufficiently treated, but found it in every instance quite up to date, and with scarcely any deficiencies worth recording. We have, therefore, no hesitation in recommending this valuable but bulky volume as a most complete and reliable encyclopedia.

Novelties.

ALLEN AND HANBURY'S MALT JELLY.

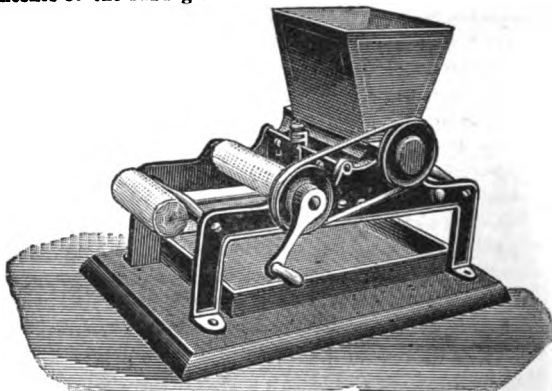
Messrs. ALLEN & HANBURY have supplied us with samples of a new malt preparation in the form of jelly. This constitutes a most palatable and refreshing article of food, which invalids will certainly appreciate at the highest. The jelly is bright, clear, and firm, and is variously flavoured with malaga, vanilla, &c. As an invigorating and strengthening adjuvant, malt jelly possesses admirable qualities; and to nursing women it offers especial advantages. We have found it highly serviceable to such patients, and even infants have been given the jelly dissolved in water with no result other than the appearance of rapid growth. Messrs. Allen and Hanbury may be congratulated on producing so successful a preparation, the value of which, both therapeutically and dietetically, is beyond question.

SCOTT'S COD-LIVER OIL EMULSION.

THE difficulty of so disguising the taste of cod-liver oil as to make it palatable to invalids and children has long stimulated the ingenuity of pharmacists to devise a mode of preparing it so that the distinctive taste should be lost. Some of these are more successful than others, but the preparation before us which we have tested in actual practice possesses all the advantages claimed for it, and we are glad to note that it is gaining ground in this country as a safe and efficient remedy. This emulsion, which is of American origin, is made by Messrs. Scott and Bowne, New York, the English agents being Messrs. Newbery and Sons. Pure cod-liver oil exists in it to the amount of 50 per cent., while each fluid ounce of the emulsion contains six grains of hypophosphite of lime and three grains of the same salt of soda, the tissue-stimulating properties of the mixture being thus incalculably increased. Moreover, it is almost pleasant to take, and possesses none of the objectionable qualities of oil by itself.

HINTONS PLASTER OF PARIS BANDAGE MACHINE.

THIS invention of Mr. Hinton's is for the purpose of impregnating bandages with dry plaster of Paris, and rolling them at the same time, and is a very much cleaner method than at present employed, namely, rolling them by hand: beside the plaster of Paris is more evenly spread in the meshes of the bandage. This machine consists of a suitable



framework, on which is mounted a box, or hopper, for containing the plaster of Paris. At the bottom of the hopper there is an elongated slit, within this is placed a fluted roller. On the end of the spindle on which the roller is placed there is a pulley mounted, driven by means of a belt or strap from another pulley mounted on the end of a horizontal shaft of small diameter, supported by the framework, and provided with a crank arm, or handle, on which the bandage is wound. The bandage to be impregnated with the dry plaster of Paris is passed under the machine, and brought round the roller at the back of the hopper, then passes under the hopper, and a stretcher which is placed there for the purpose of spreading the plaster evenly in the meshes of the bandage. The bandage is rolled up whilst the plaster is being incorporated with it, just in the same manner as it is wound up by an ordinary bandage machine. The bandage after being rolled is removed, and only requires soaking in water a few minutes when it is ready for use, or a number can be made at once, and placed in a dry tin, and kept for use when required. By this machine the plaster is more equally distributed in the bandage, and the bandages are more easily made. It has been used largely at the Royal Albert Edward Infirmary, Wigan, and it is found to answer the purpose for which it is intended. Mr. Hilton will be glad to supply the machine, or furnish testimonials and particulars respecting it, if communications are addressed to him at the above Infirmary at Wigan.

CHRISTY'S PINE EXTRACT.

THE healthful properties of pine preparations are so well known that every addition to the number of articles containing pine products is sure of receiving welcome. Mr. Christy, F.C.S., of Fenchurch Street, has, however, made a pine extract for adding to baths, and for general antiseptic use, which deserves especial recommendation on account of its pleasant and agreeable characters, and its efficiency. It is put up in bottles, and can very easily be added to the water used for bathing or cleaning, imparting to it a refreshing odour, and giving it decided antiseptic qualities.

CAFE VIERGE.

THE wholesome stimulation of coffee is so well appreciated by lovers of the beverage that any method of preparation which simplifies its production for drinking purposes, and at the same time preserves its essential properties will be eagerly welcomed by them. Messrs. Allen and Hanbury, in conjunction with Messrs. Ridgway, the well-known coffee growers, have succeeded in producing an essence of coffee which is absolutely perfect, which possesses every attribute of the berry, and which is so put up as to be at once available with the addition of water or milk, to form a most palatable and delicious cup of coffee. When made with boiling milk, moreover, it is an efficient and nutritious food, and will be readily taken by the most fastidious stomach. The preparation is sold as "Café Vierge," and is the only extract of coffee we have examined, which is absolutely free from adulteration.

WHEELER'S PIXENE.

ANTISEPTIC toilet preparations require to be pleasant alike in appearance and to use, in order to be acceptable, and it is probably because many of those advertised do not answer these conditions that they fail to find favour. The "Pixene" prepared by Mr. Wheeler, of Ilfracombe, is a non-poisonous product of pitch tar, made by a special process, and possessing valuable properties as an antiseptic. There is also a pixene soap, possessing the qualities of the liquid; it is a very pleasant toilet requisite.

Correspondence.

THE CONJOINT EXAMINATION SCHEME.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In the *Medical Press and Circular* of January 16th, 1884, page 59, the following inaccurate statement appears:—

"These candidates, if they accepted the Irish conjoint diploma, would be expressly forbidden by the by-laws of the College of Physicians to engage directly or indirectly in the sale of medicines, and would be required to make declaration that they would surrender their diploma if they violated this regulation. As a fact, a Licentiate of the College was recently struck off its list and deprived of his diploma for having sold medicines; and, as a further fact, Irish students entering general practice in England might be required to surrender their diplomas the moment it was discovered that they made a profit by supplying medicines to their patients."

I enclose a copy of the Regulations relating to the licences of this College, containing (on page 12) the declaration taken by Licentiates in Medicine. In that declaration the passage relating to the sale of medicines is as follows:—"And I consent to surrender the diploma received from the College if I shall, after having obtained the licence of said College, keep open shop for the sale of medicines."

As a matter of fact, the Licentiates of this College are not debarred from dispensing medicines to their patients, and the Licentiate referred to in your editorial remarks surrendered his diploma because he violated the terms of the declaration—not by having sold medicines, but by keeping open shop for the sale of medicines.

You will much oblige me by inserting this correction in the next issue of the *Medical Press and Circular*.

I am, yours, &c.,

J. W. MOORE, M.D. Dub.,

Fellow and Registrar.

King and Queen's College of Physicians
in Ireland,

Dublin, Jan. 26th, 1884.

[Our statement was made with special reference to the fact that, if the College of Surgeons bound itself to a compulsory double diploma scheme in conjunction with the College of Physicians it must necessarily lose the patronage of the Irish apothecary. This is quite true in every case in which the L.A.H. or the general practitioner wishes to have liberty to make up prescriptions for others than his own patients, as he would thereby come within the category of those who keep "open shop."—ED.]

Royal College of Surgeons of England.—The following candidates, having passed the necessary examination for the diploma, were admitted Members of the College on Monday, January 21st:—

Anderson, F. Uniacke, L.R.C.P. Edin., Halifax, Nova Scotia.
Bell, John, L.R.C.P. Lond., Albert Street, London.
Bradshaw, Thomas Robert, M.B. Dub., Amphil Square.
Edwards, William Lloyd, L.R.C.P. Lond., Carmarthen.
Harris, C. J. Joseph, L.S.A., Wandsworth Common.
Harris, John William, L.S.A., Ivybridge, Devon.
Hoffmeister, George Bernard, Furnival's Inn.
Kirby, Ernest Doraer, M.B. Edin., Leamington.
Kite, E. W. Dawson, L.S.A., West Bromwich.
Ley, Henry James, M.B. Edin., Teignmouth.
Mackay, Norman Eben, M.D., Halifax, Nova Scotia.
Minter, Ernest Denman, L.R.C.P. Edin., Plympton, Devon.
Myles, George Thomas, L.R.C.P. Edin., Bristol.
Fraser, J. Joseph, L.R.C.P. Edin., Melbourne, Australia.

Ridley, George Walter, M.B. Durham, Newcastle-on-Tyne.
Sheppard, Henry Anderson, L.S.A., Southampton.
Scott, Arthur William, L.S.A., Stourbridge.
Webster, Trevor, L.S.A., Bewdley.
Williams, George Herbert, L.R.C.P. Edin., Warrington.
Young, Charles Stewart, L.S.A., Dundee.

The following were admitted on Tuesday, January 22nd:—

Aitken, William Blair, M.B. Glas., Daley, N.B.
Bean, William Henry, L.S.A., West Mersa, Essex.
Buxton, William Maberly, M.B. Durh., Alderney Road.
Francis, William Henry, M.B. Edin., Coquimbó, Chili.
Jackson, Allan Heslop, L.R.C.P. Edin., Holtham Road.
Jefferson, Robert Pickering, Leeds.
Kendall, Arthur Samuel, M.D. New York, Sydney, Nova Scotia.
Lawrence, Lauric Asher, L.S.A., Belsize Avenue.
Parsons, John Inlis, M.B. Durh., Blackheath.
Scott, John, Barnard's Inn.
Spicer, Frederick, M.B. Durh., Carleton Road.
Tyler, Herbert Paget, Barnard's Inn.

The following were admitted on Wednesday, Jan. 23rd:—

Bradbrook, William, L.S.A., Green Street, London.
Hunt, Bertram, Oxford.
Kebbell, Charles, Brighton.
Koettlitz, Reginald, Dover.
Lanckester, Alfred Owen, Belsize Park.
Saunders, James Frederick, L.S.A., Gravesend.
Sheldrake, Edward Nodin, L.R.C.P. Edin., Albion Street.
Tilley, William James, L.R.C.P. Lond., Shepherd's Bush.
Wenyon, Edwin James, M.B. Lond., Coniscliffe, Darlington.
Weller, Charles Joseph, L.R.C.P. Lond., Colehill Street.

The following were admitted on Thursday, January 24th:—

Adams, Charles Edmund, Carno, South Wales.
Carter, Arthur Joseph, Harleyford Road.
Crowle, T. H. R., Campden Hill Road.
Davis, W. P., Kbury Street, S.W.
Fuller, G. H. H., New Shoreham.
Gooding, M. R., L.R.C.P. Lond., Oakley Square.
Harvey, James, Leicester.
Hughes, E. A., Bentinck Street.
Johnson, G. H., Wath-on-Dearne.
McDonnell, W. C., L.R.C.P. Lond., Stoke Newington.
Power, E. T., Denmark Hill.
Robt, C. E., Powys Square.
Spicer, W. T. B., Saffron Walden.
Styan, T. G., Eastbourne Terrace, W.

The following were admitted on Friday, the 25th:—

Barrett, J. W., M.B. Melbourne, Melbourne, Australia.
Carroll, E. R. W. C., Workingham.
Dill, J. F. G., M.B. Cantab, Lower Belgrave Street.
Edin, Herbert E., Manchester.
Edwards, David G., Denbigh.
Eleyatamby Mudaltamby, L.R.C.P. Edin., Colombo, Ceylon.
Hawkins, G. C., Teignmouth.
Rogers, W. F. C., Falmouth.
Ross, Elsie F., L.R.C.P. Lond., Sydney, New South Wales.
Taylor, Robert, Mendlesham, Suffolk.
Thomas, A. W., L.S.A., Clapham Common.
Wale, George, Carshalton.
Webb, Hugh, Buckingham Palace Road.

The following were admitted on Monday, the 28th:—

Bird, Henry, L.S.A., Bampton.
Carnelley, Matthew, Fallowfield.
Evans, C. E., Bristol.
Goetling, I. H., Halesworth, Suffolk.
Grower, William, Brentwood.
Habgood, William, L.S.A., Wimborne.
Hudson, C. L., L.S.A., Bungay.
Lewis, J. L., L.S.A., Llandoverly.
Lilley, J. H., M.B. Cantab, Atherton.
Marriner, W. H. L., L.S.A., Gunterstone Road.
Pilgrim, H. W., L.S.A., St. Augustine's Road.
Samut, R. P., L.S.A., Malta.
Townsend, E. B., L.R.C.P. Edin., Colchester Street, S.W.
Vince, J. F., L.S.A., Birmingham.
Warner, F. A., Kensington.
Wholey, Thomas, L.R.C.P. Lond., Gainsborough.
Woolby, J. B., L.R.C.P. Lond., Halesworth, Suffolk.

Odontological Society of Great Britain.—At the annual general meeting of this Society, which took place on the 14th inst., the following Members were elected as Officers and Councillors for the year 1884:—President: James Smith Turner. Vice-Presidents: George Gregson, Henry Moon, T. Charters White, Wm. Doherty (Dublin), J. T. Browne-Mason (Exeter), and Richard White (Norwich). Treasurer: James Parkinson. Librarian: Felix Weiss. Curator: S. J. Hutchinson. Editor of the Transactions: Henry Sewill. Honorary Secretaries: J. H. Mummery (Council), David Hepburn (Society), Robert Woodhouse (for foreign correspondence). Councillors (Resident): Geo. A. Ibbetson, Ashley Gibbings, Thos. A. Rogers, Chas. S. Tomes, Wm. St. George Elliott, Augustus Winterbottom, F. Canton, Alex. Cartwright, Storer Bennett; Provincial Members: R. Rogers (Cheltenham), W. Hele (Carlisle), J. F. Cole (Ipswich), G. C. McAdam (Hereford), W. E. Harding (Shrewsbury), A. Wilson (Edinburgh).

Notices to Correspondents.

CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 stories for holding each volume of the *Medical Press and Circular*, may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

MR. KILNER.—The gentleman referred to has retired from the active practice of his profession, though his name is used by his successor as "an attraction."

W. P. O. L. (Charleville).—The best and most reliable treatise in the French language on medical jurisprudence is that by Briand et Chaudet, entitled "Manuel Complet de Médecine Légale." Legal chemistry is also included in this work, which is published in two vols. by MM. Ballière et Cie, price 24 francs.

MR. SALMON.—Charpentier's "Traité pratique des Accouchements" is the latest and certainly the most exhaustive work on the subject with which we are acquainted. It was published about the middle of 1883.

MR. GREENWOOD.—Nitro-glycerine in solution is reputed to be almost specific in relieving the agonising pain of angina pectoris. It is administered in one-hundredth of a drop doses, and acts on the vaso-motor system.

THE ORIGIN OF THE WORD "CHARLATAN."

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR.—The ingenious story in your last issue respecting the origin of the word charlatan is so "well found" that it is a pity it should not be "true." But Brachet, in his Etymological Dictionary, gives the word as having been introduced (with a host of others) from Italian into French in the 16th century. From the verb *charlatre*, to prate, to chatter, come both *charlatore*, a chatter-box, and *charlatano*, a quack, as well as *charlataner*, which signifies both loquacity and quackery. The connection of ideas is evident, as it is also that charlatan meant originally, not "a driving doctor," but "a talking doctor."

Yours, &c.,

BEN TROVATO.

January 21st, 1884.

DR. DRUMLEY.—There is not, as far as we can ascertain, any ground for the suspicions you have entertained. The regulations of the Board are precise, and do not admit of being contravened with impunity. Your informant is probably in error.

F. L. E.—Such a proceeding on the part of a hospital supported by public contributions would be regarded as an infringement of the rights of the poor, which are protected by the assistance of the donors to the charity.

THE SWINEY PRIZE.

THIS prize, which consists of a silver goblet, value £100, containing gold coin to the same amount, and which is presented every fifth anniversary of Dr. Swiney's death to the author of the best published work on Medical Jurisprudence, has been awarded by the College of Physicians and the Society of Arts, the adjudicators under the will, to Professor Sheldon Amos, M.A. for his work entitled "A Systematic View of the Science of Jurisprudence." The cup has been executed by Messrs. Garrard, from a design made expressly for the Society by the late Mr. MacIise, R.A.

DR. GOYDER (Bradford) is thanked for his note.

G. S. C. (Liverpool).—Our correspondent is referred to our "Reports and Analyses on the Mineral Waters of Europe" for an answer to his queries. These Reports are now reprinted in book form, and constitute the most reliable data on the composition and therapeutic value of every known bottled water issued in modern times.

MR. F. O. R. (Knutstorf).—Communication received; shall have early attention.

MR. S. (Edinburgh).—We have searched the Medical Register and the Directory, but fail to find the name of the gentleman referred to. You may, therefore, consider your suspicions confirmed.

A. H. F.—An amputation performed less than thirty hours after the accident necessitating it occurred would be a primary operation, and the chances of recovery less favourable. We cannot undertake to make the suggestions until assured that the circumstances warrant such a proceeding.

DR. FRARSON.—Please accept our best thanks for the enclosures, none of which had previously come under notice. The number of cases mentioned in the report is exceedingly large, but it has been ascertained that even this extensive list does not include all the instances it might.

THOMAS ON FRACTURES OF THE NECK OF THE FEMUR.

In the excellent paper which appeared in our last issue, from the pen of Mr. Hugh Owen Thomas, of Liverpool, there is a slight clerical error, which materially alters the meaning the author intended to convey. At page 66, paragraph 4 reads: "The evils which our past and present practice up to this time has failed to avoid are these: The patient might after treatment be enabled to extend his leg properly, or, when standing, to maintain his thigh rigidly in a line with the leg,

&c." The word *enabled* should here run *unable*. Our author wishes also to make the following correction at page 66, line 7:—"Shortening" should read "apparent shortening."

MR. FRENCH.—It would be well, before finally deciding which school to select, to make yourself personally acquainted with the arrangements at more than one. All are not equally well adapted for the prosecution of such special work as you propose to engage in, and some are specially likely to suit your wishes in this respect. The editor of the *Students' Journal* will be able to give you the information necessary to guide you in this.

M. J. R.—There was but one objection raised so far as we know, but it was all-sufficient, being none less than that death had solved the problem, and thus settled the difficulty.

ARTHRITIS.—Not always of old age, but in the great majority of cases. The sensation conveyed to the fingers on feeling the artery is unmistakable, and once experienced, no difficulty will afterwards be found in diagnosing a similar case. Treatment must be of a careful description, and the state of the vessels be constantly borne well in mind.

DR. REYNOLDS.—It shall be done.

Meetings of the Societies.

THURSDAY, JANUARY 31ST.

THE PARKS MUSEUM OF HYGIENE.—At 5 p.m., Mr. H. A. Darbishire, On Artisans and Labourers' Dwellings.

FRIDAY, FEBRUARY 1ST.

CHARING CROSS HOSPITAL MEDICAL SOCIETY.—At 8 p.m., Mr. F. A. Saw, On Homoeopathy.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.—At 8 p.m., Mr. Keetley will show cases of (1) Hey's Amputation; (2) Piragoff's Amputation (two cases); (3) Syme's Amputation; (4) Amputation through Knee-joint, Patella being left.—Dr. J. Allden Owles, On the Progress and End of a Case of Aphasia.

SATURDAY, FEBRUARY 2ND.

ROYAL INSTITUTION.—At 3 p.m., Professor Morley, On Life and Literature under Charles I.

MONDAY, FEBRUARY 4TH.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.—At 8 p.m., the President, Mr. J. S. Turner, will deliver his Introductory Address; after which Casual Communications by Mr. G. W. Parkinson, Mr. F. Canton, and Dr. W. St. George Elliott.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—At 4 p.m., Professor Parker will commence a course of lectures on Mammalian Descent.

ROYAL INSTITUTION.—At 5 p.m., General Monthly Meeting.

WEDNESDAY, FEBRUARY 6TH

LONDON HOSPITAL.—At 2.45 p.m., Emeritus Professor Jonathan Hutchinson will commence a course of Six Lectures, the first being On Natural Groups of Skin Diseases.

Vacancies.

Ardee Union, Dunleer Dispensary District.—Medical Officer. Salary, £120, and £25 as Medical Officer of Health. Election, Feb. 4.
Sussex County Hospital.—Physician and Assistant Physician (Honorary). Applications to the Secretary by February 6.
West Herts Infirmary, Hemel Hempstead.—House Surgeon and Dispenser. Salary, £100, with board, &c. Applications to the Secretary by February 6.
Wolverhampton and Staffordshire General Hospital, Wolverhampton. House Physician. Salary, £100, with board, &c. Applications to the Chairman of the Medical Committee, on or before Feb. 8th.

Appointments.

CARTER, R. C., L.R.C.S.I., Apothecary to Nass Union Workhouse.
CLARKE, J. P., M.D., Medical Officer to Castleblayney Almshouse.
FISHER, S. W., M.D., Physician to the Brighton and Hove Dispensary.
LIMONT, J., M.A., B.Sc., M.B., House-Physician to the Infirmary, Newcastle-on-Tyne.
REYNOLDS, J. J., L.R.C.P.L., M.R.C.S., Medical Officer for the Boxford District of the Conford Union.
ROE, A. D., B.A., M.B. Cantab., M.R.C.S., Clinical Assistant to the Brompton Hospital for Consumption.
SMYTH, F. S., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer to the Brockley District of the Royal Kent Dispensary.

Births.

MILLER.—January 24, at Horwoods, Basingstoke, the wife of F. D. Miller, L.R.C.P. Lond., of a daughter.

Deaths.

BARKER.—January 21, at 82 New Cross Road, Hatcham Park, S.E., Robert Barker, M.R.C.S., L.R.C.P., aged 44.
FOOTE.—January 24, at his residence, Kingston, Herefordshire, Gustavus Foote, M.R.C.S. Eng., aged 59.
FORTESQUE.—Jan. 15th, at Albert Road, South Norwood, W. Fortesque, F.R.C.S., late of Charterhouse Square, aged 70.
WEDDELL.—January 25, at Hornsey Rise, London, Jane, wife of W. H. Weddell, M.R.C.S. Eng.
WILSON.—January 24, at Llancoonant, after a short illness, George Wilson, L.R.C.P.E., formerly of Lowick, aged 52.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 6, 1884.

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NEPHRITIS ARTHRITICA. (a)

By RUDOLPH VIRCHOW, M.D.,
Professor of Pathological Anatomy in the University of Berlin.

If one seeks in literature for the history of the changes that take place in the kidneys and urinary organs in gout one will find very little satisfaction, for the reason that the relations are somewhat mixed up. It is especially confusing that the question of uric acid concretions, which are met with in the form of gravel, renal or vesical calculi, has been introduced into the subject, and concerning which the opinion for a long time has been constantly cropping up that they have some close relationship to gout. My experiences, which on this subject have been principally of an anatomical nature, have not led me to recognise this relationship. So far as uric acid vesical calculi are concerned the number of cases in which they are met with in undoubted association with gout is very insignificant. In the majority of the calculi no gouty connection can be verified. In regard to concretions in the pelvis of the kidney and in the calices it is not proved that any considerable deposits have any connection with gouty conditions, and inversely it cannot be said that a gouty patient is in any danger of acquiring such deposits. Should, however, such a connection exist, one should not exclude the fact that only a small number of concretionary formations coincide with ostensible cases of gout. In regard to the manifestations of gout, I would remark upon one circumstance that has not received sufficient attention in literature, namely, upon the relative frequency of forms of gout in which the usual paroxysmal attacks have not occurred. I was first led to notice such cases by the circumstance that not unfrequently, on the dissecting table the most varied changes were present in persons concerning whom no

suspensions of gout had existed in the minds of the medical attendants. During the years in which I had a department of the Charité I saw a not inconsiderable number of cases of gout during life, in whom evidences of the disease came to light as very striking, more or less anatomical phenomena, without paroxysms even having been observed in them. I caused some cases of this kind to be made the subject of a dissertation in 1868 by Hartmann. In these cases the various parts of the body affected were painful, it is true, but the condition showed no kind of paroxysmal onset, and did not correspond in any way to what is generally designated joint-affection, podagra, &c. Examination of the various conditions everywhere showed that the mass of these tophi was composed of a pultaceous mortar-like substance, which, examined under the microscope, was found to consist of urate of soda. In regard to terminology I would remark here that the old name tophus arthriticus is perfectly justified. In this mortar-like mass lies the difference that separates this form from all the other forms of nodes and exostoses that consist of actual bone substance and are organised formations. These characteristic deposits, which consist of urate of soda, have never yet with absolute certainty been met with in the human body without at least a suspicion arising that we are dealing with a case of gout, and generally the suspicion can be proved correct. In the meantime, we must necessarily discriminate between the paroxysmal course of gout and the chronic, latent course in which no paroxysms appear, but changes gradually take place which are frequently greater than those we meet with in paroxysmal gout.

Up to a certain point it may be possible that this division corresponds to that of rich man's gout and poor man's gout (*arthritis divitum* and *arthritis pauperum*) a division that people have attempted so to define in another way, that *arthritis pauperum* has been made synonymous with *arthritis deformans*, which gives rise to spontaneous bony out-growths. In my opinion, however, we must distinguish in the chronic form between

(a) An address delivered before the Berlin Medical Society, Dec. 19, 1883.

the ordinary *arthritis deformans* and the specific uric acid arthritis, and sharply separate the one from the other, for after the most careful observation I have only been able to verify in a joint the simultaneous appearance of both kinds, i.e., growth of bony structure and deposit of uric acid salts in a single instance. If it is wished to bring these processes into a kind of theory, one can, without doing violence to facts, so represent them that the forms that are ushered in by violent attacks occur in persons in whom a large material of nitrogenous substances is awaiting the disintegrating processes within the body, and as the opinion is a ruling one that gout stands in some relationship to excessive indulgence in the pleasures of the table, and immoderate consumption of nitrogenous foods, it may be thought that the violent course and the stormy manifestations are dependant on increased supply of albuminates, whilst in the case of poor people it stops short of violent eruptive appearances and takes on a more chronic course. From my earlier observations on the living I have reached the conviction that the theory that makes gout principally dependant on a luxurious consumption of albuminates is erroneous, for I have met with it in prisoners who had lived for years in the most miserable circumstances. The peculiar disposition of the body then that is the cause of this increased production of albuminates is in no way dependant on the richness of the supply, but there must be some other condition at work concerning which I am not in a position to speak. If, in the mean time, it is assumed that a certain disposition is present, it must, at the same time, be confessed that it can be operative also under conditions of want and poverty, in which the quantity of albuminates never takes on the character of luxury or of excess.

Now, as regards the kidney in connection with these conditions, we have this special peculiarity—that the salts are deposited in the substance of the kidney, and, in fact, in the urinary tubules. When Ebstein defended the opinion that such deposits were present in the interstitial tissues of the kidney, I remarked in opposition to him that I had never seen this. The deposits in the urinary canals are really found in the pyramidal substance.

On section you will often see, even with the naked eye, in the centre of a pyramid some strikingly white streaks, which sometimes seem to be so thick that to some extent you are able to recognise the granular matters, and so large that you can raise them up with the point of the scalpel. Under the microscope it is seen that they do not form fine acicular deposits, but tolerably large rhombic columns. They are quite colourless, and considerable numbers are generally united together to form such a small plug. By careful section through the substance you can easily convince yourself that these bodies lie in dilated parts of the tubules. When this condition is met with the joints are always examined, and with surprising frequency a great number of places are found in which the joints also exhibit these deposits.

In regard to these conditions, the question arises whether such proof of the presence of crystalline plugs is sufficient to prove that the individual has suffered from arthritis. In this respect I agree that my data are to a certain extent defective, owing to a limited employment of the anatomical material at my disposal, but I have ascertained that some cases occur in which I have not succeeded in discovering in their usual sites—in the knee-joint, for example—any such deposits, in which the plugs in the kidneys alone had given rise to the suspicion of gout. These cases, however, are so scattered that I cannot resign the thought that there may still have been parts of the body in which such deposits were present. Perhaps, also, there may be arthritis without the joints being affected. This view has nothing self-contradictory in it; for if we are compelled to look upon gout as a process in which large quantities of urate of

soda are formed which are first found in the blood, it cannot be a question for dispute that under certain circumstances the greater part of it may be excreted, and only occasionally one or another deposit in the kidneys testifies that such a series of processes has taken place. I freely acknowledge the deficiency of these proofs, but there is at present no other condition known capable of accounting for these constitutional changes.

If we examine more thoroughly the kidneys in which such deposits have taken place, we perceive that further structural changes have taken place, most of them referable to chronic interstitial nephritis. They are not by any means found in the same localities as the deposits, but far more on the surface of the kidney, and they dip down into the cortical substance. You see depressions with small cicatrix-like processes originating, whilst in the interspaces the kidney parenchyma may be quite intact. In itself the knowledge of such a kidney is of no small interest, for the reason that, as is known, such a cicatrix-forming nephritis is not unfrequent, but we only know with certainty of two other affections in which it takes place—(1) the endocarditic, and (2) the syphilitic form. In the cicatrices themselves there is nothing that affords proof that they have any connection with arthritis, and the association of the cicatrices with the deposits is the first thing that affords a justification of the view that the process is arthritic. As the processes are multiplied, diminution in the size of the kidney at last takes place—an atrophy that only differs from the granular form by exhibiting a coarser limitation. The cortex is now no longer the part affected, the processes strike deeper, the whole substance atrophies, and microscopically you find a large number of glomeruli in process of destruction, and having capsular processes; the final result is a tolerably high degree of renal atrophy. I will not deny that under such circumstances a parenchymatous nephritis may come on that is analogous to the infectious form. I have seen a quite acute form of this kind which was in direct connection with arthritis, but I am aware from reading and from my own observations on the living that albuminuria occasionally occurs along with arthritis. I would make the statement provisionally that there is an arthritic nephritis without arthritis, and without the other manifestations of it.

In discussing the question what the element may be that gives rise to the inflammation; although the one process is mainly met with in the cortex, and the other in the canals of the pyramidal substance, we should not conclude that the uric acid crystals are the irritative element that sets up the inflammatory processes. We can assume that the *materies* causes the separation of the uric acid salts, and that these excite the inflammation. But it is to be pointed out that the localities in which the processes play this part are varied. In every arthritic joint the deposits of uric acid salts are principally formed on the cartilage and on the ligamentous apparatus around the joint, i.e., in the extravascular parts, they moreover penetrate within these, and do not form a simply external deposit. But these are not the parts in which the inflammation originates, it is the synovial membrane in which it commences. If we examine a joint in an early stage of an attack, we find great redness of the synovial membrane with some degree of purulency, but no urate of soda. I believe it is not the completely separated solid crystallised urate of soda, but rather the still dissolved fluid, that is, the *materies* that gives rise to the inflammation. Then one can only conceive the process as taking place in the kidneys. Not those localities that contain crystals are the seat of the nephritis, but it develops outside of them. That the irritant resides in the peculiar property of the excretions, however, I am fully convinced, and I am strengthened in my conviction by my own illness of last year. I have never in my life had an attack of gout, but have occasionally had a slight painful puffiness, but never diminished power of move-

ment of the joint. During the course of last year an irritation of the bladder first came on, with a good deal of urgent desire to micturate, and occasionally burning pain along the ureters. The urethral orifice became red, but I did not consider this of much importance. When, a year ago, I had a severe attack, the result of external causes, after the pyrexia had passed away, a very violent irritation of the urinary organs came on, which was associated with a great deal of purulent discharge, but without sediment, so that what was passed looked like pure pus. I had at the same time urgent desire to micturate, and great pain during the act. The medical attendants exhausted themselves in conjectures as to the cause. One day after I had passed a small purulent mass, I began to examine it microscopically, and found nothing but round cells with great power of movement. I accidentally added a little vinegar, and was surprised to find the whole field of vision suddenly covered with crystals of uric acid. My first thought was that an energetic alkali was required, and I at once took a strong dose of borate of soda, and from the next morning I passed no more pus nor produced cylinders. From this, I think, I must draw the conclusion, that the great over-loading of the system with uric acid salts in solution, had produced a strong irritation, and finally a purulent catarrh of a most violent form.

In regard to diagnosis there are conditions in the kidneys in which, in like manner, bodies like those described are met with. There is the condition in which lime is deposited in the kidney. In the calcareous kidneys the lime is indeed always found in the excretory passages, but there is a certain difference between them. The most frequent form is that in which thick white points are met with at the apices of the papillæ, which often pass on into a grumous mass. This condition is found in calcification of the *tunica propria*. Such a tubule has its lumen patent, but it has no epithelium. The cause of the calcification lies in denudation—the epithelium is dissolved in the catarrhal process, and expelled with the urine. In the second form the lime lies within the tubules. This condition is frequently met with in the cortical substance, very frequently in the capsules of the glomeruli, so that these under backward pressure of the glomerulus become more and more filled with calcareous salts, in such a way that one can see these white patches on the surface of the kidney. This form not unfrequently exists in connection with chronic nephritis, like that with arthritis which is only distinguished by the greater disposition to form small cysts. The urinary tubules form varicose bodies which shut themselves off from the rest of the tubule and thus form cysts.

A Course of Lectures

ON

THE EYE: ITS DISEASES, AND THEIR REMEDIES.

Being an Abstract of a Course of Lectures delivered in the
Royal College of Surgeons in Ireland,

By ARCHIBALD H. JACOB, M.D. Dub., F.R.C.S.I.,
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Ophthalmic Surgeon to the House of Industry Hospitals.

(Continued from page 87.)

Tumours of the Conjunctiva.

THE conjunctiva is liable to the inroad of a variety of tumours—viz, epithelial, melanotic, and medullary growths, warts, fatty and dermoid tumours, polypi, and cysts. It is also subject occasionally to syphilitic ulceration. I do not propose to deal at length with these growths, the diagnosis and treatment of which is to be decided, not by rule, but by the exigencies of each particular case. The

benign growths and those which have not extended beneath the conjunctiva are easily excised. The cancerous and other extensive growths will probably involve the removal of the entire eyeball or even of the contents of the orbit.

Pterygium. So called from its resemblance in shape to a fly's wing (*πτερον*)—is a hypertrophy of the conjunctiva and subconjunctival tissue, occurring usually as a sequela of long-continued conjunctival irritation and granulation. It is classified by authors into *Pterygium tenue*—*P. crassum* and *P. pingue*, according to the thickness of the growth and the development of fat in its structure. It usually presents itself as a thin (*tenue*) triangular web of thickened conjunctiva, with one or two veins on its surface, the base of the triangle being spread out at either canthus, and the apex at the corneal margin. Sometimes

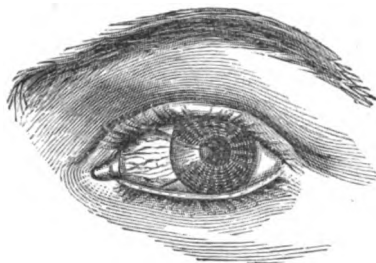


Fig. 11. Pterygium Tenue (MACKENZIE).

it encroaches upon the cornea even as far as the apex, and causes dimness of sight. It is usually not adherent to the sclerotic, but when it is of the denser variety (*crassum*), it sometimes becomes attached, and may form an impediment to the motion of the eye. Occasionally the fat cells are largely developed within and under the growth (*pingue*), and it presents a very visibly opaque tumour on the conjunctival surface. In any case it is extremely slow of growth, and takes years to become fully developed, but if left to itself it often encroaches on the cornea and interferes with sight.

The treatment of Pterygium usually consists in its removal by operation. In the earlier stages, while it is still quite thin, it may, if confined to the conjunctiva, be got rid of by burning it superficially with nitrate of silver or perchloride of iron, and by astringent applications; but these means are not applicable where it extends over the cornea, and they are insufficient when the growth becomes strong and dense. The methods of removal are—1. Excision; 2. Ligature. To excise it, the patient must be anaesthetised, and the lids divaricated with the spring speculum. The growth, being seized in its entire width by the forceps, should be raised as far as possible from the eyeball and dissected off, beginning at the apex. It

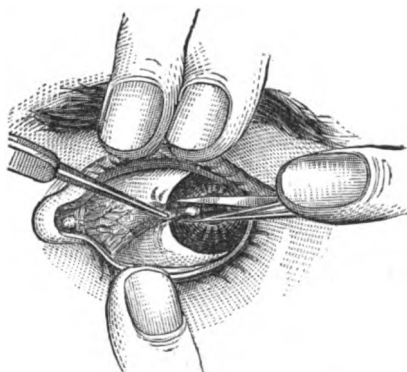


Fig. 12. Excision of the Pterygium (STELLWAG).

is not quite easy to remove the whole of it from the cornea without injuring the subjacent surface, and in any case a slight opacity will be left, because of the close connection between the growth and the cornea. The dissec-

C

tion may be made with sharp-pointed scissors or cataract-knife. I prefer the latter, and it should include the entire growth, as far as a quarter of an inch from the cornea, where the base of the incision should be finished off, not by a straight cut across the base of the triangle, but by converging the edges of the incision to a point. The object of this is that the base of the triangle may not be puckered when the conjunctival edges are brought together with sutures, which procedure is necessary to complete the operation. If the conjunctival edges are neatly sutured, no risk of the recurrence of the pterygium will arise.

The ligature of the pterygium is to be preferred to excision whenever it seems that the growth is closely adherent to the cornea, and that injury may arise from the dissection. The annexed illustration shows the

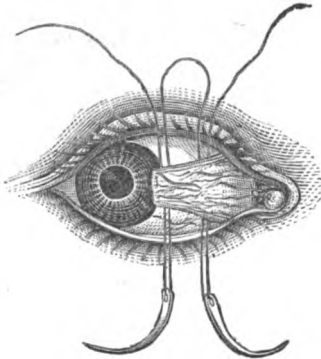


Fig. 13. Ligature of the Pterygium (STELLWAG).

method. Two needles being armed with the two ends of one ligature, having been introduced under the pterygium at its two extremities, the needles are cut off, the ends of the outer portion tied, then those of the inner portion, and, lastly, the two ends of the central ligature which appear below the pterygium; the ends are nipped off and the lids closed, and the pterygium, thus strangulated, sloughs away, and never recurs.

It has also been proposed to transplant the pterygium by dissecting it up to its base, as in the excision operation, and passing it into a pocket made in the conjunctiva, where it is to be sutured, the idea being that, by so treating it, the pterygium will not recur. This method of operation is seldom practised, and, I believe, has no advantage over excision or ligature.

Symblepharon is the deformity arising from the adhesion of ulcerated surfaces of the conjunctiva of the lids to similar abrasions on the surface of the eyeball.

These conditions arise—as a sequence of burns and scalds of the conjunctiva, or in any ulcerative condition in which both ocular and palpebral surfaces are involved—from keeping the ulcerated surfaces in approximation for a long period by poultices, compresses, and bandages, and the consequent attachments are permanent deformities, which can only be dealt with by operation. I append an illustration from a photograph of one of my own cases, in which both symblepharon and anchyloblepharon existed to a limited extent.

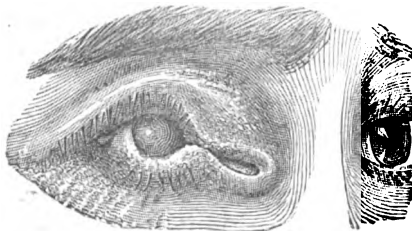


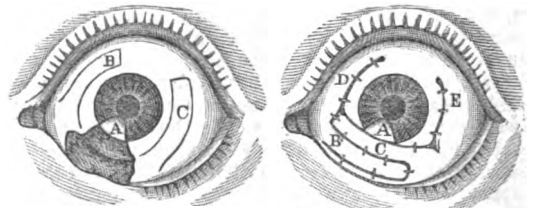
Fig. 14.

The operation essentially is a plastic one, the nature of which is determined by the extent and position of the

adhesion. The chances of success in freeing the lids and eyeball depend largely upon the extent of the adhesions. If they are limited to a small patch of the ocular conjunctiva, a cure can generally be effected by dissecting up the adhesions, suturing, if possible, the neighbouring conjunctiva across the denuded spot, and keeping the lid from contact while the cicatrization is in progress. But if the retrotarsal fold is included in the adhesion, it is extremely difficult to avoid a return of the contraction. A variety of mechanical adaptations have been, from time to time suggested, to keep the surfaces apart, but they have all been abandoned, it having been found that the contracting wound always pushed them out in spite of all precaution.

Two methods of dealing with this condition have been tried with success. The first of these—viz., to dissect up the entire extent of the adhesion, and to suture into the place a flap of conjunctiva taken from the eyeball—was first introduced by Mr. Teale, of Leeds, and is very efficacious when a sufficient extent of sound conjunctiva can be obtained. The appended illustration will better explain the position of these flaps than any verbal expla-

Fig. 15.



A. Tip of Symblepharon.
B. C. Flaps of Conjunctiva.

D. E. Sutured Conjunctiva.

TEALE'S Operation for Symblepharon.

nation. The point of the symblepharon A being left *in situ*, and the remainder of it dissected from the eyeball, the flaps B and C are to be dissected off the ocular surface and sutured into the position shown in Fig. 15, the flap B being applied to the lid surface, and C to the ocular surface. The edges of the conjunctiva whence the flaps have been taken are then brought together to complete the operation.

If the symblepharon be incomplete, or if there be any difficulty in getting the conjunctival flaps necessary for Teale's operation, a simpler procedure suggested by Arlt may be employed. A fine suture is first passed through the point of the symblepharon, and the ends left long and free, and the adhesion is then dissected up to its full extent, leaving its surface untouched. When the bleeding has ceased, the free ends of the suture are passed through two needles; the symblepharon is turned in on itself so as to place its conjunctival surface in contact with the denuded surface, and, the two needles being passed through the lid close to the orbital border, it is fixed in this position by tying the ends of the suture outside.

In any case these operations are troublesome, and frequently unsuccessful, but, if all fails, an attempt to transplant a portion of healthy conjunctiva, either from an enucleated human eye or from the rabbit, may succeed.

Anchyloblepharon is where the margins of the lids are adherent—wholly or partly—to each other, so as to close the palpebral opening. It arises not only from the cause above noted, but also from long-continued ulceration of the edges of the lids (blepharitis) injudiciously treated by bandaging. The adhesion together of the lid margins may very probably be accompanied with adhesion to the ocular globe, the position and extent of which should be ascertained before an operation is undertaken. If there be any lid opening (and there is almost always a small one near the tear ducts) a probe should be introduced through it, and, by

its means, the presence of attachments ascertained, and if it be found that there is any considerable attachment to the cornea the operation may be abandoned, for there will always remain a dense opacity fatal to vision. If the lid is drawn away from the eye and the patient directed to move the eye in different directions a judgment may be formed of the amount of symblepharon, when the adhesion of lids is not accompanied by adhesion to the eyeball. There is generally no difficulty in relieving this condition, the adhesions being simply divided and the lids kept separated until the new surfaces are cicatrised.

Lithiasis. This name is applied to the formation of minute calcareous concretions which form on the surface of the lid conjunctiva in gouty subjects, giving rise to great irritation of the conjunctiva generally. These are from calcification of the excretion from the glands on the inside of the lids, especially from the meibomian glands, and it will be liable to recurrence, causing at each return a fresh attack of conjunctivitis. The lids should be everted and carefully examined, and each concretion picked off with a cataract needle or the point of a Walton's spud. Sometimes the gland secretion is not actually calcareous, but cheesy, and it can then be pressed out of the gland duct. This removal of the concretion should be accompanied by internal treatment suitable to the gouty diathesis, if such exist, the purpose being to prevent a recurrence of the annoyance.

Oedema of Conjunctiva. Occasionally in elderly subjects, especially those whose kidneys are not working satisfactorily, a non-inflammatory oedema of the conjunctiva is developed, which is difficult to relieve. Incisions produce temporary benefit, but the ultimate remedy is in the restoration of the efficiency of the kidney and in stimulation of circulatory system. I have seen such cases associated with exophthalmic goitre and with weak heart.

Emphysema. When by any injury the cellular tissue of the orbit is brought into direct communication with the nasal passages or the ethmoid cells, the conjunctiva is liable to be distended with air whenever the patient blows his nose. The most usual cause of this condition is direct fracture of the nasal bones or a severe blow on the temple causing fracture by *contre coup* of the nasal or ethmoidal walls, and therefore, the occurrence of emphysema may be of importance as being diagnostic of dangerous injury. Sometimes the cellular tissue of the lid is similarly inflated, and we have a condition which at a glance might be mistaken for erysipelas. The true nature of the case is easily recognised by the crackling of the swelling when pressed with the finger.

Emphysema is, of itself, of no consequence, and it rapidly disappears on application of a compress bandage.

(To be continued.)

TWO CASES OF CEREBRAL TUMOUR.

Under the care of M. MARTIN DE BARTOLOME, M.D.,
Physician to the Sheffield General Infirmary; Lecturer on
Clinical Medicine at the Sheffield Medical School.

(For the report of these cases we are indebted to Dr. PORTER,
Physician to the Sheffield Public Hospital and Dispensary;
late House-Surgeon, Sheffield General Infirmary.)

M. G., *æt.* 14, who was said to have been always ailing and delicate child, was one of twins, her brother having died in infancy. She had two sisters living and in good health; both her parents were strong and healthy; and her family history good. She had had no accident or serious illness previous to that for which she was admitted into the Sheffield General Infirmary. About six months before she came under observation she was suddenly seized with violent pain in the head and vomiting. This attack lasted a few days, and was attributed by the medical man in attendance to some gastro-intestinal derangement. About a month before admission the patient began to lose the sight of both eyes simultane-

ously, and became quite blind in the course of about ten days. About three weeks later she was again seized suddenly with severe pain in the head and screamed violently, and after the attack lay for some hours apparently quite unable to move her head or limbs. The night previous to her admission she had another seizure, attended by slight convulsions and unconsciousness.

Four days after admission, her condition was as follows:—She complained at short intervals of pain across the vertex and right parietal region, also of pain extending along the spine and sometimes down the right arm, so severe at times that it caused her to scream loudly; some of the paroxysms were accompanied by vomiting. She slept only in short dozes, and more during the day, when the pain was generally less severe, than during the night. Her manner was dull, and she was very slow at understanding and answering questions. The pupils were widely dilated and insensible to light, a strong light making no impression on the retinae, which, when examined by the ophthalmoscope, showed well-marked optic neuritis. Smell and hearing were not affected. There was no facial paralysis or impairment of speech. In bed she seemed afraid to move without assistance, and called for the nurse when she wished to change her position; but when once on her feet she could walk tolerably easily if guided by the arm. There was some rigidity about the muscles of the left side of the neck, and she held her head very stiffly and somewhat inclined towards the left shoulder as she walked. There was no dragging of either foot, and no inequality of the movements of the two sides. Cutaneous and muscular sensibility were not impaired. There was no disease of either ear or history of pain or discharge there. The tongue was clean and moist; appetite very poor; bowels constipated. Temperature was normal, and there was no cough or sweating. The heart, lungs, and urine were normal.

A few days later her general condition appeared to have improved slightly, and the pain was less severe. It was remarked, however, that the tongue inclined slightly to the left on protrusion, and that the patient closed the left eye less perfectly than the right.

After only ten days stay in the infirmary her parents insisted on taking her home again into the country, where she died about a month afterwards, no post-mortem being obtained.

In the second case, the notes of which are appended, the patient was under observation for a much longer period and the diagnosis confirmed by post-mortem examination.

J. T. P., *æt.* 15, was one of a family of eight, having two sisters and four brothers living and in good health, but having lost one sister from "consumption." His father and mother were both living, the former being paralysed from the effects of a stroke. The patient himself had enjoyed good health up to four or five months before admission into the Sheffield General Infirmary, when he began to complain of occasional headache and attacks of giddiness. Shortly afterwards he was knocked down by accident and bruised his head, but this did not appear to cause any aggravation of his symptoms at the time. About a month later he had an epileptiform seizure in which he was convulsed and unconscious for about a quarter of an hour. After this attack headache and giddiness became almost constant, the pain being referred to the frontal region and the eyes. A fortnight before admission into the infirmary he complained of indistinctness of vision, his mother noticing that he squinted slightly at times, and within a week of his first complaining of his sight he became quite blind in both eyes.

On admission, the patient suffered from paroxysmal attacks of headache, accompanied, when severe, by vomiting, with a hot head and a flushed face. The pupils were equal, widely dilated, and insensible to

light, no impression whatever being produced on the retina by even a bright light; double optic neuritis, as in the former case. Hearing, taste, and smell unaffected. No facial paralysis, but well-marked inclination of the tongue to the right side on protrusion. There were no muscular twitchings, rigidity or paralysis of the limbs; no loss of sensation, hyperæsthesia, neuralgia, or abnormal sensations complained of; no disease of either ear; no impairment of speech. The tongue furred; bowels constipated; appetite fair. Urine normal in character, but rather watery and copious. Heart normal; no physical signs detected about the lungs. Patient rather thin and wasted; very weak, and walking with an unsteady gait.

About two months later patient complained of severe pain in the region of the heart and of a constant dry cough; his skin was hot and dry; temperature 101; pulse 112, small and feeble. The paroxysms of pain in the frontal region had become less frequent, and he complained of a dull constant pain in the occipital region. On making another examination of the chest a loud rasping double murmur was heard all over the cardiac area, but loudest behind the junction of the ensiform cartilage and sternum, apparently a pericardial friction murmur. The percussion note over the right lung was somewhat dull, and fine râles were audible over the whole of the right side of the chest with increased vocal resonance.

A fortnight later the friction sounds over the heart were no longer heard, but there was increased area of cardiac dullness. The cough still continued very troublesome, but there was no expectoration. At the right apex, beneath the clavicle, there was increased dullness with increased vocal fremitus, harsh tubular breathing, râles, and increased vocal resonance; at the right base, behind, dullness and abundant râles; at the left apex, beneath the left clavicle, slight dullness and a few moist sounds with jerky inspiration. The patient was in a hectic condition, with profuse sweating, the temperature ranging between 98 deg. and 102 deg., Fahr., presenting evening exacerbations and morning remissions.

Four months from the date of the patient's admission his condition had become very much worse. He was then very emaciated and feeble, the attacks of headache and vomiting were more frequent and the pain more severe, and were sometimes accompanied by convulsions and insensibility continuing for an hour or more. His intelligence had suffered considerably, and he became delirious towards night. His tongue was dry, brown, and fissured, and his gums and lips coated with sordes; the bowels, which throughout had been obstinately constipated, could only be made to act at all by large doses of purgatives and enemata. After lingering for about a fortnight in this condition the patient died rather suddenly, directly after an attack of convulsions.

The following was the result of the post-mortem examination, made twenty-seven hours after death:—

The body was very thin and emaciated. On removing the skull cap the vessels of the pia mater covering the hemispheres appeared very congested, and the membrane was studded here and there with small patches of lymph. On removing the brain no tubercle could be detected in the pia mater at the base, or elsewhere; on section both lateral ventricles were found distended with fluid; the substance of the cerebrum appeared healthy. The cerebellum weighed 7 ounces (5 ounces 4 drachms being the average weight in the adult); on its upper surface was a large non-vascular growth of dry, yellow, cheesy appearance and consistence, presenting the characters of a mass of yellow tubercle. It was about the size of a hen's egg, more or less oval in shape, flattened on the surface, and occupying almost the whole of the right lobe, the small middle lobe, and part of the left lobe. It was well defined though not encapsuled, and the surrounding tissue appeared quite

healthy. On opening the thorax both lungs were firmly adherent in several places, the right lung over nearly the whole extent of its surface. On removal from the chest the right lung weighed 14½ ounces; and on section was seen to be studded with miliary tubercle, the apex being quite solid with deposit; there were no cavities. The left lung weighed 12 ounces and was also studded, more sparingly, however, with tubercle in its upper lobe. The pericardium was found to be adherent to the surface of the heart all over, and on detaching the two layers of membrane some patches of miliary tubercle were seen on the anterior surface of the reflexion covering the heart. The valves of the heart were quite healthy, and there were no signs of endocarditis. The mesenteric glands were many of them enlarged and caseous; other organs were healthy.

The cerebellum and growth are at present in the museum of the Sheffield General Infirmary.

It is much to be regretted that no opportunity was afforded of confirming the diagnosis and ascertaining the nature of the growth in the first case. In both cases the age of the patient was the same and was that most favourable to the development of tubercle, which in one case it proved to be post-mortem; and although in the other the evidence of tubercle elsewhere, of family predisposition, and even of high temperature, was wanting, it seems doubtful if that would justify an opposite conclusion. The early history of both was that characteristic of cerebral tumour and nothing more, and under observation an adequate examination could only be made in the last case as the first patient left the infirmary after a stay of only a week or so. Headache, cerebral vomiting, and more or less suddenly developed amaurosis appear to be the principal symptoms in a very large proportion of cases of cerebral tumour; and it appears to be quite the exception to be able to localise the exact situation of the growth by phenomena due to local nerve irritation or paralysis. The situation of the pain in the head is generally no indication whatever of the seat of lesion; but the constant pain in the occipital region complained of towards the close of the second case may have been caused by the stretching of the tentorium or pressure on its nerves. Here the situation of the tumour, away from the large ganglia and nerve tracts, would fully explain the absence of local nerve irritation or paralysis. The character of the symptoms would also depend to some extent on the rapidity of growth and vascularity of the tumour; slowly-growing and non-vascular tumours causing less interference with the circulation, and consequently with the function of the surrounding brain tissue, than those whose size is subject to variations corresponding to the state of tension or otherwise of their vessels, and the condition of the circulation.

It seems difficult to account for the early and complete amaurosis in cases of cerebellar tumour except by compression of the venæ Galeni at their entrance into the straight sinus, producing effusion into the ventricles, which in turn would produce compression of the cavernous sinus and so venous congestion and structural changes in the retina and optic nerve. When amaurosis is the result of direct pressure upon the nerves and centres of sight, one or more of the motor nerves of the eye is paralysed also, from proximity to these structures at the base of the brain.

LAST week suspicion was aroused by the finding on the premises of the County Lunatic Asylum at Mickleover, Derbyshire, the head of a child near a water tank. The drains were at once flushed, and the rest of the body of the child, cut up into small portions, was discovered. The matter is at present under investigation.

Clinical Records.

ST. MARY'S HOSPITAL.

Minute Epidemic of Influenza in a Hospital Ward.

Reported by DR. C. HANDFIELD JONES, F.R.S.,
Physician to the Hospital.

On the night of Sunday, January 13th, 1884, the occupants of three beds at the northern end of Cambridge ward, St. Mary's Hospital, were taken ill. They had all appeared fairly well during the evening, and continued so till they went to bed. Bed 7 is next to a door opening into a room used for examination of urine, laryngoscopic and ophthalmoscopic work. Bed 9 is close to another door which communicates by a short passage traversing a bath-room with the large Albert ward. This bed may be somewhat exposed to draughts, but not the other two.

S. T., who occupied No. 7, is a man, *æt.* 46, who was admitted with hemiplegia affecting sensation as well as motion of the right limbs, probably resulting from intracranial syphilis. He was taking potassæ iodide, *gr.* xv., *ter die*, under which he had improved a good deal. He was taken ill on the night of the 13th with flushed face, severe headache, slight sore throat, and very copious vomiting. His temperature was normal before his illness, but rose to a maximum of 102° on the evening of the 14th, then declined to 99·6 at p.m. of 15th, and remained at the same on 18th p.m. Unfortunately it was not taken on the 13th when he felt weak and trembling. He had besides marked flushing of the face, severe headache, and very copious vomiting, with slight sore throat. He is subject to attacks of a similar kind, but only trifling, nothing like this.

F. L., *æt.* 42, convalescent from rheumatism, was taken ill on night of 13th with flushed face and very severe sore throat, but had no recurrence of rheumatism. On 14th he had shivering and felt nervous, and the first sound of his heart again became very weak, as it had been some days before. His temperature on 12th was 98·8 a.m., and 99 p.m.; on 13th was not taken; on 14th was 100·3 a.m., and 104 p.m.; on 15th was 101·2 a.m., and 101·9 p.m.; on 16th was 99 a.m., and 99·6 p.m.; on 17th and 18th was 98 a.m., and 99·4 p.m. His bed was No. 8. He had kept his bed all the evening.

L., *æt.* 21, was convalescent for 17 days from doubtful typhoid, attended with a good deal of bronchitis. He was taken ill in night of 13th like the others. He had headache followed by sore throat, felt very hot during the attack, but not weak. Before the catarrh he had been taking bark and ammonia, *ter die*, and on 14th this was changed for salicylate mixture and chlorate of potash gargle. He is now (19th) quite convalescent. His bed was No. 9.

This minimal outbreak of catarrhal disorder affecting only three persons occupying adjoining beds, the only ones at this end of the ward, and no others, may be deemed worth recording by reason of its very littleness. Had half the population (12) of the ward been affected it would have been no marvel; but that so few should have suffered, and those men lying side by side, implies surely a strange limitation of the morbid agency. It reminds us of the instances we have heard of cholera attacking one side of a street. It is true that L., No. 9, had a temperature of 101·4 in the evening, a few hours before the overt symptoms set in, but as he was up and about, mingling with the other inmates, it is hard to think that he could have infected his two neighbours and no others. Nothing similar that I know of has occurred in any other medical ward of the hospital. One patient in Cambridge ward had a slight sore throat a few days before the 13th.

A RETIRED army surgeon, Mr. T. M. McCully, of Manchester, was non-suited in an action against a patient for fees for professional attendance. The judge considered the conduct of Mr. McCully very singular for a medical man, and as the jury disapproved of the language used towards the wife of the said patient, they brought in a verdict in favour of defendant.

Special Articles.

HOME HOSPITALS.

HER MAJESTY THE QUEEN has consented to become the Patron of the Home Hospitals Association for paying patients, and has given a contribution which will constitute her a governor of the association. Three years' experience of the working of the pay hospital system, as tested by the Association at their home hospitals, 16 and 17 Fitzroy Square, has shown that the demand for admission is much greater than the amount of accommodation at present provided.

It was a portion of the original scheme, as submitted to the public at a meeting at the Mansion House in 1877, that if success attended the establishment of home hospitals for acute disease, home hospitals for convalescent patients should be opened at the sea-side and elsewhere. The home hospitals for acute disease having proved in practice so complete a success, the committee have determined to establish a convalescent hotel, or home hospital, where anyone recovering from sickness will be received, and isolated, so as not to be a danger to others, whilst being freed from any influence which is likely to militate against his rapid and permanent recovery. It is proposed that each convalescent home hospital shall be provided with a resident medical officer, with skilled and competent nurses, and with a *cuisine* of a special character. Each inmate will find there, neither the noise, the absence of privacy, or the general bustle of a hotel, on the one hand; nor the damp sheets, slipshod attendance, and great discomforts of ordinary lodgings, on the other. At the present time, when a patient becomes convalescent, and when he is ordered by his doctor to seek change of air, where to send him becomes a question of difficulty and worry, in proportion to the serious nature of the attack from which he is recovering. A rapid recovery largely depends upon the wisdom of the choice, and the absence of the proper accommodation has not unfrequently produced a relapse. Indeed, the need of a convalescent home hospital for paying patients for the treatment of patients recovering from infectious diseases, has become so urgently necessary, that most families have, at some time or other, felt the want of such an establishment very sadly indeed. It is proposed, further, to undertake to remove the patients from their residences to the home hospital and to provide the necessary precautions *en route*, which are urgently demanded by the public health and the patients' welfare.

It will be necessary to raise £10,000 to enable the Home Hospitals Association to establish and open the convalescent branch. The Association not being a commercial undertaking, but being registered at the Board of Trade as a philanthropic institution, has obtained the necessary capital previously on the same system as that which embodies the financial principle upon which the colleges at the universities and many of the public schools were originally founded. Contributors of fifty and twenty guineas each become eligible for election as governors and members of the Association, with the privileges of obtaining, (1) priority of admission for themselves and their families when ill, and of two nominations each year, if governors; and (2) of priority of admission for themselves only, if members. Owing to the demand for admission, a governorship at the present time confers substantial advantages, and the addition of a home hospital for convalescents will increase that demand, and enhance the value of governorships and memberships of the Association. The £10,000 additional capital which the committee now require to establish the Home Hospital for Convalescents, will enable them to elect about three hundred

new governors and members, and it is anticipated that the substantial advantages offered to heads of families, to bachelors, and other members of the community, in return for their subscriptions, will be so much appreciated, that the applications for election, which should be addressed to the Treasurer, care of Messrs. Cox & Co., Craig's Court, S.W., are likely to far exceed the number at the disposal of the committee.

Transactions of Societies.

ACADEMY OF MEDICINE IN IRELAND.

PATHOLOGICAL SECTION.

The Pathological Section met at the Royal College of Surgeons, Friday, January 4, Dr. HENRY KENNEDY in the chair.

Dr. BENNETT, Sectional Secretary, read the minutes of the previous meeting, which were signed.

ARTHRITIS DEFORMANS FROM THE HORSE.

Dr. ABRAHAM made a communication on this subject, a specimen of arthritic disease involving the manus of a horse. He said: Chronic rheumatic arthritis appears to be by no means uncommon in the horse. The specimen in question (which he exhibited) seemed to me, however, to be such an extreme example of the affection that I thought it would be a sufficiently interesting object to bring under the notice of the Pathological Section. The bones are those of the right manus of an under-bred and aged mare. The carpo-metacarpal articulation is quite healthy; but there are two or three small rough osseous outgrowths near the upper ends of the metacarpals—that is to say, there is a tendency to osteophytic outgrowths from the bones themselves, quite independently of the articular surfaces. The lower end of the cannon bone (middle metacarpal) is, on the other hand, all around the seat of osteophytic deposit. Several of the dendritic masses are loose, and the larger ones measure upwards of two inches in length and one inch in breadth and in thickness. The articular surface for the first phalanx, or greater pastern, is on the left side for more than half of its extent, rough, and quite denuded of cartilage. The greater part of the surface is, however, not much altered, although on the borders of the denuded part are situated three narrow bands of eburnation. From the way the articulation looks in the specimen, there could have been but little movement in the joint, and it is evident that the manus from this point must have been permanently fixed, without ankylosis at an angle so as to point backwards and somewhat inwards. The greater pastern is nearly everywhere enveloped in an enormous more or less continuous irregular bony mass, which above greatly enlarges and deepens the socket of the metacarpophalangeal joint in a manner typical of the so-called "rudimentary bones." A considerable portion of the upper articular surface on the inner side is denuded and rough, and there are one or two porcelainous lines and points corresponding to those on the bone above. The irregular bony outgrowth has included, as it were, the posterior sesamoid bones, which have thereby become firmly ankylosed. The lower articular surface of this phalanx has for the most part disappeared, an irregularly cavernous space occupying its inner two-thirds. The small piece of surface which remains on the outer half shows a large characteristically eburnated patch. Corresponding to the cavernous part of this surface, a similar irregular excavation is seen to occupy the adjacent portion of the "lesser pastern" (second phalanx); so that when the bones are in position these parts can be closely approached. It is probable that here the loss of substance or atrophy had been caused chiefly by pressure. At the same time, the surfaces have some appearance of erosion by pus. That part of the articular surface of the lesser pastern which ought to be opposite to the eburnated patch on the greater pastern is for the most part eroded, and is only polished along a line on the outer rim. The articulation of the lesser pastern with the "coffin bone" (ungual phalanx) is healthy, although the latter bone has thrown out some irregular growths outside the articular surface. The term "arthritis deformans" is in one sense eminently applicable to this case, for before the specimen was macerated and the bones separated, the general distortion was so great that it was hard to resist the idea of dislocation and

fracture. From the awkward position of the bones, the flat of the hoof became useless for support, and not meeting with attrition, the horny matter continued to grow. The hoof became thus curiously curved laterally, and it now weighs when separate $4\frac{1}{2}$ lbs. This is a good example of the overgrowth of an epidermic structure when relieved of its legitimate wear and tear, and it reminds one of the big toenails of bed-ridden paupers, which are so common in museums. For the sake of a more thorough examination the greater portion was longitudinally sectioned, and fragments from the centre of the bone, as well as pieces of the osteophytia, were ground down for microscopic observation. On the cut surface the original contour of the bone can with difficulty be made out, and to the naked eye there is but little difference distinguishable between the textures of the osteophytic bone and of the bone proper. The saw has escaped a cavity situated in the midst of the bone just below its centre. No communication with the outside has been traced. It is occupied in parts by a powdery mass, the remnant of an abscess. The thin sections taken from the centre of the bone are very similar in microscopic character to the sections taken from the outgrowth. In both cases the bone deposition is irregular, especially with regard to the lacuna, which vary much in size and shape, have indistinct or few canaliculi, and are singularly absent in some places and closely massed in others. In the specimen, indeed, there seems to be on the whole more inflammatory bone disease than joint disease.

The CHAIRMAN asked, Was there any suppuration?

Dr. ABRAHAM: I did not find any. I did not examine the specimen until it was quite macerated.

Dr. BENNETT said that, although they seldom saw specimens of this sort, he believed the disease was common enough in horses. While there were differences from the disease as presented in human subjects, the essential features were the same in both. There was also in the specimens an exact repetition of the diseased conditions seen in the fossil specimens, *Cervus mejiaceros*, or Irish elk, which were preserved in the Museum of Trinity College, and also in the College of Surgeons, the disease being in all these cases true rheumatic arthritis. In the last number of the "Pathological Transactions," of London, reference was made to the occurrence of rheumatic arthritis in human skeletons lately dug up in London from a Roman tomb of the fifth century, and in those found at Pompeii, as the earliest known examples of the diseases; but a still earlier date might safely be assigned to the *mejiaceros*.

CHAIRMAN: Were both the horse's legs affected?

Dr. ABRAHAM: I think not. The animal while living could not walk on the diseased hoof, but dragged it under it.

Dr. DOYLE mentioned that he had a horse suffering, he believed, from this disease, and the animal was a good galloper and a capital jumper in the field, but when leaving the stable in the morning he used to be quite stiff in the parts of the legs connected with the hock joint. After he had moved about for awhile, however, the stiffness would disappear, and he would get quite well. In the Richmond Hospital the late Surgeon Adams used to draw attention to the fact that patients suffering from rheumatic arthritis had a difficulty arising from stiffness, which disappeared after they had moved about for awhile. In the majority of the cases of arthritis at that hospital, as he remembered, the disease was not confined to one joint, but the joints of both sides used to be affected.

Dr. ABRAHAM, in reply, said he forgot to mention, in the case he had brought before them, the navicular bone was quite free. There was a cavity in the centre of the greater pastern, which contained a powdery mass, like what would remain after an abscess, although the occurrence of abscesses was not common in chronic rheumatism. There was also an appearance as if the joint had been eroded with pus. The joint seemed to be more affected than the articulations, so that one would be inclined to suppose that the disease was one more of the bone on the periosteum than of the cartilages. The ordinarily received opinion was that this disease commenced in the synovial membrane and the cartilages, and the human specimens in the Museum of the College showed that beyond a doubt. It was possible that there were other diseases nearly allied to the ordinary chronic rheumatism, but differing from it in some points, and it was also possible that the disease of the horse illustrated by the specimen was a variety of it. The bones of the *mejiaceros* upstairs showed a small amount of affection.

TUMOUR OF THE INFERIOR MAXILLA.

Dr. ABRAHAM made, on behalf of the President, who was

unavoidably absent, a communication on the subject of sarcoma of the lower jaw. The patient first noticed the tumour in March last, and on the 15th September she was admitted into the Richmond Hospital. In May she had been advised to have it removed. It commenced at the lower and outer part of the jaw, in front of the masseter, and involved the whole substance of the bone as far as the symphysis. The cheek was reddened, but not thickened or adherent, and from the way the cicatrix puckered up during the healing, he suspected that infiltration had commenced in the soft parts. The last report received of the case confirmed that view. He (Dr. Abraham) had examined the tumour, and the first portion of it that he inspected appeared to have the nature of a young fibroma, but on looking at two or three other sections, it turned out to be a sarcoma. One of the specimens under the microscope showed the fibromatous texture, and from another it was apparent that the tumour was a rapid-growing one, with ossification going on. All that part was undoubtedly sarcomatous, and cells of round, spindle, and in fact of all sorts of forms, could be seen.

Dr. BENNETT said that an important point was that, while the skin and surrounding parts and glands were free, the tumour yielded a crepitus to the touch, which made it probable that the tumour was of benign character, but that the symptoms often taken as evidence of benignity were not to be absolutely relied on, for he believed the tumour was rapidly returning.

FRACTURE OF THE NAVICULAR BONE OF THE FOOT.

Dr. BENNETT submitted two examples of a fracture of the navicular bone which he believed had not been heretofore described. The first and older of the two specimens came into his possession some years ago from the dissecting-room, so that of course he had no life-history of it, and it had since remained in the Museum of Trinity College. This year a second and more characteristic specimen of the injury came into his hands similarly, and without history. He at once observed its identity with the former example, in both the articular surface of the bone which receives the head of the astragalus, presenting distinct evidence of united fractures which traversed in a regular line the upper and outer part of the surface. On turning to the opposite articular surface which supports the cuneiform bones, one is surprised to find only the most trivial traces of fracture marking the upper margin of the upper and outer part of the fracture. In so thin a bone as the navicula, one would expect to find a close correspondence in the lines of fracture, no matter how arising, on its opposite faces; but it was evident that the planes of fracture originating in hollow depression on the proximal surface had passed with extreme obliquity to the free margin, almost avoiding the distal surface. He concluded that the force which caused the injury in both cases was a degree of crushing which, if more strongly applied, would have produced dislocation of the head of the astragalus upwards and outwards. With the specimen last obtained he had the other tarsal bones and exhibited them, as proof that the injury in this case was limited to the navicular bones, the others being normal, except only the head of the astragalus, which showed slight trace of change in form, such as its articulation with a bone whose surface was altered by fracture would readily induce.

DISLOCATION OF THE TWELFTH DORSAL VERTEBRA WITH FRACTURES OF THE RIBS AND THEIR CARTILAGES.

Dr. BENNETT exhibited these specimens, and detailed the history and symptoms observed during the life of the patient. On Nov. 2, 1883, a middle-aged man was admitted to Sir Patrick Dun's Hospital in a condition of profound collapse. He had, while half-drunk, fallen from the shaft of a float between the horse and the body of the vehicle, so that he was dragged along for some distance between the low axle and the ground. His lower limbs and the trunk from the ensiform cartilage downwards were absolutely paralysed. All power of motion, sensation, and all reflex motions, were absent. The bladder and rectum were powerless. In two days sensation was restored to the level of the hypogastrium and inside of the thighs, and there remained stationary. The urine was acid, and free of blood, and was drawn off with a catheter until the eighth day. Pain and vomiting were the prominent symptoms after reaction was established. Two days after admission the patient broke out in delirium tremens. He had had the horrors before, and remained delirious till the 8th. On the 13th he again became delirious, and next day he passed for the first time bloody urine, the urine having become alkaline on the 9th. He had no bedsores, being placed from the first

on a water bed. Only a minute eschar formed on one toe where the bedclothes lay heavily. He had a vesicle above the right ankle on the day after his accident, remote from any seat of pressure or of any part exposed to the heel of the foot. This vesicle grew for a couple of days, and then remained stationary, ultimately drying up after the first week. The convex spines of the mid-dorsal vertebrae were covered on his admission by a large, ill-defined, bloody tumour, which precluded close examination in the early days, and the superintention of delirium rendered detailed examination during the first week impossible. From the advent of the hæmaturia on the 14th, when already catheterism was only performed occasionally, precluded the idea of this being its cause. But little benefit from treatment was obtained in the control of this symptom, and in fact the patient appeared to die from its severity and uncontrolled continuance. He died on Nov. 25, of asthenia. The fractures of the lower left ribs and their cartilages gave rise to much pain at first, but otherwise did little to hasten death. When emaciation became marked, after the delirium subsided, the projection of the first lumbar vertebra was indistinctly defined. At the autopsy, on reflecting the muscles of the spinal grooves, the superior oblique process of the first lumbar vertebra presented its articular surface free and unbroken in the groove on the left side. With difficulty, on complete dissection, it was found the corresponding process of the 12th dorsal was cracked at its base without any displacement or rupture of its fibrous investments. The opposite articular processes were normal. On section of the spine in the mesial plane, the body of the 12th dorsal was found displaced forwards and downwards. The anterior common ligament being stripped for a short distance from the 1st lumbar, the angle so limited was filled by debris of the intervertebral disc of the vertebrae engaged, and a few grains of bone torn off with its fibres; but nothing capable of being called a fracture of either body existed. The specimen, then, was one of unilateral dislocation of the 12th dorsal vertebra, with only the merest trace of fracture of one (the superior) of the articular processes engaged. The cord was found completely severed, the lumbar swelling almost completely involved in the crushing. With above and below compression of the cord was blood effusion for enough space to explain the abolition of all reflex movements. The chief interest seemed to be in the hæmaturia; no lesion of the bladder or kidneys existed in the way of rupture; but the kidneys were alike intensely congested and swollen, while their pelvis were filled with blood altered by its mixture with alkaline urine. Hence the cause of the bleeding was renal, and from both kidneys alike. The bladder was inflamed, but quite muddy compared with the kidneys. The specimens are preserved in the Museum of Trinity College.

The Section then adjourned.

SUB-SECTION OF ANATOMY AND PHYSIOLOGY.

At the opening meeting of the Sub-Section of Anatomy and Physiology, held in the Royal College of Surgeons, Professor J. M. PURSER, M.D., President of the Section, occupied the Chair.

Mr. J. F. KNOTT, Hon. Sec., read the minutes, which were confirmed.

DEMONSTRATION IN MICRO-PHOTOGRAPHY.

Dr. NEWTON DICKENSON gave a demonstration in the art of micro-photography, with an apparatus which he believed to be the simplest and most efficient as yet produced. Photographs by his method could be taken either by day or night without any of the complex and expensive arrangements at present considered necessary for their production. The apparatus he described at full length, demonstrating its use by preparing some specimen photographs.

THE HOMOLOGIES OF THE MUSCULUS STERNALIS AND THE SO-CALLED PECTORALIS QUARTUS.

Dr. CUNNINGHAM made a communication on the homologies of the musculus sternalis and the so-called pectoralis quartus, which he illustrated with diagrams. He supported the view advanced last session by Mr. Abraham that the musculus sternalis is an aberrant part of the great pectoral muscle. He had succeeded in tracing its nerve supply from the internal anterior thoracic nerve. The pectoralis quartus he regarded as a piece of the panniculus carnosus. Its nerve supply, which he traced in the sloth bear, proved this.

Mr. ABRAHAM was pleased that Prof. Cunningham had so

ably proved the idea which he had himself put forward last year. Although in certain text-books of anatomy the muscle in question occupied a small paragraph after the description of the great pectoral, the authors made no allusion to any connection between the two. In only one foetus out of three or four examined since his former communication did he find the muscle, and in that it was developed to a very small degree.

EXPERIMENTS ON THE PNEUMOGASTRIC NERVE.

Dr. SCOTT read a preliminary communication concerning experiments on the central end of the pneumogastric nerve. He pointed out that in some experiments performed by Dr. Purser and himself on the central end of the vagi, certain facts were observed differing from those hitherto described. Firstly, on section of one vagus the heart beat was not slowed, but there was a slight fall of blood pressure; secondly, on section of both vagi, a considerable rise of pressure ensued, associated with a slowing of the heart beat, these being independent of the stoppage of respiration. The foregoing facts would show that the heart is inhibited by other means than the vagi. The respiration, also, was differently effected when one or both vagi were divided. In the former case the stoppage was always followed by expiration; in the latter, by inspiration.

The PRESIDENT testified that the tracings exhibited were accurate copies of the original tracings. They were very curious in a great many respects, and the phenomena were extremely complicated, indicating not only the action on the nerves, but the influence produced by the asphyxia.

Dr. SCOTT, in replying, observed that it was only after the section of both vagi that the beats made their appearance.

The Sub-Section then adjourned.

LIVERPOOL MEDICAL INSTITUTION.

THE eighth ordinary meeting of the session was held on Thursday, January 31st, Dr. GEE, President, in the chair.

The pathological specimens exhibited were—

A STOMACH FROM A CASE OF POISONING BY CARBOLIC ACID, shown by Dr. Chisholm. The patient drank, as usual, by mistake, a quantity of crude carbohc acid from a bottle. The quantity swallowed was at least five ounces. No vomiting followed, and death took place 18½ hours after the misadventure. The lips and mouth showed but slight traces of the caustic effects of the poison, and none could be traced beyond the stomach, showing that none, or but the smallest possible quantity, had been allowed to pass the pyloric orifice;

VESSELS FROM A CASE OF SPONTANEOUS GANGRENE, shown by Dr. Creswell Rich, in which a large thrombus blocked up the right iliac artery completely, thus producing gangrene of the corresponding leg, and almost, but not quite as completely, the left common iliac; and a

LARYNX AFFECTED WITH MEMBRANOUS GROUP, by Dr. Greves. In this case the disease was stated to be of exceedingly long duration. The child, always weakly, was attacked 14 days before admission into the Children's Infirmary. At this time there was cough at night, but no dyspnoea. On admission there was dyspnoea and lividity of the lips; the tonsils were red, but no false membrane could be seen. The patient gradually got worse, and tracheotomy was performed. After the operation a membranous cast of the trachea was coughed up, and the breathing was much relieved, but the patient sank and died. Thirty-six hours afterwards, on post-mortem examination, the trachea was found to be tolerably free from false membrane, the bronchial glands were enormously enlarged, and the apices of the lungs were affected with pneumonia.

Professor PARKER then gave a detailed history of a

CASE OF COMPOUND DISLOCATION OF THE ELBOW, with division of artery and vein, which healed with full restoration of movement. The case on admission into the Royal Infirmary did not look very hopeful, but Professor Parker decided to make an attempt to save the limb. The wound was dressed antiseptically, without sutures or splint, the arm being kept at rest by a sling. The process of heal-

ing was aseptic throughout its course, although the patient was a hard drinker. He thought sutures should be avoided in such cases, as free discharge should be allowed. He then related the particulars of a

CASE OF IMMEDIATE GANGRENE OF THE UPPER LIMB,

successfully amputated at the shoulder-joint six days after injury. The patient, a man, *set.* 53, met with a severe crushing injury from a locomotive engine, and was admitted into the Royal Infirmary the day following. At this time he was cold and haggard. The upper limb was gangrenous. A large blood tumour occupied the upper arm and chest. The limb was pulseless, and there was neither movement nor sensation; there was no aperture through the skin, however. The man's condition was so bad that he would not amputate at the time. The limb was dressed antiseptically, and the patient then had three good days and nights, and improved in colour, &c. On the 4th day he was fit for amputation. The gangrene was white; no decomposition had taken place; the lower part of the limb was warm, but only from lying in contact with the trunk. The line of demarcation was marked, but not clearly. Operation was again postponed. On the 7th day the livid hue had deepened, but there was still no blackness. Amputation at the shoulder joint was now performed. Nothing but skin and three nerves required division. The patient made a good recovery, and was exhibited at the meeting.

Dr. BARR showed cases of

EMPHYEMA AND MITRAL AND TRICUSPID STENOSIS.

The first case was that of a boy admitted into the Stanley Hospital in an extremely emaciated condition, suffering from emphyema. The chest was drained in the ordinary way by an upper and a lower opening from August to December of last year, but the openings did not close. On December 12th Dr. Whitford removed 1½ inches of the tenth left rib, and laid the cavity open. The wound was then washed out with a solution of hyd. bichlorid., *gr. j. ad 5j.*; and afterwards with a solution half this length. Recovery then took place.

Dr. ALEXANDER said that he had removed portions of three or four ribs in one case. In a second he had removed two inches of five ribs in the most prominent part, and six months afterwards two ribs completely as far as the epiphysis. The chest wall then fell in, but union did not take place, and the patient ultimately died.

Dr. BURTON was glad to learn that others in Liverpool besides himself were using a solution of corrosive sublimate as a surgical dressing. He was in the habit of using it in the strength recommended by German surgeons—1 in 1,000 for washing the wound, and 1 in 2,000 for subsequent dressings. Even at this strength he had seen blistering of the skin in the vicinity of the wound follow its employment.

Dr. DAVIDSON thought resection of ribs must be only exceptionally required—that time should be given. He did not think the lung expanded much. In Dr. Barr's case the patient was a boy in whom there was a good deal of vitality.

Dr. ALCHER did not see the need for two openings, one above and one below. He did not think it necessary to remove part of a rib, and that in time the case would have ended favourably without any such operation.

Mr. PARKER, Drs. ROBERTSON, BLIGH, and the PRESIDENT then spoke, after which Dr. BARR replied.

THE highest annual death-rates in the large towns last week from diseases of the zymotic class were—From scarlet fever, 3·7 in Leeds, 2·1 in Preston, and 1·7 in Birkenhead; from measles, 1·8 in Derby, and 1·3 both in Salford and Oldham; from whooping-cough, 1·8 in Brighton, and 1·6 in Sheffield; and from "fever," 1·4 in Blackburn. The 35 deaths from diphtheria included 16 in London, 5 in Glasgow, 3 in Dublin, 3 in Birmingham, and 2 in Liverpool. Small-pox caused 2 deaths in London and 2 in Birmingham.

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The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, FEBRUARY 6, 1884.

THE COMING MEDICAL REFORM BILL.

THE interest in the Medical Bill, which we earnestly hope, and confidently expect to see introduced to Parliament within the next few days, is reaching a culmination so rapidly that it is necessary for us to sketch briefly the provisions of last year's Bill, upon which it is to be assumed the coming measure will be constructed.

The objects of the reform are fourfold:—

- To establish a standard of the *competency* of the practitioner, without which no one should be registered as qualified.
- To reconstitute the General Medical Council so that it may be more independent of the interests of licensing bodies than heretofore.
- To strengthen the law against unlicensed practice.
- To provide for the admission of Colonial and foreign diploma-holders to home practice under due restrictions.

The first of these objects (a) is to be attained by the holding of a central examination uniform in scope and in severity, through which every person seeking admission to practice *must* pass, no matter what diplomas or degrees he may possess, or may afterwards take. This “competency” examination is to be the final one of a series of tests, the primary examinations, one, two, or three in number, being left to the “recognised examining authorities,” but subject to inspection and approval by the central examining board.

As it would be inconvenient, if not impossible, to

have the final “competency” examination held by a single central court of examiners, it will be held by a separate court for each division of the kingdom, care being taken that the three examinations will be, as nearly as possible, identical in scope and severity. For admission to the primary sessional examinations the “recognised examining authorities” may charge what fees they please, and exact what curriculum they please, and they may accept what standard of answering they please, subject to the supervision already stated; while for the final “competency examination” the local supervising board will fix an admission fee, and will set forth a course of study which will be as nearly as possible uniform throughout the kingdom. When the candidate has passed this “competency” examination he will be placed on the Register and be authorised to practise. If he wishes for degrees or diplomas he can take them, and no limitation whatever is put upon the colleges or universities as to when, how, or for how much, they will grant these distinctions. They may give them to the examinees without further examination or without additional fee, or they may put him through any additional study and any additional payment they think necessary to maintain the *prestige* of their degrees, but these degrees or diplomas will no longer confer any right to practise, though they will be inserted in the Medical Register opposite the name of the examinee as evidences of his culture. So much for the scheme of examination. It will be seen that its intention is:—

1. To reduce the number of licensing centres from 19 (as at present) to 3, thus bringing them within supervision and control, which the 19 bodies never have been.

2. To secure that the practitioner of the future shall, at least, be *competent*, while leaving it to his own free will whether or not he will also be *cultured*, and leaving it perfectly free to the colleges and universities to fix their own limit of the culture necessary for their degrees.

Now it must be at once admitted that the licensing bodies are here deprived of the right to license practitioners. But while admitting this, we insist that such deprivation is inseparable from any effectual scheme of reform, and that it is effected by the Bill in such a way as not to prejudice the interests of any licensing body which deserves to be protected. Thirty years of experience of the working of the Medical Act has established beyond dispute that a certain number of licensing bodies have thriven, and if permitted, will continue to thrive, by admitting incompetent practitioners on cheap and easy terms, and the same experience has shown conclusively that there is no possible means of controlling 19 licensing bodies by any system of supervision. There was, clearly, nothing for it but to bring the system within control by reducing the 19 examining centres to one tripartite body, whose standard of education and examination it would be possible to fix at the level of that “competency” which the State is bound to insist upon in the public interest.

But in thus taking away the qualifying rights of licensing bodies, the Bill has been most careful to interfere in no way with their management of their

own affairs. It leaves the colleges to hold all their examinations exactly as they do at present, and it accepts the primary examinations if they come up to a reasonable level as sufficient title for admission to the final "competency" examination. It allows these institutions to charge exactly what suits them for these examinations, and it provides that the surplus of the final examination fee shall go back to these institutions for their support. Furthermore, it does not in any way interfere with those bodies who wish to keep up the rank of their degrees.

But it is predicted by those who desire to resist reform that the examinee, being entitled to practise without one, will take no degree or diploma, and that the colleges will thus be starved out of existence; to which we reply, *first*, that even if the examinee were content to go into practice without such a distinction, still the colleges would not be materially worse off than at present, because they would have all the emoluments derived from the primary examinations, and also the surplus of the fee for the final examination. The first of these emoluments they would fix for themselves as at present, the second would be fixed by the supervising board formed by themselves, and would, we firmly believe, be not a shilling less than they now receive from their diploma fees. Besides these two sources of income, these institutions would also retain their right to charge what they pleased for their diplomas and for their Fellowships or other higher degrees; and, on the whole, we declare our belief that, speaking generally, they would not be a penny the poorer or less influential by the passing of the Bill, even if the examinee were content to enter practice without a diploma. But, as a second reply, we contend that not one examinee in 100 will do this, for we can point with confidence to the fact that a mere licence to practise never has been the chief object of the practitioner. He well knows that his chances of success in money-making depend on the estimate the public has of his attainments, and he has, therefore, always seen the necessity of obtaining one or more decorative qualifications in addition to the mere licence to practise. Let anyone who doubts this turn to the pages of the "Medical Directory" and satisfy himself of its truth.

But, under this Bill, there is an additional and very special reason why he should voluntarily seek a diploma, and that reason is that, if he does not do so, he has no title whatever by which he may designate his qualification. The Bill gives him none; the Medical Register simply enters him in a list and gives him none; and, if he lacks a diploma or degree, a blank stands opposite his name, indicating that he is one of the undiplomates.

Does anyone suppose that a student who has served four years in his school and college, passed three examinations therein, and paid his consecutive fees therefor, will go away into the world without asking for its diploma? We certainly have no such belief, and we regard this point as nothing better than a bogey lighted up for the purpose of frightening unthinking people into an unreasoning opposition to the Bill.

We shall next week discuss other points of the Bill.

THE COUNCIL OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

We are at length within a measurable distance of the realisation of some practical reforms in the Council of the Royal College of Surgeons of England. For many years demands have been made for the readjustment of the relations existing between the Council and the Fellows and Members, and the Council has always met these demands in a peculiar and characteristic way. For a time it affected to be ignorant of them, but when this becomes obviously impossible it pretends to offer spontaneously that which otherwise it must yield by force.

The grievance of the provincial Fellows respecting compulsory personal voting at the election of members of the Council had to become almost insufferable; the opinions of the leading Fellows in the provinces had to be expressed in forcible and unequivocal terms; the tension of antagonism had to become extreme—before the Council would listen to any proposal to increase the facilities of voting by voting-paper at the elections. When it could no longer be withheld this alternative was announced with considerable obtrusiveness as the free-will and act of the Council.

It is indisputable that the formation of the Association of Fellows helped to quicken the political sense of the Fellows generally and to reveal the existence of rocks ahead. The motion brought forward by Mr. Cadge, to allow of non-personal voting, completed the despair and confusion of the obstructive members of the Council, while some of the more enlightened members of the Council gave the proposal cordial support; it is notorious that to others it was eminently distasteful. Every legitimate obstacle was imposed to its consideration, and had it not been for the very emphatic expression of opinion at the last election, it is possible that the attempts to defeat it would have been successful. It is characteristic of the official spirit now dominating the College, that when the Fellows had made it unmistakably evident that they would no longer be denied the privilege of voting by voting-paper, it should then be represented that the proposed alteration was autogenetic and altogether independent of external influence or suggestion. Be this as it may, the next election will, in all probability, be the last in which Fellows who wish to record their votes will be compelled to attend in person at the College.

Before even this proximate period comes round, the Fellows and Members may have an opportunity of considering more closely their relations to the Corporation. It is not so widely known as it should be that when the new Charter is prepared to enable Fellows to vote either in person or by voting-paper, other alterations are also to be included. The Committee of Council appointed to consider and report on Mr. Cadge's motion was, on the suggestion of Mr. Erichsen, asked to consider and report on the Charter and Bye-laws generally. The report of the Committee was presented at the meeting of the Council held on the 10th ult. The alterations proposed by the Committee are of a slight and fragmentary character, and so far from attempting to conciliate the Fellows and Members, they are designed rather to complete the autocracy and independence of the Council. Moreover, endeavours have been made to

keep the knowledge of these alterations from the Fellows and Members till it should be too late to modify or revoke them. It was even attempted, at the last meeting of the Council to hurry on the adoption of the alterations without waiting for the customary confirmation of the Members at the ensuing meeting. This has, however, been defeated by a notice of motion given by Mr. Erichsen, to the effect that the proposed alterations shall be submitted to a general meeting of the Fellows and Members.

This notice will be considered at the meeting of the Council to be held on the 13th inst. That it will now be carried there cannot be a doubt. Disagreeable and odious as it may be to some of the Members of the Council to have Fellows and Members taking an intelligible interest in the affairs of the College, the most redoubtable of opponents may be excused for lacking the courage to challenge a proposal so reasonable and right as that which seeks to submit proposed alterations in the Charters of a Corporation to the *Members of the Corporation*.

THE HOSPITALS ASSOCIATION.

It will be remembered that we commented last summer on several meetings which were held at the Society of Arts for the discussion of a proposal to found an association of persons interested in the administration of hospitals, and having for its object to promote the efficiency and prosperity of our medical charities. As the practical outcome of the movement thus initiated, an influential gathering, presided over by the Lord Mayor, Mr. Alderman Fowler, took place at the Mansion House, in London, on Friday last, when Sir T. Fowell Buxton proposed, and Sir R. Alcock seconded, and it was unanimously agreed—"That, in the opinion of this meeting, it is desirable to establish, under the name of the Hospitals Association, and on the basis of the constitution prepared and adopted by the Provisional Committee, an organisation for the consideration and discussion of matters connected with hospital management."

The objects of the Association are of a very admirable kind, and, as soon as they are more fully appreciated by the Committee than they appear to be at present, it is quite possible they may be fulfilled in a manner to bring about beneficial changes. At the outset, it is properly, and very clearly, intimated that the Association does not intend to pose as a reforming body; and thus the principal objection that might be urged against its existence is rendered negatory by its own explicit declaration, a very foolish suggestion to entitle it "The Hospital Reform Association" having been promptly negatived by the meeting. That there is abundant legitimate work ready to be performed by such an association is very apparent; as also is the fact that co-operation among hospital authorities would largely assist the introduction of improvements, and the equally desirable dissemination of knowledge as to bases of administration among many beneficent, but, it must be admitted, ill-informed supporters of the new movement. At once a variety of questions will arise for consideration as part of the duties to be discharged by the Association, such as those relating to payments by

patients, relative cost of maintenance, comparative values of dietaries, and equable distribution of relief. Any of these would profitably occupy the attention of a body of men willing to discuss them, for some time; and as it is clearly proposed to adopt into council representatives from all hospitals willing to nominate them, an enlightened diffusion of information may with justice be anticipated from such deliberations.

An instance of the mode in which the Association could render efficient aid to hospitals generally, was given by Major Ross, chairman of the Provisional Committee, in his introductory statement. This had reference to a Bill introduced into the House of Lords three years ago, a clause of which provided that the board of management of a hospital should be made personally liable for any expenditure of funds. Opposition to this measure was commenced by Christ's Hospital, and other charities joined it in fighting the Bill in the Commons, sharing, also, the expense thereby incurred. It will be a function of the Association, as a combination of hospital managers and supporters, to take note of any such threatened injustice in the future, and generally to keep a look out for new Bills likely to react injuriously on the special interests entrusted to its care.

Financial matters are, of necessity, likely to engage a large share of attention at the hands of the Association, for the desperate straits to which not a few important charities have of late been reduced must, ere long, necessitate immediate and urgently-needed changes. How the difficulty can be met will require to be carefully thought out and delicately handled; and the question cannot surely be approached with more encouraging prospects of successful solution than when debated by, and in presence of, officials representing the institutions directly concerned in the matter. Such an assembly will possess powers of invisible coercion, to which recalcitrant bodies must needs succumb; whereas they can safely repudiate suggestions emanating from quarters which are individually not concerned in the decisions arrived at. In this way it is possible that the advantages of an inquiry conducted by a Royal Commission, so long expected, so long delayed, will result from the formation of the new Association, and a redistribution of hospitals become one of the principal aims achieved through it. Only thus can the anomalies existing at present in London be remedied, and the wants of scattered millions now far removed from any general medical charity be sufficiently cared for.

The Association numbers a large proportion of influential members, well-known philanthropists, and others who have frequently proved themselves interested at heart in the great subjects that enter into its programme. It deserves to succeed in its efforts; and, wisely guided during its early stages, it doubtless will do so.

At a meeting of the Council of the Institute of Chemistry, on Friday last, Professor Odling, F.R.S., President, in the chair, the following were elected as Fellows of the Institute:—Dr. P. F. Frankland, Mr. W. Lapraik, Mr. A. Smetham, and Dr. L. T. Thorne.

Notes on Current Topics.

Dangerous Performances.

ANOTHER of those distressing accidents which so frequently attend the performance of sensational acts for the exhibition of which a certain class of people seem to possess an unnatural and morbid appetite, took place at Leicester on Thursday last. The victim in this case was the wife of a person who, under the title of Captain Austin, poses as a crack rifle shot at entertainments, and one of whose feats is the shooting of a potato from off the head of Mrs. Austin. On the night in question he succeeded in hitting the potato when firing in the usual position, and then while lying on his back, proceeded to repeat the operation. This time, however, his aim failed, and the bullet struck the unfortunate woman in the forehead, when she immediately fell bleeding to the ground. Medical assistance was at once obtained, and it was found that a wound had been inflicted three inches in length, but which it was anticipated would not be of a very dangerous character; so that Captain Austin has by rare good chance very narrowly escaped the crime of homicide. The comparative frequency of accidents resulting from rash and sensational performances has often been commented on in these pages; and we can but repeat that, so long as the laws which regulate such exhibitions maintain their present laxity, so long will the dangers that exist continue to lend an unhealthy surrounding to popular amusements. There is an undeniable attraction to music-hall audiences in performances that are attended with imminent risk to life and limb of the performers; and it is the duty of the State to interfere for the protection of those who are induced to pander for gain to the unnatural taste for excitement among frequenters of such entertainments as the one referred to.

River Pollution at Cambridge.

MAJOR TULLOCH, Local Government inspector, opened an inquiry at Cambridge on Thursday last respecting certain alleged defaults of the sanitary authority of that town in permitting pollution of the river by sewage matter. It has long been the custom to discharge the town sewage into the river, almost in the immediate vicinity of the boat-houses; and the existence of such a nuisance is not unnaturally complained of by undergraduates and others who are constantly in the habit of using the river for boating and health purposes. In a place like Cambridge there is especial reason why every precaution should be taken to preserve the purity of a running stream, and particularly of such parts of it as are largely resorted to by residents in the University and town. Visitors there are only too familiar with the unpleasant sights and odours experienced while boating, and although the backs of the colleges are not so bad in this respect as they were a few years ago, still it must be admitted that considerable room for improvement even now exists. If the result of the inquiry that has been called for shall be to remedy a state of things that constitutes a serious drawback to an important town, those who have demanded that it should be held may congratulate themselves on achieving a salutary result.

Dwellings for the Poor.

AN association entitled the Mansion House Council on Dwellings of the Poor, with the Lord Mayor as President and Treasurer, has been organised with a view to giving practical effect to the demands recently made for improved house accommodation on behalf of the poor of large towns. Two Committees have been formed from the Council—the first, the General Purposes Committee, to deal with re-housing and rebuilding schemes, and to watch legislative action and promote amendments where required. The second—the Central Sanitary Aid Committee—is promoting the formation and application of Local Committees in East, West, and North Marylebone, North and South St. Pancras, Holloway, Highgate, Hampstead, Islington, Paddington, Westminster, Brompton, Putney, the Potteries, Lambeth, Southwark, Bermondsey, Shadwell, Whitechapel, St. George's-in-the-East, Clerkenwell, and St. Luke's. It is proposed to extend these Committees until the whole Metropolitan area is covered. To ensure uniformity of action and avoid unnecessary clashing, each Committee is limited to the working of its own clearly-defined area; and rules for the guidance of members, together with a brief synopsis of the Acts as they apply to the various nuisances and defects of insanitary dwellings, have been prepared and will be supplied gratis. Such a union of actively-interested workers as this promises to be can do an immense amount of service by collecting information from all quarters, and submitting it for combined consideration and discussion. A great deal will have to be done, however, in preliminary inquiries before any definite advance can be made in the direction of building and alteration; but that some tangible benefit will result can be safely anticipated. Almost the same conclusion as to modes of proceeding for relief of the distressed poor was arrived at on Thursday evening at the Parkes Museum of Hygiene, when Mr. H. A. Darbishire delivered an address on the present and future condition of the London poor and their dwellings. After some discussion had taken place on the subject of the paper, it was resolved to form a committee of members of the society to inquire as to the sanitary condition of the poor of the metropolis; so that unless amalgamation of this committee with the Mansion House Council is effected two independent bodies will be at work in the same connection. Possibly co-operation between the two may be arranged; and should this be so, greater good will accrue than from ununited endeavours.

THE deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 20.3 per 1,000 of their aggregate population. The death-rates in the several towns were:—Norwich, Bradford 15; Portsmouth, Leicester 16; Preston, Derby, Wolverhampton, Bristol, Hull 17; Edinburgh, Blackburn, Bolton, Birkenhead 18; Sunderland, Oldham, Nottingham, Cardiff, Birmingham, Halifax, London 19; Plymouth 20; Huddersfield, Salford 21; Glasgow, Liverpool 22; Brighton 23; Dublin, Sheffield, Newcastle-on-Tyne 24; Leeds 25; Manchester 26.

The International Health Exhibition.

EXHIBITORS in the section of the coming International Health Exhibition devoted to Dwelling-house Construction and Fitting, are informed by a memorandum from the sub-committee, that it is desired to show actual buildings erected ready for use, and to have them fitted with furniture and appointments of the designs to be exhibited in new and improved forms. Arrangements will be facilitated between various classes of exhibitors in this connection, with a view to bring about conjoint action, and thus ensure successful fulfilment of the committee's intentions, and it is further suggested that special interest would attach to exhibition side by side of harmless and harmful materials, as, e.g., arsenical and other paper hangings, badly-drained and scientifically-drained houses, &c. In every way that seems likely to enhance the prospective success of the Exhibition the executive is doing its best to promote a result equal to the sanguine expectations indulged. So far a vast amount of work has been accomplished, and the undertaking, in spite of its enormous magnitude, is already fully conceived in all details, and in many respects definite arrangements have been entered into. Both interest and energy have combined to make the Exhibition pre-eminent in its characters, and there can be little doubt that it will be an important event in the history of personal and domestic hygiene.

Men of the Times.

THE Biography of the Great, published yearly, under the title of "Men of the Time," would seem to be compiled by some one whose purview of men of science and medicine is rather strabismic. The Editor, as is pointed out by a medical contemporary, does not consider Lister, Savory, W. B. Carpenter, Michael Foster, Quain, Bristowe, Barnes, or Playfair, worthy of being named as Britishers, and to show impartiality, he omits all mention of Charcot, Donders, Billroth and Ziemssen, and many other continentals of the same calibre. From the entire profession in Ireland, medical, surgical, and scientific, he culls just two representatives, Drs. Mapother and George Johnston.

The Asclepiad.

UNDER the title of *The Asclepiad*, Dr. B. W. Richardson, F.R.S., has just published the first number of a quarterly serial devoted to presenting the results of his own independent researches before the profession. So laborious a work must needs task even an enthusiastic avowed like Dr. Richardson; but none the less we feel assured that each instalment of the publication will be found to well maintain the lofty reputation he has achieved by his invaluable contributions to the science of medicine. Among other interesting communications, No. 1 of *The Asclepiad* contains the full text of Dr. Richardson's Glasgow address on "Felicity as a Sanitary Research," and a carefully-written and important paper on "Morphia Habitues and their Treatment," being an essay recently read to the Medical Society of London. A brief description of a practical clinical note-book will be of great practical assistance to many readers, and is especially deserving of attention. This number is, indeed, full of most instructive and interesting matter, and the profession

may be much congratulated on Dr. Richardson's determination to continue the series.

A Proposed Sanatorium for Ventnor.

ANY proposal to establish sanatoria in suitable spots at home should receive encouragement and support from the medical profession for several reasons, but principally because patients are not called upon to undertake exhausting, and sometimes perilous journeys to foreign health resorts, and because, also, the same treatment whereby they may have become convalescent can be continued, if necessary, under the personal supervision of the medical attendant. Recently the "Mont Dore" was started at Bournemouth, and although the building is not quite ready for occupation on account of its gigantic proportions, we understand that about three-fourths of the capital was readily subscribed, and that its promoters are confident of success so soon as it is out of the builders' hands. That Bournemouth is most favourably situated for such an establishment is admitted on all sides, and we wish its "Mont Dore" the prosperity anticipated. Another favourite spot on the South Coast is about to put forward a claim for a similar undertaking, and the residence of the late Dr. Pusey, near Ventnor, Isle of Wight, has been selected as a commencement. The house is charmingly situated in delightful grounds, from which issues a chalybeate spring of known value. It is proposed to alter and enlarge the existing building from time to time as necessity arises. Like Bournemouth, Ventnor undeniably possesses the essential characteristics of a health resort in its highest sense, and with the strong medical council of some thirty members, which we find on the prospectus of the company, there ought to be no doubt of its ultimate success.

What Determines Sex in Offspring?

OWING to the observations which have been made by cattle breeders and others, upon this question, of late, an increased and increasing interest is shown in the subject. From the earliest times, it has exercised a certain fascination over the minds of the leading men, who have devoted themselves to the study and solution of physiological problems. Amongst these names may be noted those of Plato, Hippocrates, Anaxagoras, Parmenides, Erasmus Darwin, Galen, Dr. Harvey, V. de Graefe, Zieuenhooch, Malpighi, Swammerdam, Haller, Blumenbach, Koelreuter, Buffon, Dumas, Costi, Bischoff, Barry, Flint, Charles Darwin, and many others of more recent date.

For a full inquisition into their various views, we would refer those amongst our readers who may take a special interest in this problem, to a very interesting and readable paper, that appeared in the November (1883) number of the *Detroit Lancet*, p. 200, from the pen of P. H. Clarke, M.D., Ashland, Ohio, who seems to have made it a special study.

At the close of this paper, he records, as the result of his review of a large number of theories, facts, and observations, the following conclusions: "1st. That the conjoint union of the sperm and germ cells is impregnation, conception, fecundation, under whatever term used. 2nd. That this union is a complete coalescence, particle by particle, not simply a joining of cells, but a complete union of mole-

cule with molecule forming an embryo *de novo*, which in the conjunction, the two primary cells are so effectually lost in the combination that not a single original characteristic of either is left. 3rd. That there is no known law of sexuality that can convey the distinction of sex, and that all theories endorsing this hypothesis, are based on mere conjecture. 4th. That the experiments in sex determination fully prove that sex is produced at will, and therefore is a condition of extrinsic force engrafted subsequent to the union of the sperm and germ cells. 5th. That this determining force depends upon nutrition and other conditions independent of sexual potency. 6th. That experiments in comparative physiology demonstrate these and such are entirely reliable. 7th. That although parthogenesis is a modification of the laws of generation in the higher orders of animals, yet the universality of its expression in the lower orders shows conclusively its determining force. 8th. That an important source of sexual determination is nutritive as far as ovum development is concerned, that is, when the force becomes partially exhausted, the result is the production of males; when the ovum is in the maximum of sexual potency, then the product is invariably females. Lastly, that the profession should drop all the exploded theories of sexuality, else stock growers by their experimentations, will develop the true theory of sex determination at the expense of the medical capacity of the world." The subject is one that affords an ample field for further observation and study. A careful and methodical accumulation of well observed, and well authenticated, facts, can be the only true foundation on which reliable conclusions can be based. Some of the points noted, find corroboration in one's own experience, and gives one a new interest in facts connected with pregnancy, lifting that portion of a medical practitioner's work out of the rut of an uninteresting routine. For instance, it will be a point worth noting, whether there is truth in this observation of Dr. Joseph A. Mudd, (*Medical Record*), that, if a labour is postponed beyond the time calculated, as the full term of gestation, the child will be a male; if it takes place some time before it is expected, then it will be a female. Care of course must be exercised in calculating the exact time.

The Copenhagen Meeting of the International Congress.

THE International Medical Congress will be held in Copenhagen on August 10th. Many valuable communications have been promised, and nearly four hundred non-Scandinavian colleagues have already announced their intention to attend. From France, amongst others, come Pasteur, Paul Bert, Ranvier, Charcot, Verneuil, Cornil, Hayem, Malassez, Chauveau, Ollier, Tripier, Lepin. From Italy—Bizzozero, Mozza, Galgi, Peromonte, Novaro, Raymond, Giacomo, Baccelli, Tomasi-Crudeli. From Holland—Donders, Guye, Engelmann, Heinsius. From Germany—Virchow, Ludwig, Esmarch, Volkmann, His, Braune, Kronecker, Munk, Kühne, Heidenhain, Vogt, Bernstein, Grohe. The most eminent medical men of Sweden and Norway have become members of the various committees of organisation.

The Sources of Animal Heat and Muscular Power.

PROFESSOR BUNGE, of Dorpat, has lately published in the *Zeitschr. f. Physiol. Chemie* (Bd. 8, S. 48-59) the results of experiments carried out by him with a view of throwing light upon the question—What are the immediate sources of heat and of muscular activity within the organism?—recent views inclining to the belief that muscular power is principally due to the splitting up of food material previous to oxydation, and that body heat is mainly due to the oxydising process itself.

It occurred to him that if this view were the correct one, it should lead to the expectation that those animals that require absolutely no body heat of their own would have the least need for oxygen. Such animals are the entozoa of warm-blooded animals, which pass their lives in an unvarying and moderately high temperature, within the bodies of other animals. He selected the *ascaris mystax* of the cat, an entozoon that is distinguished by very active movements, as one suitable for experiment. He first ascertained that these ascarides could be kept alive and in an active condition in a solution of common salt (1 per cent.) and carbonate of soda (1 per cent.), maintained at a temperature of 38 C. (100-2 F.) for a period of from eight to ten days. The next step was to extract the oxygen from the water as completely as possible. This was done, with the result that the entozoa continued to live and move actively in the solution thus freed from oxygen for from three to five days, the animals not dying till the fifth or sixth day. He does not contend that the ascarides can live without oxygen; the experiments rather prove the contrary, as in solution not deprived of it they lived generally eight to ten days, and sometimes as long as fifteen; but he does claim that the need of oxygen of these entozoa is much less than that of other animals.

The experiments thus throw some light on the sources of muscular power in animals, as in these animals experimented on they cannot exclusively reside in the process of oxydation, for the movements were just as lively and continued for days in a medium deprived as completely as possible of its oxygen. They must rather be sought in the splitting up process that takes place in the food.

Elimination of Mercury During and After its Cutaneous Employment.

SINCE the year 1881, Dr. Schuster, of Aix-la-Chapelle (*Journal of Venereal Diseases*), has made more than 100 examinations regarding the elimination of mercury in syphilitics, who were either still under treatment by mercurial inunction, or had been so treated from one to twelve years. Most of the patients had used mercurial ointment for the inunctions; in a few, where examination did not reveal traces of mercury in the urine, the drug was employed subcutaneously. In the urine, the writer states that he found mercury in small, rarely in large quantities, and not only during, but also some weeks after the mercurial treatment. Often, however, the mercury was not found in the urine, either during or after the treatment. He concludes:—1. Mercury is irregularly eliminated by the urine—a result already pointed out by Vajda and Paschke. 2.

The mercury introduced by inunction either—(a) Remains stored up in the organism; or else—(b) It is excreted by some other channel. Schuster proceeded to the examination of the fæces, and found that mercury was *always present in large quantities*. The result of the forty faecal examinations was as follows:—Mercury was found—1. In relatively large quantities during the course of inunctions (earliest test ten days after beginning of treatment). 2. Mercury was found in the fæces for 5½ months after the end of the course. Examinations made every ten to fourteen days. Mercury was found in the fæces in all the cases in which it was found in the urine; *per contra*, it was often absent from the urine when present in the fæces. After prolonged courses of inunction, mercury was found in the fæces in such large amounts that it could have been determined quantitatively. This second series of experiments shows clearly:—1. The elimination of mercury by the fæces is regular, continuous. 2. The elimination of mercury after more extensive courses of inunction, say from thirty to forty-five days, is completed in six months. 3. Accordingly, persistence of mercury in the system does not occur.

The Berlin Polyclinic.

THE Berlin Polyclinic, which celebrated its first anniversary in November of last year, was attended by more than two hundred medical men between this date and that of its foundation. The School possesses two laboratories, chemical and histological, where original investigations may be carried out, and a special laboratory for the study of bacterial pathology will be opened soon. Classes are held in several special subjects, and the instruction is practical throughout. Dr. Loewe is surgeon-general of the School.

The Medical Curriculum in Germany.

A RECENT decree of the German Federal Council relating to the education of medical students has given rise to a good deal of discussion amongst those concerned. A clause that may well be the cause of feelings of not a little discontent is to the effect that only *under exceptional circumstances* will medical students be permitted to reckon as part of the recognised course any studies carried on at any other than a university of the German Empire. As there are at present a great number of German students at Vienna and Prague, this decree is felt as a great and needless curtailment of their privileges. The German students of the latter city have petitioned their Government in favour of a return to the old regulations, which gave the same privileges to Austrian and Swiss universities as to those of the Empire.

In the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follow:—Calcutta 29, Bombay 28, Madras 41, Paris 25, Geneva 23, Brussels 23, Amsterdam 32, Rotterdam 27, The Hague 28, Copenhagen 19, Stockholm 21, Christiania 23, St. Petersburg 39, Berlin 23, Hamburg 29, Dresden 34, Breslau 31, Munich 28, Vienna 24, Prague 39, Buda-Pesth 31, Trieste 40, Turin 33, Venice 29, Lisbon 36, New York 22, Brooklyn 20, Philadelphia 24, and Baltimore 19.

Legacies to Medical Charities.

By the death of Mrs. Tait, of York Terrace, Regent's Park, the following Liverpool hospitals become entitled, under the Carlyle bequest, to the sums specified:—Royal Infirmary, Lunatic Asylum, and Lock Hospital, £2,000 each; Royal Southern Hospital, £2,000; Northern Hospital, £2,000; North, South, and East Dispensaries, £2,000 each; Infirmary for Children, £2,000; Bootle Borough Hospital, £1,000; Consumption Hospital, £1,000; Eye and Ear Infirmary, £1,000. The following London hospitals are entitled to £2,000 each under the same bequest, viz.: St. George's Hospital, the Brompton Hospital for Consumption, and St. Mary's Hospital. Under the will of Miss Harriet Helena Mercy Barber, late of Kingston-upon-Thames, the Cancer Hospital, Brompton, and the Hospital for Consumption and Diseases of the Chest, Brompton, each receive a bequest of £300.

WESTON, whose start on a continuous walk of 5,000 miles, 50 miles per day, we chronicled about two months since, has now completed 3,300 miles of the projected journey on temperance principles. The last medical examination found him in superb health, and capable of prolonged strain, accident alone excepted.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

MORE THAN A CENTENARIAN.—We have frequently to record the deaths of centenarians in Scotland. Quite recently a fisherman named John Macdonald, in Lews, died at the advanced age of 105. He was blind for several years, but enjoyed excellent health, and his memory remained unimpaired to the last. His eldest son, who is also blind, resided with him, and he is above 70 years of age. There appears to have been no doubt as to the age of the deceased.

PRECEPT VERSUS PRACTICE.—At the fortnightly meeting of the Glasgow Town Council, in submitting his report, Dr. James B. Russell, the medical officer of health, stated that 8 cases of small-pox had been registered during the past fortnight. Dr. Russell went on to say that—"I report the occurrence of a case of small-pox in the Fever Hospital staff. It shows that, while criticising others as to vaccination, I have not succeeded in getting those under my direct control to enforce it systematically."

GLASGOW ROYAL INFIRMARY.—We understand that at a recent meeting of the directors of this institution some important alterations have been made in the rules under which physicians and surgeons to the hospital hold office. Henceforth no physician or surgeon will be eligible for reappointment for a longer period than ten successive years; and the appointments shall be made annually. This was the period during which these officials originally held office, being then compelled to work up into the superior position through the out-door department, and when the period was extended to fifteen years much disappointment was felt in the profession, as thus the chances of benefiting by the wide field of observation became extremely circumscribed. The directors have now acted justly to the profession; they are to be congratulated on having done so, and it is our firm conviction that they will have no cause to regret the adoption of so wise a step.

ROYAL DISPENSARY, EDINBURGH.—Dr. Littlejohn was last week elected Consulting Surgeon to this institution. The compliment is well deserved, for Dr. Littlejohn has always shown a deep interest in the welfare of this, the oldest dispensary in Edinburgh.

MORTALITY IN GLASGOW.—The death-rate in Glasgow for the week ending with Saturday, the 26th ult., was 23 per 1,000 per annum of the population, as compared with 26 in the previous week, and 30, 22, and 46 in the corresponding periods of 1883, 1882, and 1881 respectively.

HEALTH OF EDINBURGH.—The mortality in Edinburgh for the week ending with Saturday, the 26th ult., was 83, and the death-rate 18 per 1,000. There were eighteen deaths under 1 year, and fourteen above 60, of which two were above 80 years. Diseases of the chest accounted for 40 deaths, and zymotic causes for 11, of which 1 was due to fever and 6 to measles, the intimations of these diseases for the week being 9 and 186 respectively.

GLASGOW LOCK HOSPITAL.—The annual general meeting of contributors and subscribers to the Glasgow Lock Hospital was held in the Religious Institution Rooms on the 28th ult. The report stated that during the last twelve months the admissions into the hospital numbered 347, with 30 in the wards at the close of the year.

ST. JOHN AMBULANCE ASSOCIATION IN SCOTLAND.—The influence and work of this excellent institution are gradually permeating through every part of the United Kingdom. A centre has just been formed at Dundee, of which the Earl of Strathmore has accepted the presidency. Here two important meetings were held on Friday and Saturday, attended by Mr. John Furley, Deputy Chairman of the London Committee. One meeting was for the general public, and the other for *employés* at manufactories and railways, police, firemen, &c. Sir Edward Perrott presented certificates to the Erith female and police classes on Saturday afternoon.

EDINBURGH UNIVERSITY.—The University Court met on Wednesday last to take into consideration the proposed alterations of Ordinance No. 5, in so far as regards attendance on the practical classes of Physiology, Pathology, and *Materia Medica*, &c., the result being that the said ordinance was finally amended and adopted as follows:—Sub-section 1.—The paragraph relative to practical midwifery to be deleted, and to be inserted in the form given below as a new sub-section, to be numbered 5. Sub-section 3, as altered by order of Her Majesty in Council, of date 29th June, 1878. The part of the sub-section following the words "at the laboratory of an hospital or dispensary" to be deleted, and the following to be substituted therefor:—"Under the instruction of a teacher recognised by the University Court under said sub-section 4 of section vi. of Ordinance No. 8, Edinburgh No. 3; or that he has been engaged by apprenticeship, for not less than two years, with a registered medical practitioner, or a member of the Pharmaceutical Society of Great Britain, or a member of the Chemists and Druggists' Association of Great Britain, in the *bona-fide* compounding and dispensing of drugs, and the preparation of their officinal, and other preparations for administration under his superintendence." The following sub-sections to be added:—5. That he has attended for at least three months the practice of a midwifery hospital, or that he has attended at least six cases of labour under the superintendence of a registered medical practitioner. 6. That he has attended, during courses of not less than fifty hours' instruction, classes of Practical Pathology and Practical Physiology in the University of Edinburgh, or in a University or school of medicine recognised by sub-sections

2 and 4 of section vi. of Ordinance No. 8, Edinburgh No. 3; or upon classes thereof conducted by a teacher recognised by the University Court under the said sub-section 4. At the same Court, Dr. Henry D. Littlejohn was appointed to be the additional Examiner in Medical Jurisprudence for five years from the 1st inst., but subject to annual re-appointment. On consideration of a minute of *Senatus*, it was resolved to recognise Mr. H. E. Clark, F.F.P.S., Glasgow, as a teacher of medicine in Glasgow, whose lectures and course of practical instruction in anatomy should qualify for graduation in Medicine in the University under Ordinance No. 8, section vi.

THE ROYAL EDINBURGH MEDICO-CHIRURGICAL SOCIETY.—Last week the annual dinner of this Society was held at the Waterloo Hotel, where the *élite* of the profession of Edinburgh assembled to meet the Right Hon. the Lord Provost of Edinburgh, the Right Hon. Sir Lyon Playfair, the Presidents of the Colleges of Physicians and Surgeons, and other distinguished visitors. After dinner, the usual loyal and patriotic toasts having been honoured, the Chairman gave the toast of "The Royal Medical Society," thus asking his hearers to go back in imagination to a period of 150 years ago, when a small number of people met together in Edinburgh to discuss amongst themselves questions respecting suffering humanity of their day. That Society was short-lived, but before it passed away from the face of history, it had become the germ which, at a shortly subsequent period, was to produce this Society, under whose auspices they were now assembled. The toast, however, in which was concentrated the greatest amount of interest was that of "The Universities," to which Sir Lyon Playfair was to respond. That gentleman expressed his opinion that the Universities were safe enough in impending legislation, with the exception of St. Andrews, the oldest University in Scotland, which, he feared, might die rather from lack of material support than Parliamentary interference. Speaking of the Corporations, he deplored the differences and contending interests which existed between them and the Universities, which last year nearly paralysed the action of the Government, and if the Bill had then been proceeded with it would have slipped through according to English ideas, untempered by Scotch experience and need. Let them make their interests identical, and come to a compromise as to the differences that existed, and he would promise them that the Scotch representatives as a body would unite, and obtain the modifications in the Bill. He considered this common agreement most essential, and could readily be attained by a common union of interests. If (said Sir Lyon Playfair) Professor Crum Brown would throw his arms round the neck of the President of the College of Surgeons—(laughter)—and both acted in common, that would have great power in moulding the Bill next session. A few moderate men representing the Universities and the Corporations could soon settle a compromise of claims in a manner that would secure the best interests of medical education.

ARBROATH.—GIFT TO INFIRMARIES.—Mr. John Duncan, of Parkhill, near Arbroath, has intimated that it is his intention to devote a sum of about £300 to the Arbroath and Montrose Infirmarys—£150 to each—for the purpose of making some provision for patients on leaving the infirmary. The object would be to help poor patients after their discharge from the infirmary, in providing them with clothing or otherwise until they got work, as Mr. Duncan states he observed that in such cases, and without assistance of the kind, the benefits of the infirmary are often in a great measure thrown away. The directors of the Arbroath

Infirmiry, at whose quarterly meeting the intimation was made, expressed their thanks to Mr. Duncan for his considerate kindness.

IMPORTANT MEDICO-LEGAL CASE.

IS LOBELIA A POISON?

IMPORTANT TRIAL OF A "MEDICAL BOTANIST."

On Thursday, before Mr. Justice Watkin Williams, at the Old Bailey, James Wallis, of the "City Road Dispensary," 34 Bath Street, City Road, was tried for manslaughter of a woman named Sainsbury, by administering to her lobelia.

Mr. Poland and Mr. Mead represented the Public Prosecutor. The prisoner was defended by Mr. Montagu Williams and Mr. Lyons.

The formal evidence established the following short statement of facts:—On the 10th December, a man named John Bull went to prisoner's shop and stated that Mrs. Sainsbury (aged 44), who was his landlady, was exceedingly ill; that she had had medical attendance at several dispensaries for three months without finding relief; that she was weak and not able to get out; and that she was choked with phlegm; and that she thought that if prisoner gave her some stuff to get rid of the phlegm, she would be all right. The prisoner then gave Bull some powders and a plaster, and a bottle of medicine and some pills, saying that the medicine was an emetic. He wrote on the bottle, "A teaspoonful to two tablespoonfuls," but he told Bull that if she took the whole bottleful it would do her no harm. Bull took home the medicine, and Mrs. Sainsbury took about a tablespoonful of the contents of the bottle: in ten minutes she had diarrhoea, and subsequently fainted, and was dead upon the arrival of a doctor, half an hour afterwards. The remainder of the contents of the bottle was sent to Dr. Stevenson, of Guy's Hospital, and was found to consist of an acetic solution of lobelia. A coroner's inquest was held, and the prisoner was now charged with manslaughter on the coroner's inquisition.

Mr. John Lloyd Whitmarsh, Licentiate of the Royal College of Physicians, and in practice at Fulham Road, South Kensington, said that the deceased woman had been dead about half an hour when he was called to see her. She was cold and clammy, and covered with cold sweat. The pupils were dilated. He subsequently made a post-mortem examination, and found the right lung adhering to the walls of the chest. She had been suffering from chronic bronchitis; the left lung was very much contracted and diseased, in fact, almost gone; and there were also adhesions on that side; the liver was much congested; the brain was congested at the posterior portion; the inner coats of the stomach and the bowels were inflamed. Witness put in a jar a portion of the contents of the stomach for subsequent examination by Dr. Stevenson. Witness at first thought that the bottle contained hellebore, from its appearance and taste. The effect of hellebore would be almost the same as that of lobelia. He came to the conclusion that she died from an irritant poison acting as a depressant on the heart's action, causing fatal syncope. He knew the nature of lobelia; it was used as an emetic; he did not himself use it as an emetic; he used it frequently as an expectorant and an anti-spasmodic; he used the tincture, never the powder or seeds. Lobelia was an Indian tobacco, or herb. He used the tincture made from the seeds; a dose of the tincture would be from 10 to 30 drops; half a drachm, which would be 30 drops, would contain about 4 grains of the seeds. He should consider 28 grains a dangerous dose. If such a dose failed to act as an emetic, it would act as a depressant on the heart's action, bringing on faintness. The appearances of the corpse were consistent with the death.

Cross-examined by Mr. Montagu Williams: He had made a mistake in at first supposing that this medicine was hellebore. Hellebore was one of the forbidden poisons. There had been a good deal of discussion in medical works as to the properties of lobelia. He agreed with the following extract from Dr. Skelton's book:—"In some cases where there is necessity for a speedy action, as in cases of angina pectoris or neuralgia of the heart, give one or two doses of twenty drops." That would not be dangerous if it were watched. He would give thirty drops to a grown-up person. He should say that in cases of diarrhoea a drachm of the powdered herb and seed of lobelia would not be a proper dose. He would not take Dr. Skelton's book as an autho-

rity, although the author was a Licentiate in Medicine and Surgery of London, Edinburgh, and Glasgow.

Do you agree with this: "What is the form of the disease which we are called upon to treat must be the first consideration. If it is simple diarrhoea, prescribe lobelia (powdered herb and seed), one drachm; capsicum (powdered cayenne), ten grains; podophyllum peltatum (powdered mandrake), twenty grains." For diarrhoea would it be a dangerous prescription?—It would.

Listen to this extract from Dr. Elliotson: "Lobelia, in fact, is one of the most important articles in the materia medica. With many it acts as a charm. In ten or twenty minutes they will be perfectly relieved, so that all the other remedies used in asthma and other diseases of the respiratory organs are nothing to be compared to it." Do you agree with it?—Yes, in proper doses.

Re-examined: Several things not in the list were poisons. Lobelia was a poison. The fact of a drug not being in the prohibited list was not conclusive as to its not being a poison. Dr. Alfred Swayne Taylor was a great authority on poisons. The following was an extract from his work on the subject:—"Within the last few years there have been several inquests and trials for manslaughter in this country as the result of the improper administration of the leaves of the lobelia inflata by ignorant quacks calling themselves medical botanists and dealers in vegetable medicines. The medical evidence given on those trials showed that in large doses lobelia is a most noxious drug. From inquiries recently made, I have reason to believe that deaths from lobelia still frequently occur in the northern counties. The noxious medicine is taken in secrecy under the direction of quacks, and any death arising from it is either concealed or referred to other causes." The following was an extract from Woodman and Tidy on Forensic Medicine and Toxicology:—"Lobelia is imported from North America in the form of compressed oblong cakes, which are sent over by the Shaking Quakers of New Lebanon, and are principally used by the quack botanical doctors who revel in the ominous name of Coffinites. Coffinism is no innocent harmless system. Its absurd theory is that heat is life, and the want of heat disease; so cayenne pepper and lobelia are the two principal medicines of its professors, which they administer with no cautious or measured hand. Over and over again they assert what has over and over again been disproved—that lobelia cannot kill." He considered lobelia was a poison, and could kill.

Dr. Thos. Stevenson, Professor of Medical Jurisprudence at Guy's Hospital, deposed to having analysed the remainder of the contents of the bottle. It was an acetic solution of lobelia; it was very turbid, with a considerable deposit of the herb itself. He should judge that the deceased had taken about 1½ fluid ounces. The mixture was about 28 grains of the seed and leaves, mostly seeds, to the fluid ounce. The appearance of the body after death would be consistent with poisoning by lobelia. The stomach was reddened, congested; probably, if deceased had lived longer, it might have gone on to inflammation. It appeared as if some irritant had been given. Lobelia was an irritant. The acetic acid in which the lobelia was dissolved would also act as an irritant. From the account given of the mode of death and the post-mortem examination, it did not seem to him that death was caused by suffocation. Two tablespoonfuls of lobelia was not a proper dose. There would not be any particular harm in a teaspoonful. In his experience of the use of this drug it had been very dangerous. He had seen people suffering very great depression when they had not vomited. It was stated on very high authority some years ago that thousands of deaths had occurred from it up to that time in America. American works of authority spoke of it as a very potent medicine and a poison. The pills and powders also given to the deceased were harmless; the former were of capsicum—the powders contained cinnamon. The object of lobelia was to cause vomiting when given in large quantities, but it was never now so used by reputable medical practitioners; they had given it up on account of the danger attending its use in large doses.

The Police Inspector who arrested the prisoner said that at the time he made the following statement:—"I sent her lobelia, but it is a lie to say it killed her or that it is poison. My wife has taken double the quantity. That fool of a doctor who gave evidence yesterday knows nothing about it. The medical science of this country is a fraud. She died of

her ailments. God made the world, and supplied it with herbs for every complaint, but those fools of doctors do not know how to use them. I do. They are enemies of mine."

Mr. Montagu Williams, having addressed the jury, called the following witnesses for the defence:—

Mr. Thomas Stowell, M.R.C.S., of 8 Church Street, Brighton, said he had been in practice for over thirty years. During the whole of that time he had been in the daily habit of using and prescribing lobelia inflata. He had taken it himself in drachm doses. Emphatically it was not a poison. It was an invaluable medicine; there was nothing like it in the whole of the *materia medica*. To a very delicate child and in a dangerous condition he would give a teaspoonful of it in the syrup every three hours. Lobelia was a tonic, an expectorant, a sudorific, and a most valuable emetic. Mr. Bravo would have been alive now if he had used it instead of antimony. When the Poisons Bill was before the House of Commons, guinea-pigs were obtained from Covent Garden Market, and experiments were made with this so-called poison; but the guinea-pigs would not die from it; they grew fat instead. If lobelia did not act as an emetic, it would be perfectly harmless; it would pass through the body as a gentle aperient; it would not have a depressant effect on the heart. However large the dose, lobelia could not be deleterious.

Mr. Justice Williams: Do you mean to say that half a pound of it would not be?—Well, it did not kill the guinea-pigs when we fed them on it; they only got fat on it.

Examination continued: The following extract from Woodman and Tidy was put to the witness:—"In poisonous doses the symptoms closely resemble those of tobacco; there is severe vomiting, with intense depression and prostration, headache, giddiness, tremor, and often insensibility, the patient becomes bathed in cold sweats, the pupil is contracted, diarrhoea and dysuria are not uncommon, the pulse is generally intermittent, and convulsions usher in death. But, on the contrary, the patient often gets well, and the reason is quite obvious; so long as vomiting is produced all will be right." He denied that under any circumstances lobelia could have the effect stated, or could cause death; that was copied from other works written in malice.

Is it as harmless as castor oil; for instance, would you allow the head of a family to have it in the house for ordinary consumption?—If there be a number of children suffering from the croup, I should say always keep it in the house, it is one of the best remedies for croup to be found in all creation.

Mr. Charles Lakin, of Leicester, Licentiate of the Royal College of Physicians Edinburgh, and of Glasgow Faculty: I have been in practice for eleven years, and during that time have been in the habit of using and prescribing lobelia; lobelia was a tonic, a sudorific, an expectorant, and one of the most valuable emetics known to the British Pharmacopoeia. I have given as much as 60 grains; 28 grains is not a dangerous dose as an emetic; it was not dangerous to be administered to the deceased; having regard to her condition, I do not believe it accelerated her death.

Cross-examined: The cause of death was failure of the heart's action; lobelia had nothing to do with it. Dr. Taylor is an eminent authority on poisons.

Is there any such thing as an excessive dose, so as to be dangerous?—I should say yes, on the same principle that you may take such a large quantity of common salt that you may inflame the stomach and cause death. I have known a patient take 240 grains at a dose.

Several herbalists next gave evidence in defendant's support, and which it is unnecessary to repeat. Finally the judge intimated his belief in the strength of these statements, and the case went to the jury, who returned a verdict of "Not guilty," adding the following rider:—

"We recommend that the prisoner should be more cautious in the use of disputed drugs."

Correspondence.

COWELL ON THE TREATMENT OF CATARACT.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your review of Mr. Cowell's "Lectures on Cataract" you quote that he does not believe "that cataractous disease can be amenable to medical treatment." You, however, wisely, in my opinion, withhold your assent to his

sweeping proposition, and, as I have had experience of a case which certainly would show that there are exceptions to his rule, it will afford me pleasure if you give insertion to the following facts:—

When I was civil surgeon, Hyderabad, Scinde, some thirteen years ago, there passed under my treatment a Mr. Mendez, head accountant of the District Treasury, who had been suffering from double capsular cataract, and was about to be operated upon by Dr. H., ere he became a Professor in the Bombay University. I had some slight experience in cataract operations, and the results were not at all satisfactory in a climate and country with great glare and heat, and where fever is excited by the slightest constitutional disturbance. Scinde is like Egypt in these respects. I subjected my patient to treatment with Fowler's solution of iodide of potassium and tincture of larch internally, applying blisters to his temples, kept open by diluted red iodide of mercury ointment, and dilating his pupils twice a week with extract of belladonna and contracting them by dropping *vinum opii* into the eyes three or four mornings in the week. I tried rubbing an extract of calabar bean over the lids and brows, but my great forte was in enjoining that blue spectacles should be worn, and on the day after the belladonna was used, that they should be taken away and the eyes exposed to the glare for a short time frequently in the day. My object was to contract and dilate intensely and often the pupil, thus setting up a frictional movement as close as possible to the seat of abnormal tissue, and to promote the circulation in the ciliary vessels from which the lens derives support. After a little more than two months, Mr. Mendez returned to his desk with transparent lens and good eyes.

I tried this treatment with a lady who was suffering from cataract in one eye. The lens was perfectly and apparently opaque throughout its substance, and hence there was no benefit derived. To have confidence in the treatment I would require that the opacity should be superficial, uneven, and that belladonna should be attended with improvement. There was no history of diabetes, syphilis, or rheumatism in the case cited.

I am, &c.,

JOHN ROCHE, M.D.,
Retired, Bombay Army.

[The etiology of the cataractous disease is by no means exhausted, and Dr. Roche is to be congratulated on the success which has already attended a departure from the teaching of modern ophthalmology. Since the synthesis of diabetic cataract was fairly worked out, no attempt whatever has been made in a direction which seemed to open a new field for the ultimate successful treatment of other forms of cataract.—Ed.]

THE DEMORALISING AND PAUPERISING INFLUENCES OF HOSPITALS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Your article of the 30th ult. on the demoralising influence of the *gratis-advice* system at our hospitals will meet the approval of medical men who earnestly desire to live a life of truth and honesty. True civilisation has been, and is, best promoted by the mass of common mortals faithfully doing their "daily task;" therefore it is far from being a small matter that the relations of the medical profession to the masses should be honourable and just. Excepting the priestly office, no class of men influence contemporary society more than do medical men; and not contemporary society only, but, in so far as they advance science and knowledge, they do some part toward the more rapid evolution of happier and better times and states. Therefore, as the battle for Truth is won, not by great speeches and great noise, but by each man doing his duty in his own humble sphere, so institutions have their part to play in their own greater circle.

But it is possible for our public institutions to be honourably administered. Here, in Plymouth, the Public Dispensary has instituted an "investigation committee:" every subscriber's ticket issued is submitted to this committee, and is by them cancelled if they consider the applicant to be in circumstances able to join a provident dispensary. A provident branch is attached to the institution, which they can at

once join, or they can join any of the other provident dispensaries in the town; but they are debarred from the privileges of the "charitable" side. Subscribers whose tickets are thus cancelled do not lose their rights, as they are supplied with new tickets exactly replacing those cancelled.

Thus the institution is helping, not to lower, but to elevate, the people; whilst the medical staff know and feel that every case which comes before them is justly deserving their labour and skill. I assure you, Sir, that it is a very great joy and privilege to seek to expend one's utmost power in the work, because it is felt that the work is thoroughly honest and good.

What one institution can do successfully, others may also; and there can be no doubt that, if the *gratis-advice* system throughout the country were honestly administered, that a very great number of pure streams would be created for the comfort and good of man, and lending, too, their power in creating a happier and better future.

Yours, &c.,

WILLIAM H. PEARSE, M.D.

Plymouth, Feb. 3, 1884.

THE CONJOINT EXAMINATION SCHEMES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In my letter on the above subject I find that I have been led into an error with regard to the statement of the *life* tenure of office of the examiners of the Royal College of Surgeons of Edinburgh. The examiners are elected annually by the Fellows. I therefore hasten to rectify the mistake, and regret that I should have been led into error on the subject.

I am, Sir, yours, &c.,

Edinburgh, Feb. 4, 1884.

H. AUBREY HUSBAND.

SIR WILLIAM THOMSON has had a fresh honour conferred upon him, the Emperor of Germany having enrolled him among the Knights of the Order for Science and Art.

PASS LISTS.

Royal College of Physicians of London.—The following candidates, having passed the necessary examinations for the diploma, were admitted Members on Thursday, January 31st:—

Acland, Theodore Dyke, M.D. Oxon., 79 Lambeth Palace Road, S.E.
 Barra, Alfred George, M.D. Edinburgh, Leeds.
 Beston, William Burns, M.D. St. Andrew's, Bath.
 Branfoot, Henry Seymour, M.B. Lond., Brighton.
 Buxton, Dudley Wilmot, M.D. Lond., 99 Gower Street, W.C.
 Campbell, Harry, M.B. Lond., 40 Keppel Street, W.C.
 Hebbert, Charles Alfred, L.R.C.P., Westminster Hospital, S.W.
 Smith, Robert Percy, M.D. Lond., St. Thomas's Hospital, S.E.

The following candidates, having passed the necessary examinations, were admitted Licentiates on Thursday, January 31st:—

Appleford, Stephen Herbert, 16 Finsbury Circus, E.C.
 Armitage, Edward Harris, 23 Brook Street, W.
 Beebe, Charles Edward, 84 Cambridge Street, S.W.
 Blackland, Walter, 128 Victoria Park Road, E.
 Blower, Bernard, 119 Shaw Street, Liverpool.
 Branthwaite, Robert Welsh, Infirmary, Macclesfield.
 Brown, Edwin Harold, Northampton.
 Burroughs, Leopold, Manor Villa, Lee, S.E.
 Chadwick, James Morley, Heywood, Manchester.
 Croft, Edward Octavius, 46 Mornington Road, N.W.
 Cummings, Harold Lytton, Dulwich, S.E.
 Dowling, Herbert Leopold, Hull.
 Dyer, Sidney Reginald, County Hospital, Huntingdon.
 Edwards, William Lloyd, 47 Spurstowe Road, E.
 Gooding, Matthew Richard, 67 Oakley Square, N.W.
 Graham, George Herbert, Thicket Road, S.E.
 Graham, William, M.B. Toronto, 86 Fleet Street, E.C.
 Green, Edwin Collier, 8 Telford Avenue, S.W.
 Harris, John William, 11 St. Thomas Terrace, S.E.
 Hart, Arthur Herbert, Edgbaston, Birmingham.
 Hington, Richard, Liskeard, Cornwall.
 Hubbard, Frederick Edmund, Kent Hospital, Canterbury.
 Hudson, Charles Leopold, Middlesex Hospital, W.
 Julian, Francis Herve, 14 All Saints Road, W.
 Knowles, Henry, Chapel Allerton, Leeds.

Littlewood, Harry, 22 Rutland Street, N.W.
 Loring, Jonathan Brown, M.D. Montreal, 53 Doughty Street, W.C.
 McConochie, Samuel Watson, M.B. Toronto, 75 Bancroft Road, E.
 McDonnell, William Campbell, Park House, Stoke Newington, N.
 Midland, Alfred Derwent, 10 Chester Place, W.
 Manders, Neville, Marlborough.
 Maurice, William James, Ipswich.
 Mills, Robert, Middlesex Hospital, W.
 Minns, Allan Glaisyer, Thetford.
 Muirhead, Michael Alexander, 33 Trinity Square, S.E.
 Neale, John Headley, Highfields, Leicester.
 Nuttall, Charles Dalley, 48 Bernard Street, W.C.
 Orchard, Alfred, Ashby-de-la-Zouch.
 Parry, Herbert Lloyd, 24 Canonbury Park North, N.
 Reld, George More, Sydney, New South Wales.
 Ross, Elsey Fairfax, 11 Duke Street, Portland Place, W.
 Rowland, John Jones, Aberystwith.
 Scott, Tom, Bere Regis.
 Sharples, William Henry, Castleton, Manchester.
 Sharpley, Edward, Louth.
 Sheldrake, Edwin Nodin, 23 Albion Street, W.
 Simoons, Joseph Auspicio, 24 Woburn Place, W.C.
 Spong, William, Cheltenham Road, S.W.
 Starr, William Henderson, 8 Roseford Terrace, W.
 Sutton, Henry Martyn, 59 Lambeth Palace Road, S.E.
 Thompson, Charles Herbert, 85 Lambeth Palace Road, S.E.
 Tilley, William James, 28 Shepherd's Bush Green, W.
 Tomson, Walter Bolton, St. Thomas's Hospital, S.E.
 Trevor, Edward Tull, 48 Queen's Gardens, W.
 Trotter, Dudley Cox, Caius College, Cambridge.
 Udale, Joseph James, 112 Uxbridge Road, W.
 Walton, Francis Fielder, Hull.
 Weller, Charles Joseph, 67 Colleshill Street, S.W.
 White, Ernest Alfred, 13 Blenheim Terrace, Leeds.
 Williams, Montagu W., North Eastern Hospital, Hackney Road, E.
 Withers, John Sheldon, St. Mary's Hospital, Manchester.
 Woods, Edward Robinson, M.B. Toronto, 75 Bancroft Road, E.

Royal College of Surgeons of England.—The following is a continuation of the lists of candidates for the Membership of this College published in our last:—

The following were admitted Members on Tuesday, January 29th:—

Bean, Charles Edward, L.S.A., Shepherd's Bush.
 Benson, Christopher Richmond, L.S.A., Clifton.
 Crocker, John Hedley, L.S.A., Gunnislake, Devon.
 Cummings, Harold Lytton, L.R.C.P. Edin., Dulwich.
 Edgelow, Herbert, Cambridge Street, Pimlico.
 Foley, Charles Nicholas, L.S.A., Denbigh Place.
 Holroyde, John, L.S.A., Ripponden, Yorkshire.
 Irvin, Frederick David, L.S.A., Longridge, near Preston.
 Julian, Francis Harvey, L.R.C.P. Lond., Queen's Park.
 Nuttall, Charles Dalley, L.R.C.P. Lond., Leicester.
 Parry, Herbert Lloyd, L.R.C.P. Lond., Canonbury Park North.
 Smith, John Charles, L.S.A., St. John's Wood.
 Whish, Martin Samuel, L.S.A., Granby Street.

The following were admitted Members on Wednesday, Jan. 30th:—

Armitage, Edward Harris, L.R.C.P. Lond., Brook Street.
 Clarke, Charles Frederick, Plumstead.
 Dodd, Arthur Herbert, L.S.A., Petherton Road.
 Gordon, Thomas Eliash, M.B. Durham, Gower, Swansea.
 Mills, Robert, L.S.A., Northampton.
 Minns, Allan Glaisyer, L.R.C.P. Lond., Thetford, Norfolk.
 Opie, Edward Augustus, M.B. Durham, Plymouth.
 Rowlands, William, L.R.C.P. Lond., Liverpool.
 Scott, Tom, L.R.C.P. Lond., Bere Regis, Wareham.
 Stables, Alexander, M.B., C.M. Edin., Nairn, N.B.
 Stott, Hugh, L.S.A., Uxbridge Road.
 Webster, Alfred George, Huddersfield.

Of the 196 candidates examined during the past and present week, 85 passed to the satisfaction of the Court and obtained their diplomas; 30 passed in Surgery, and when qualified in Medicine will be admitted Members; the remaining 81 failed to reach the required standard and were referred.

Hunterian Society.—The following is the list of office-bearers elected for the current year:—President: Dr. Robert Fowler. Vice-Presidents: Dr. Galabin, Mr. Clement Lucas, Dr. Major Greenwood, Mr. W. C. Toulmin. Treasurer: Dr. Fotherby. Trustees: Dr. Fotherby, Mr. D. De Berdt Hovel. Librarian: Dr. Burchell. Orator: Mr. James E. Adams. Secretaries: Dr. Herman, Mr. Charters J. Symonds. Council: Mr. M. Brownfield, Mr. F. M. Corner, Mr. E. Dukes, Mr. T. R. Fendick, Dr. E. G. Gilbert, Mr. P. Y. Gowlan, Dr. Talbot King, Dr. Rasch, Mr. H. A. Reeves, Mr. W. Rivington, Mr. G. J. B. Stevens, Mr. R. G. Tatham.

University of Cambridge.—The following candidates having passed the necessary examinations, and conformed to the rules of the University have received the degree of M.B. Cantab.:—G. E. Crallan, M.A., Emmanuel College, on January 9th; S. T. Salter, B.A., Emmanuel College, on January 24th; J. H. Lilley, B.A., St. John's College, on January 25th; R. D. Brinton, B.A., Downing College, on January 25th.

Notices to Correspondents.

CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular*, may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean and flat after it has passed through the post.

MR. GEORGE WALPOLE (Clifford).—Thanks for offer, but we cannot afford space for *verbatim* report.

DR. J. P.—Dr. Hack Tuke's "Chapters in the History of the Insane in the British Isles" has not yet been received for review.

MR. W. W. K. (Norwich).—Quite full at the present time, but will bear the matter in mind.

DR. WILSON.—An announcement of the "Swiney Prize" will be found at page 108 of our last issue. Although a committee of the Royal College of Physicians act jointly as adjudicators with the Society of Arts, competition is not necessarily confined to members of the medical profession.

ARCHIVES D'OPHTHALMOLOGIE.—C. D. is informed that the "Archives" is published by Adrien Delahaye, of the Place de l'Ecole de Médecine, Paris, at irregular intervals, usually every two months. The agents in this country are Messrs. Baillière, Tindall, and Cox, 20 King William St., Strand, London. The subscription is, we believe, £1 is. a year.

DR. S. MARTIN.—We have already replied in the negative.

DR. SIMPSON.—The only successful method of treating such growths in the larynx is by excision. Caution will not suffice for their removal.

MR. CARPENTER.—The prospects of the Bill are thought to be very encouraging; but until the nature and fury of the storms it will have to weather can be estimated it would be rash to anticipate the final result. You are right in your surmise respecting the Register.

AMERICAN.—An American M.D. cannot legally practise medicine in this country. He may, however, if willing to do so, present himself for examination at any of several corporations, e.g., the Royal College of Physicians of London, Dublin, or Edinburgh, and, if successful, he can then register his name as that of a duly qualified practitioner. From what we know of your school, we should think that, after six months' work, you might obtain an English qualification.

THE ROGERS TESTIMONIAL FUND. (ELEVENTH LIST.)

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—The following additional subscriptions have been received since the announcement in last week's number of the *Medical Press*.

Yours, &c.,

J. WICKHAM BARNES, Hon. Sec.

Poor-law Medical Officers' Association,
8 Bolt Court, Fleet Street, London, January 23, 1884.

Jas. Cornwall, Esq. .. £1 1 0	M. Partridge, Esq. .. £0 10 6
D. B. Bolding, Esq. .. 1 1 0	Jno. Davies, Esq. .. 0 10 6
A. A. Jackson, Esq. .. 1 1 0	F. Haward, Esq. .. 0 10 0
W. Pearse, Esq. .. 1 1 0	Dr. J. Woodman .. 0 5 0

R. M. P.—Rarity among diseases, after all, a very comparative term, and will be settled by the amount of experience of practitioners individually. We should not be disposed to regard locomotor ataxy as a very rare complaint. Certainly we see a considerable number in the course of each year.

MR. ANDREWS.—The publication from which you quote is merely intended to advertise its editor, whose qualification is not registrable in this country, and concerning whose professional attainments we have no means of judging favourably. The association of names is an insult to the scientific physician.

J. M. H.—The Secretary of the Royal College of Surgeons of England is the authority to whom the application should be addressed.

A PICTURE SLIGHTLY ALTERED.—The *Cincinnati Lancet and Clinic* considers that "Faith," which is generally portrayed as a female figure clinging to a wave-beaten rock, would be better personified by the figure of a bald-headed man with a bottle of patent hair-restorer.

DR. FRANCISCO TORRES (Lisbon) will please receive our best thanks for his note and enclosure.

MR. JAS. ROBERTSON (Royal College of Surgeons of Edinburgh)—Your communication came to hand as we were at press; it shall appear in our next.

DR. KIDD (Dublin).—Your letter, on account of its length, is unfortunately crowded out of present number.

MR. HINTON (Wigan).—We have directed our publisher to forward you the illustration.

Meetings of the Societies.

WEDNESDAY, FEBRUARY 6TH.

LONDON HOSPITAL.—At 2.45 p.m., Emeritus Professor Jonathan

Hutchinson will commence a course of Six Lectures, the first being On Natural Groups of Skin Diseases.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—At 4 p.m., Professor Parker, On Mammalian Descent.

OBSTETRICAL SOCIETY OF LONDON.—At 8 p.m., Dr. Matthews Duncan will show Dr. Auvar's Rest.—Specimens will be shown by Dr. Galabin and Dr. Horrocks.—Mr. Alban Doran, On the Relation of Prolapse of the Vagina to Hernia, illustrated by two Pedigrees.—Annual Meeting: The President (Dr. Gervie) will deliver the Annual Address.

THURSDAY, FEBRUARY 7TH.

ACADEMY OF MEDICINE IN IRELAND.—The Sub-Section of Anatomy and Physiology will meet at 8 o'clock.

HARVEIAN SOCIETY.—At 8.30 p.m., Mr. Edmund Owen, On a Case of Sub-Periosteal Hemorrhage in a Child suffering from Scurvy (Acute Rickets).—Mr. Noble Smith, On Deformities of the Fingers and Toes.

FRIDAY, FEBRUARY 8TH.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—At 4 p.m., Professor Parker, On Mammalian Descent.

ROYAL INSTITUTION.—At 8 p.m., Mr. G. J. Romanes, On the Darwinian Theory of Instinct.

CLINICAL SOCIETY OF LONDON.—At 8.30 p.m., Mr. A. Pearce Gould, On Obliterative Arteritis accompanied by Gangrene.—Dr. Hadden, On Obliterative Arteritis ending in Recovery.—Dr. Burney Yeo, On Primary Syphilis, with Acute Pyrexia.—Dr. Mansel Pleydell, On Thrombosis of the Vena Cava.—Living Specimens: Keloid on Chest, Dr. Badcliffe Crocker; Acne Varioliformis, Dr. Stephen Mackenzie.

ACADEMY OF MEDICINE IN IRELAND.—The Surgical Section will meet at 8 p.m.

SATURDAY, FEBRUARY 9TH.

ROYAL INSTITUTION.—At 8 p.m., Professor Morley, On Life and Literature under Charles I.

Vacancies.

Chorley Dispensary.—House Surgeon and Apothecary. Salary, £180. Applications to the Secretary before February 20.

City of Ely Dispensary.—Surgeon-in-Ordinary and Dispenser. Salary, £200. Applications to the Hon. Sec. by February 18.

Hospital for Consumption and Diseases of the Chest.—Resident Clinical Assistant. Applications to the Secretary by February 18.

Manchester Royal Infirmary.—A Second House Physician, a Fourth House Surgeon. Applications to the Chairman of the Medical Board immediately.

Nottingham Borough Asylum.—Assistant Medical Officer. Salary £100, with board, &c. Applications to the Medical Superintendent by February 18.

Wolverhampton and Staffordshire General Hospital, Wolverhampton.—House Physician. Salary, £100, with board, &c. Applications to the Chairman of the Medical Committee, on or before Feb. 8th.

Appointments.

GAMGEE, A., M.D., F.R.S., Physician to the Manchester Hospital for Consumption and Diseases of the Throat.

GREENWOOD, C. D., M.R.C.S., Medical Officer for the Yoxall District of the Lichfield Union.

HUDSON, C. L., L.R.C.P. Lond., M.R.C.S., Resident Physician's Assistant to the Middlesex Hospital.

HUBBY, E. L., House Physician to Charing Cross Hospital.

KING, A., M.B., C.M. Ed., Medical Officer for the Aspley Guise District of the Woburn Union.

LUCAS, A., M.R.C.S., Medical Officer to the Workhouse, Woburn Union.

MACDOWELL, C. W., M.D.T.C.D., F.R.C.S.I., Medical Officer to the Carlou Workhouse and Fever Hospital.

MEEHAN, N. J., L.R.C.P. Ed., L.R.C.S.I., Medical Officer to the New Ross Union Dispensary.

MOLONY, F., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer to the Porlock District of the Williton Union.

MOLYNEUX, J. F., M.R.C.S., F.R.C.P. Ed., House Surgeon to Charing Cross Hospital.

Births.

BROWNRIIG.—January 25, at Hill House, Gravesend, the wife of J. Annesley Brownrigg, M.A., M.D., of a daughter.

BUSHE.—February 1, at Dilkusa, Lucknow, the wife of Surgeon-Major Bushe, M.A., A.M.D., of a daughter.

HARRIS.—January 28, at Prince Town, Dartmoor, the wife of H. W. D. Harris, M.R.C.S., of a son.

PALMER.—February 1, at Erchfont, Devizes, the wife of F. W. Palmer, L.R.C.P. Ed., of a daughter.

TREWMAN.—January 28, at Treghothan, Fareham, Hants, the wife of Surgeon George T. Trewman, A.M.D., of a son.

Deaths.

COFFIN.—January 12 at Aiken, South Carolina, Amory Coffin, M.D.

HARLEY.—January 27, at his residence, The Lawn, Haverstock Hill, Thomas Harley, M.R.C.S., aged 65.

POOOCK.—At Mackay, Brisbane, from congestion of the lungs, after a short illness, Edward William Pooock, M.R.C.S., aged 38.

SINCLAIR.—January 23, at Ely, Cambridgeshire, George Murray Sinclair, L.R.C.P. Ed., aged 44.

THOMSON.—January 29, at Montrose House, Oldham, Alexander Thomson, F.R.C.S., J.P., aged 63.

WOOD.—January 28, at Ennisakillen, after an illness of only a few hours, Surgeon-Major Thomas Wood, A.M.D.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 13, 1884.

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Original Communications.

NATURAL GROUPS OF SKIN DISEASES. (a)

By JONATHAN HUTCHINSON, F.R.S.,

Emeritus Professor of Clinical Surgery at the London Hospital.

MR. HUTCHINSON commenced his lecture by explaining that it was his intention to deal on this occasion with those diseases which occur on the surface of the body, and about the nature of which it was very desirable that accurate knowledge should be possessed. It would be his endeavour to offer as clear an indication as possible of the grounds on which such affections ought to be grouped, especially since the number of artificial and inaccurate modes of classifying them in the past had introduced an amount of confusion concerning their actual nature which could not fail to be a source of perplexity and error. Many morbid phenomena presented by the skin had been dubbed with special names and given the importance of essential diseases, whereas they were in reality but attendants, and often of a very minor kind, on much larger diseases. The only reliable and efficient classification was that which was based on a recognition of causes and natural relationships, and which should associate together under a single heading those varieties of skin diseases which owed their origin to the same or a similar cause. It mattered not how far external appearances seemed to separate them provided their existence could be traced to essentially similar causes; they must be associated together as produced by a common agent.

In the same manner as botanists had come to discard the artificial classification of Linnaeus in favour of a system of grouping flowers founded on the apprehension of deeper and more scientific distinctions than the mere numbers of petals, stamens, &c., so must dermatologists deal with symptoms exhibited by the skin. Avoidance should be had of errors like that comparable to inclusion of rabbits and donkeys in one group because of length

of ear displayed by each, and which, spite of its apparent absurdity, is little worse than classification together of scabies and eczema as vesicular eruptions, or of Addison's disease as a form of cutaneous atrophy—an error contained in one of the most recent dermatological systems. In a word, *causes*, and not *names*, are to be accepted as governing arrangement of skin diseases into groups; and although the extent of our present knowledge permitting such a performance seems to be very limited, yet, when duly formulated, it attains not undesirable proportions, while it steadily increases with attempts at orderly distribution, and is constantly affording the means of further improvement.

The first group for consideration, as being the one easiest understood, includes those diseases which owe their origin to the presence of a vegetable parasite in the skin or its appendages. These are not influenced materially by any predisposing causes connected with the health of the individual; and, though this opinion did not always obtain, it is no longer insisted that favus, for instance, is directly associated with the scrofulous diathesis, and that only delicate children are subject to attacks of ringworm. Innumerable instances of the latter complaint attacking a succession of healthy children in a school, or of calves on a farmstead, conclusively disprove the fallacy contained in the argument of predisposition; and any necessity for impaired vitalisation as favouring their development is negated by observation of the fact that, while some forms of cryptogamic life do undoubtedly succeed only on weakly organisms, yet other forms again infest the most healthy individuals.

Inasmuch, then, as fungi which produce favus, chloasma, ringworm, demand no special conditions on the part of the skin they select for the seat of their development, and are productive of purely local diseases, so they are curable by local remedies, obeying as they all do the same general laws. They do not, however, all produce the same external appearances the utmost unlikeness, for instance, existing between the dry, scaly patch of common ringworm and the boggy abscess associated with chierium; and in explanation of such variations it

(a) Abstract of a Lecture delivered on Wednesday, Feb. 6th, at the London Hospital.

is necessary to invoke that assemblage of conditions to which the name temperament has been applied, leaving aside, as not complicating the result, any question of state of health *per se*.

Under Group I. are thus included—

- a. Favus ;
- b. Ringworm ;
- c. Ohloasma.

The microscope suffices to reveal the real nature of these diseases, the presence of which is directly traceable to growth of a vegetable mould. Their varieties will be influenced by the temperament of the individual, by the age of the affected tissues, and the part invaded. Skin, hair, and nails will present each different appearances under invasion by the same disease, and, in addition to the special body region, climate and weather, also, will influence the character of the growth.

There are two maladies concerning which an absolute dictum as to their position under Group I. must depend on further investigation—viz., alopecia areata, and molluscum contagiosum. Mr. Hutchinson inclines on clinical grounds to give them position as vegetable parasitic diseases, but defers to fix their relation pending further evidence of their fungous origin.

[A number of illustrations were here exhibited to show the extent to which the human body may sometimes be covered with the crusts formed in these diseases, without material impairment of general health, and commenting on these the lecturer pointed out that pityriasis versicolor and ringworm were mutually interchangeable diseases between adults and children, the former communicated by adults to children appearing in the garb of ringworm, and *vice versa*; and Mr. Hutchinson believes that chloasma in adults, resulting from transplantation of ringworm from children, is dependent on precisely the same form of vegetable parasite of the latter.]

In the second group to be considered, the acting cause of disease is an animal parasite, and its principal representatives are scabies and pediculosis; but it includes as well a large number of variable eruptions produced in presence of occasional parasites.

Under scabies is to be classified every form of eruption due to the presence of the scabies parasite, or itch insect. Its character will be influenced by age of patient, irritability of skin, and its liability to cell effusion, the part affected, and duration of the disease. It may be vesicular, pustular, or papular, or marked only by a red lichenoid rash; but in all conditions, the cause being the same, the terminology must likewise be the same. Similarly, however varied the appearances of the eruption produced by pediculi may be, all must be included under the name pediculosis, the features of which are likewise dependent on such characters as have already been said to influence scabies. Both diseases, moreover, may produce long-standing disturbances in the sensory endowments of the skin, which may very slowly revert to a normal condition of quiet. This condition has been distinguished by the name prurigo, as though it were a special entity, whereas it is a state induced by veritable presence of one or other forms of parasite at some antecedent period.

Besides the diseases already named, Group II. includes all eruptions and inflammatory states of the skin due to bites of insects, such as fleas, gnats, mosquitos, &c. Many eruptions occurring in individuals with specially sensitive skins are doubtless due to such causes, and most instances of prurigo urticaria, pruriginous lichen, urticaria pigmentosa, u. pustans, and many other high-sounding affections are nothing more, Mr. Hutchinson thinks, than results of flea-bites on skin of peculiar organisation, a view he has verified by careful and continued observation. Thus, one member of a family of children will alone be subject to an irritative and persistent form of eruption, and will suffer exacerbations every time it approaches a cat or a dog, or rides in a 'bus, and the scratching necessitated by the flea-bites will perpetuate and aggravate the resulting prurigo. Mr. Hutchinson

recalled one case in which a child was covered with a most alarming bullous form of purpura, the consequence of a visit to the Zoological Gardens; and he has known adults also to be the victims of eruptions caused entirely by fleas, which eruptions recur at every visitation to a fresh hotel or other place, the explanation given by the patient being that, in spite of every care, change always subjects him to an attack of nettle-rash.

Too great allowance cannot be made for personal idiosyncrasy in such matters, for the bite of a wasp may in some constitutions set up most dangerous symptoms, or that of a gadfly, an irritable tubercle which may last for months. There is reason to suppose, also, that eruptions occurring abroad, and receiving local names—viz., Natal boil, are really caused by insect bites.

Group III. includes eczema due to local causes, and is very difficult of definition. It is necessary in considering this form of eruption to regard constitutional characters as well as the local cause, so that it is practically impossible to make two sharply-limited classes according as the local or constitutional causes are the prime influencing factors. In all cases of eczema some inherited peculiarity of skin must be admitted, for, while some persons contract it on the slightest provocation, others never are affected by it.

A group, however, may be provided to include all those forms of eczema due to such exciting causes, in predisposed individuals, as are encountered by bakers, millers, dyers, paper-stainers, potboys, &c., and in most cases this form is, if slowly, curable when the local cause is removed. The discharges are irritant, and tend to maintain the disease, and may lead to spreading of the eruption from a local origin over all the body.

All forms of eczematous eruption, of whatever variety, must be included in this group, which possibly, also, should embrace those forms of the eruption found in gouty subjects, and due, it may be, to a peculiar property of the perspiration secreted locally. Mr. Hutchinson, however, cautioned his audience against assuming that he desired to include all forms under the heading given, but that very many varieties might be so classified.

The preceding groups include nearly all diseases of the skin arising locally. The fourth group is of a very different character, and includes—

Group IV.—the Exanthemata—which are, all forms of inflammation of the skin which may result from the breeding in the blood of specific and particulate forms of virus introduced from without by contagion or infection. The class comprises measles, varicella, variola, rötthela, typhus and typhoid fevers, syphilis, &c.; all observe certain stages in their course, and contagion precedes the eruption in all for a certain period, such eruption being, it may be, due to presence in the skin itself of the particulate virus. Each disease has its characteristic eruption, except syphilis, of which the rash may present imitations of every other form of skin disease.

Exanthematous eruptions are transitory, and though varying in degree and severity in different individuals, observe about the same duration, exceptions occurring, especially in varicella and syphilis, in which the eruption may be protracted, and recurrent. In all, however, sequelæ are commonly observed, the tissues being left by the fever they indicate in a state of peculiar liability to chronic inflammation, passing even into gangrene or phagedæna, e.g., cancrum oris and noma after scarlet fever; and the phagedænic changes after syphilis.

Group V.—Syphilitic eruptions.

Groups VI. and VII.—skin diseases due to acute and chronic forms of poisoning—include rashes induced by copaiba, iodine, quinine, &c., urticaria ab ingestis, &c. Though many of these are well-known and easily recognised, probably the origin of many diseases properly to be included in this group is never suspected; and even the iodide rash has only lately been fully appreciated. Obscure rashes should therefore always excite suspicion of drugs or diet, before being abandoned as inexplicable. Idiosyncrasy is the only explanation to be found for these eruptions, which

may take the most unlike forms, though due to the same cause, in different persons—arsenic, followed by eczema in some; in others, herpes zoster; and in yet others, a general psoriasis-like condition of skin. This group of rashes is transitory, but if permitted to continue too long, body changes, resulting in death may supervene.

Group VIII. includes chronic skin diseases of dietetic origin, such as leprosy, pelagra, and gouty eczema.

Group IX.—This group is made to include a large family, hitherto regarded, as a rule, as quite distinct forms. They are, in respect to cause; for the most part, inexplicable; and originating, as they appear to do, in healthy subjects, they possess a self-dependence and completeness characteristic of no other forms yet discussed. Concerning them the most hopeful dermatologist can hardly anticipate any accession of knowledge, and he must bound it by his present information of psoriasis, pemphigus lichen, ruber, leucoderms, and some others; these constituting the series in question. They begin in persons apparently in good health; they always are symmetrically disposed on the two halves of the body. They steadily increase, unless arrested in their course by appropriate treatment, which, as far as we know, is summed up in the administration of one drug—arsenic. Leucoderms may have to be excepted in this last respect, but Mr. Hutchinson is doubtful if this will be found to be so. As a rule, those diseases affect but one member of the same family; they are neither epidemic nor endemic; and position on the world's surface does not affect their prevalence. Young children are liable to them, but mere infants escape. Though arsenic cures, relapses occur; but under each disease such relapse is less severe than the original attack. Weather and season seem to exert a small influence on them.

In respect to the causation of this group, Mr. Hutchinson inclines to regard them as dependent on inherited peculiarities of structure, the sufferers from them being in a sense predestined to them from birth. In absence of a better name for the group, he entitles it the Psoriasis family.

PANARITIUM.

By THEODOR BILLROTH,

Professor of Surgery in the University of Vienna.

PANARITIUM is the unfortunate designation of an acute inflammation of the finger that may attack as well the first as the second or third phalanx, and that has its seat in the subcutaneous cellular tissue, whence the name *panaritium subcutaneum*, or in the sheath of the tendons (*panaritium tendinum*), or, lastly, in the bone (*panaritium osale*). The disease may arise in consequence of crushing, or wounds, or most frequently from infection; it usually begins with pain, from the degree of severity of which a conclusion may be drawn as to the seat of the inflammation, for in those inflammations that have their origin in the bone the pains are so intense that the sufferers, as a rule, are disturbed in their rest. The swelling in the case of *panaritium osale* is so slight that it bears no proportion to the agony endured. Such intense pain is produced by the retention of the pus beneath the periosteum. When it raises this up and escapes into the cellular tissue, the pain gradually diminishes. From the commencement of the affection until spontaneous rupture externally takes place, usually from twelve to fourteen days elapse; early incision is therefore a great relief to the patient. Incisions can be made even when the pain is most intense, the patient being narcotised, but the incision must, of course, reach down to the bone. The osteitis of the third phalanx generally ends in either total or partial necrosis of the bone. Three or four weeks elapse before the bone is separated from its surroundings—from the tendons, the articular ligaments, or, in the case of partial necrosis, from the still living bone. During this period new bone is already developed by the raised up periosteum, and even if the sequestrum

capsule is not completely tubular, in the course of time the development of the new bone may still be considerable. If an incision has been made, examination with the probe must be resorted to from time to time—about once a week—to ascertain how much of the surface of the bone is free, and if found to be fairly freed from its surroundings, it should be seized with a strong pair of forceps and quickly removed. The wound will now close, but at the same time the formation of new bone will be limited, and in consequence of contraction, to a certain extent only a rudimentary phalanx may be developed.

The finger will, of course, be always somewhat deformed, it generally becomes slightly clubbed. The incision is usually made by the side of a tendon; the tendon may already be necrosed, but it is not always so, and consequently it would not be proper to aid the occurrence of necrosis by incision. Spontaneous bursting most frequently takes place around the tip of the finger; there are cases, however, in which it takes place under the nail, or at the root of the nail. In such cases the pain is always intense as the nail is only raised up gradually, and the process of elevation is extremely painful. In cases in which the matrix is affected in the process of perforation, the nail becomes necrosed. As far as the nail looks red, it has life in it, just like hair that remains in the cutis; when matter is collected under the nail it no longer looks red and translucent, but becomes dull, milky coloured, and, later on, it becomes greyish black, a sign that the nail is already dead. Death of the matrix however, is not always associated with death of the nail; this may occur, but the death of the nail-bed is not a necessary result of the process, the nail-bed may remain, and the nail may be formed anew. One thing remains, the inflamed nail-bed never retains so smooth a form as before; it becomes uneven, knotty, and in consequence the nail is never developed with such beautiful smoothness, it remains uneven, and of a dull milky colour. In the course of years this condition may improve a little, but it never becomes good. Various attempts have been made to restrict this uneven growth of the nail, by even compression, or by scraping, but the results are only transient, as the cause of the irregular growth is not removed, the matrix still remains uneven and lumpy. When the pus is originally formed in the subcutaneous cellular tissue, an opening soon appears in the skin, where, first, a vesicle forms, from the cuticle becoming raised up from the rete malpighii. The panaritium subcutaneum has already found its way through by the fifth day, and by the twelfth, the wound is generally healed. There are also cases of panaritium in which no pus is formed, but in which complete spontaneous gangrene of the tissues takes place. How is this gangrene to be explained? In inflammation, gangrene may arise through two causes:—1. The inflammatory process may from the first be so intense that the structure immediately dies; and 2. Clotting of the blood may take place and gangrene, in consequence of the arrest of the circulation. This last possibility we cannot accept in the case of panaritium, for how could such a disturbance of circulation as leads to gangrene take place so suddenly. I have already mentioned to you that the circulation in the fingers is so active that a finger may be completely cut off, except a thin bridge of skin, and the separated part may grow on again, the circulation being carried on through the bridge of skin only.

I think gangrene would take place here from the first cause. The acute inflammation is a chemical process in the tissues which is associated with dilatation of the vessels with consequent exudation of serum, with increase of number of cells in the connective and fatty tissues, and with extravasation of white blood corpuscles, which come to light as pus. The most essential part of the affair, however, is the chemical process which changes in a manner not yet understood the inter-cellular substance and the vascular tissues. There are naturally different degrees, and these degrees are manifested in such a way that the inflammatory change, and the dis-

turbance of nutrition are small in one case whilst in another they are extreme—indeed, the peculiar disturbance of nutrition may be so intense that the vitality of the tissues ceases. This cessation of vitality is principally of importance as regards the vascular tissues, for when once the walls of a vessel are dead—as held by Brücke—clotting of the blood readily takes place. At a temperature of 1 C. (33.9 F.) no freezing takes place, and the blood as far as it alone is concerned, may still circulate, but at this temperature the tissues of the vessels die, and clotting then takes place in consequence of their death. The like is the case in various other processes—the first in order is the death of the tissues, and the stoppage of the circulation is secondary. When gangrene takes place through the action of liquid caustics alkalis, we must look upon this in the same way as being the result of the destruction of the tissues. The conditions are similar in the case of certain animal poisons, particularly the poison of serpents, for we cannot suppose that such a disturbance of circulation is set up that gangrene follows by the mechanical injury from the teeth; it is probable that the poison itself acts chemically in such a way that it kills the tissue, and that, as a consequence of the death of these, stagnation of the blood supervenes.

ON GANGRENOUS ENTERITIS AND ENTERECTOMY. (a)

By CHARLES ATKIN, L.R.C.P.Lond., M.R.C.S.,
House-Surgeon, Sheffield Infirmary; late House-Surgeon, Eye and
Ear Infirmary, Liverpool.

THE case I propose bringing under notice is interesting to all of us because of its rarity—to physicians especially, because with our present limited means of diagnosis it must have been nearly impossible to determine its character before operation; to pathologists, because no naked eye lesion to account for the gangrene could be detected; to surgeons, because when taken early similar cases, though not from the same cause, can and have been cured by operation; and, lastly, to house-surgeons, because if these cases are to be operated upon, ought one not to be prepared with the necessary apparatus, if any, indeed, be necessary?

W. H. W., æt. 30, a painter, was seized four weeks before admission with pain in the left lumbar and iliac regions, and continuous vomiting. A medical man was called in, who told him he was suffering from lead colic, as the man had had lead symptoms previously. Purgatives were administered, but no motion or flatus ever passed from him. He continued all these four weeks vomiting nearly continuously. When admitted into the infirmary he was emaciated to the last degree, pallid, weak, compressible pulse, cold extremities, faecal odour in the breath; temperature, 101.2. There was no hernia, nor had he ever had one. The abdomen was resonant, except over the lower part. There was no stricture to be felt per anum; no hardness along the rectum and colon. The ileo cæcal region was most distended. An enema could be distinctly heard with the stethoscope ascending and traversing the colon. O'Byrne's tube enters the sigmoid flexure, and is then stopped.

A consultation was held, and Mr. Favell decided to give the man the chance, however small, of having the obstruction relieved by operation, though the man was evidently nearly moribund. Ether being given, abdominal section was performed, and a piece of the small intestine immediately presented itself in a gangrenous condition; it was black, red, softened and soddened, and though it was manipulated with the greatest care, it was

evident that there was some oozing of some liquid faecal matter from it. The patient being nearly pulseless, nothing more was to be done than to carefully stitch the peritoneal edges of a small ragged rent which was found in the most soddened part of the gut. With the help of repeated hypodermic injections of ether, the patient was removed safely to bed, but only to live a couple of hours.

The autopsy was made next morning. On the abdominal cavity being laid open, the parts were carefully examined *in situ*. No internal hernia band or twist was to be found. The whole alimentary canal was then removed, carefully washed, and examined inch by inch. No hard faeces, diverticula, or stricture were visible. The heart was healthy, but his arteries were bad, and the kidney showed commencing granular changes.

Cases of "localised death of a loop of bowel" arising *de novo* are certainly uncommon, but still are well recognised as pathological rarities. As far as I know, the symptoms of enteritis are always equivocal, combining the acute pain of peritonitis with the tormina of colic. In this case there was no history of any hæmorrhage from the bowel. What, then, was the cause of the enteritis? There was nothing locally apparently to cause any inflammation, such as impacted faeces or a foreign body. The lesion did not appear to have been due to an ulcer spreading, and there was no evidence of slight invagination; there was no tumour or enlarged gland preventing the return of the venous blood from the bowel, and, as the heart was normal, embolus was out of the question. There was no history of any blow on the abdomen. One is therefore forced to assign some such reason as is often given for acute perforation of the stomach—some loss of vitality due to either deficient vascular or nervous supply. Perhaps the intrinsic ganglia of the bowel were in a state of degeneration; but more likely I should imagine that the real cause was, that one of the branches of the mesenteric artery was in a degenerated condition, and became thrombosed, thus cutting off the blood supply to a small loop of bowel. As to the question of diagnosis, I should like to hear any opinion as to whether intestinal obstruction often simulates lead colic with vomiting. Gabbatt, in a September number of the *Lancet*, 1882, records a case of fatal enteritis in a man, æt. 43. He was ill only forty-eight hours, dying of acute dilatation of the stomach. On post-mortem nothing was found to account for the three inches of inflamed bowel but a large clot in the mesentery.

In Mr. Favell's case the duration was very remarkable, for the man had been vomiting continuously for four weeks when he applied at the infirmary.

As to treatment, would early operation have saved him? Would it have been justifiable to have examined the abdominal cavity at the end of the first week, supposing he had come to the infirmary then, and supposing inflamed bowel had been found, would it have been proper treatment to remove it?

At the meeting of the British Medical Association at Liverpool the question of early operation in intestinal obstruction was freely discussed, and there remains no doubt but that the chief operative talent in England is in favour of it, though the seat of the operation is still undecided, depending as it does often on the humour of the operator and on the acuteness of the case. Median section was advocated for acute cases, and enterectomy or opening the right loin and seizing whatever bowel first presented itself for chronic cases. Two speakers spoke against early operation (Messrs. Rushton Parker, and Pemberton), and trusted to opium, ice, filtered broths, and *no milk*, but they were only content to wait as long as the cases did not go steadily to the bad.

Supposing abdominal section be performed in the median line, and that several inches of bowel are found to be gangrenous, what is to be done? Up to quite

(a) Read at the meeting of the Medical and Chirurgical Society, Sheffield, Jan. 24th, 1894.

lately the bowel was left at the mouth of the wound in the hope that an artificial anus would form, and that adhesions would prevent any faecal exudation.

But during the last two or three years several operators have improved on this "laissez aller" treatment, and successful cases have been reported of enterectomy and enterorraphy for multiple strictures, simple and malignant strictures, intussusception, gangrenous bowel after strangulation, and for the cure of artificial anus and faecal fistula. I know of no case in which it has been done for idiopathic gangrenous enteritis. Kœberle, in an article in the *Gazette Hebdomadaire* thus sums up the operations that are available on finding a portion of bowel gangrenous. You can either do (1) resection, immediate union of the divided ends and closure of the wound; (2) establish an artificial anus, and do a "suturing" enterectomy subsequently; and (3) make an incomplete suture of the intestine, associated with an artificial anus.

If I am not wearying you, I should like to give you a short résumé of the published cases that I have read of, some of which must be considered triumphs of surgical art and skill.

Czerny, in the *Berl. Klin. Woch.*, 45, 1880, published three cases, two of which recovered. The first case was the removal of a gangrenous coil from strangulated hernia, which got quite well; the second was a similar case, but the patient, already pulseless, died during the operation; the third one was in a woman, æt. 47, from whom he removed a tumour of the transverse colon; she was living half a year after the operation. His method consisted of a double row of carbolised silk sutures, and was as follows:—The intestine being compressed above and below, the tumour or gangrenous part was removed and a wedge of mesentery; the ends were then brought together and united by a row of sutures, taking up only the serous and muscular coats, 1-12th of an inch apart. A second row of sutures, 1.5th of an inch apart, were applied over and partly including the first. Antiseptic dressings were used.

Schede, in *Deutsche Medicinische Wochenschrift*, No. 19, 1879, gives details of three cases of *Enterorraphy*, one being for artificial anus, the other two for faecal fistula. Two of the cases were cured, one dying of pulmonary embolism:—

a. A woman, æt. 43, had had a strangulated femoral hernia, which, being gangrenous, ended in the formation of an artificial anus. To cure, this an incision three inches vertically was made, the upper end of the bowel dissected out and temporarily tied with catgut. The lower was treated in the same manner; then a wedge of mesentery was removed, and the ends joined together. The catgut ligatures were now removed. Fearing that there might be some leakage, the sutured bowel was not returned into the abdomen, but retained without the middle of the wound, and prevented from slipping in by a large bent needle passed through the mesentery. The exposed gut was covered by Lister's dressing. The dressing was changed on the second, sixth, and tenth days. The needle was removed on the tenth day, and the exposed coil of intestine, now covered with granulations, was allowed to fall back into the abdominal cavity. The patient was cured at the end of the fifth week.

b. A woman, æt. 62, for a large irreducible umbilical hernia of ten years' standing, continually discharging faecal matter through a fistulous ulcer. He removed four inches of the intestinal canal, and treated as in case a. The patient died of pulmonary embolism on the fourth day.

c. A woman, æt. 58, for fistulous opening below and to the right side of the navel, probably communicating with the jejunum. Incision was made, and the bowel ends joined, but it was found impossible to draw the sutured bowel out of the wound, as in the former cases, so the wound was closed. The case got well, there being normal defæcation on the fourth day.

Schede likes the temporary deligation of the bowel ends, but is not inclined to think that the retaining the sutured bowel outside the abdominal cavity is at all necessary.

Sutton, in the *American Medical News*, reported a case where, whilst removing an ovarian cyst with many firm adhesions, he tore the bowel, which was adherent to the fundus of the uterus. He united it by Czerny's method, after removing four inches of it, and the patient made a good recovery.

Mensel, of Gotha, in the *Deutsche Med. Woch.*, Feb. 14, 1883, records two cases of faecal fistula, by opening up the abdomen and suturing the intestine ends together.

I cannot close this list without mentioning Kœberle's historical case, published in the *Gazette Hebdomadaire*. A woman, æt. 22, suffering from intestinal obstruction, had abdominal section performed, and multiple strictures were found, extending over two yards of bowel. This length was removed, and the corresponding portion of mesentery, which latter was secured by twelve ligatures and cut away. The cut ends of the bowel were then placed side by side, one above the other, but not united, so that both ends were open externally. The wound was then partially closed above and below them. Three days later he proceeded to get away the "spur" formed by the two bowel walls, which were in contact with each other. This he did by inserting caoutchouc tubes and approximating them by special forceps; in twelve days the two layers of intestinal wall had aloughed, thus converting the double intestinal orifice into a single opening, communicating with both superior and inferior tracts of intestine. The fistula healed six weeks after the operation.

Mr. Treves (Dec. 16, 1882) read a paper before the Medico-Chirurgical Society of London, where, after showing that resection followed by reunion of the divided bowel was better than making an artificial anus, went on to describe a special apparatus he had had made for ensuring co-aptation whilst the sutures were being inserted. It consisted of a couple of clamps capable of being joined into a frame, and also a sausage-shaped bag of indiarubber, capable of inflation to be inserted into the collapsed ends of the intestine during the suturing.

Mr. Stanmore Bishop, of Manchester, showed a special clamp he had had made at the meeting in Liverpool. It consisted of two spring clamps held together, so as to form one piece. He says with this instrument it is possible to return the sutured bowel without any fear of having left a point unguarded.

One of the most recent articles on enterorraphy is one by Prati, in the *Annali Universi* for June. This paper, consisting as it does of twenty-seven pages, contains nothing original, excepting the author's method of suturing, which is as follows:—He first stitches half the circumference of the bowel by Lambert's method, and then stitches it again from the inside, taking up the mucous and sub-mucous membranes. The other half of the bowel he does in the reverse method—first a set of mucous membrane sutures, and then a set of peritoneal ones. He says that the projecting spur is very small, and no impediment to the passage of the intestinal contents.

Enterorraphy has been severely criticised by Byrd, who says that flatus must accumulate and tear the sutures open, and he recommends excising the bowel for enterectomy, and making an artificial anus.

It may be said that stricture of the bowel would follow on resection, but it is not so, because union takes place by the first intention.

Again, it has been said that by only stitching the peritoneal coats together, as taught by Lambert, an annular projection of mucous membrane would result, thus tending to occlude the lumen of the bowel, but really this *éperon* never forms, and indeed may easily be

prevented by snipping the mucous coat all round a little shorter than the outer coats.

Another argument has been used against the operation—that it would be impossible to join the end of a dilated bowel above to that of a contracted one below; they would be so dissimilar in shape that they could not possibly be accurately brought together, but this is overcome by the same method Billroth did with the stomach and duodenum when he had excised the pylorus—viz., by cutting the duodenum obliquely to its long diameter.

I cannot close without mentioning the successful case operated on by Mr. Banks, of Liverpool, who removed eight inches of bowel and a wedge of omentum.

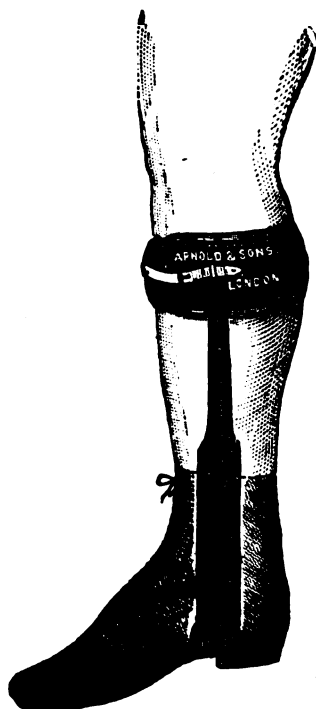
I am aware that the list of cases I have read to you is incomplete, but without a good reference library at hand it is unavoidable. Foreign papers are not easy to get in the provinces. However, the most important ones, I believe, I have set before you, and I hope the day is not far distant when some triumph of abdominal surgery of the nature I have been reading this evening will be performed and published by some member of this Society.

NOTE ON THE TREATMENT OF FLAT-FOOT.

By W. J. WALSHAM, F.R.C.S. Eng.,

Assistant-Surgeon to, and Surgeon in charge of, the Orthopædic Department St. Bartholomew's Hospital.

THE boot represented in the accompanying wood-cut is one which I have found of much service in the treatment of certain forms of flat-foot in the Orthopædic Department of St. Bartholomew's Hospital. It differs from the boot with outside leg-iron in ordinary use,



inasmuch as in place of the T-strap I have substituted a broad band of solid rubber, so that continuous elastic tension is exercised on the sunken arch. The rubber band is firmly secured to the "uppers" inside the boot along the outer border of the sole, in such a position that, as it crosses under the sole of the foot its centre corresponds to the middle of the calcaneo-scapoid ligament. It is then carried up on the inner side of the foot to just above the top of the boot, and thence, through the medium of a leather strap and buckle, secured to the calf-piece. A soft valgus pad is slid over the rubber strap, and so adjusted as to correspond, when in position, to the situation of the yielding arch. In place, therefore, of a passive and algal pad to support the arch, active traction through the medium of the pad is exercised on the depressed bones by the rubber strap. For convenience of treatment, ordinary forms of flat-foot may be divided roughly into three degrees. In the first in which little yielding of the ligaments has taken place, tip-toe exercise combined with circumduction of the ankle, will generally be found sufficient to produce a cure; if the patient will wear a well-formed laced-up boot with a soft felt valgus

pad, and is able to reduce somewhat the hours of standing. In the third form, in which the arch is completely sunken, and there is much rigidity of the foot, I know of no treatment which answers so well as that practised by Mr. Willett, and described by him in the eighteenth volume of St. Bartholomew's Hospital Reports, viz., thorough wrenching of the foot under an anæsthetic, and then placing it in a plaster-of-Paris case in a position of extreme inversion, with the bones forming the arch forced well into place. In the second form, in which the deformity is well marked, but is unaccompanied by rigidity, I have obtained the best results by the boot above described. I have tried it now in upwards of a dozen cases, and in every instance the patients have expressed themselves as experiencing great comfort from its use, and have obtained permanent benefit. The boot was first made for me by Messrs. Arnold and Sons, of West Smithfield.

Clinical Records.

CASES IN PRIVATE PRACTICE.

Case of Unilateral Progressive Atrophy of the Face.

Under the care of Dr. H. FRENCH BANHAM, Physician to the Sheffield General Infirmary.

THE patient is a girl, æt. 15, and (attention not being given to the right side of the face), good-looking, and with the appearance of robust health. She is, generally speaking, muscular and well-formed. Four years ago she had a bad gum-boil connected with a carious bicuspid of the right side of the lower jaw. In the course of a day or two, the face meanwhile being considerably swollen, the gumboil burst and discharged rather freely. The tooth was subsequently extracted. She had always enjoyed very good health.

About six months after the gumboil there was some hyperæsthesia of the right side of the face, and also of the right ear, and this condition has continued until nearly the present time. Two years ago her parents noticed some wasting of the face, which it was thought had resulted in some way from the old gumboil, and about the same time some discoloration of the skin was observed on the right side of the neck.

At the present time there is marked wasting of the right side of the face, and a considerable depression is observable immediately below and in front of the ear, and a deep pit is also seen between the ascending ramus of the lower jaw and the sterno-mastoid muscle. On the right side of the neck and over the sterno-mastoid muscle, the skin, which has a dirty, discoloured appearance, is dry, and has apparently lost its subcutaneous fat. It can be readily raised from the subcutaneous tissue, and imparts to the fingers the feeling very much of thin flannel. She complains of no pain, and sensation appears to be normal. The movements of mastication are in no way interfered with. The blood-vessels, as far as can be ascertained, are normal. The hair on the right side of the head has a natural, healthy appearance.

The records of progressive unilateral atrophy of the face are comparatively rare, and the present case, although resembling some that have been published, has also points of interest specially its own.

The female sex seems to suffer more frequently from this condition than the male; but this case is somewhat peculiar in that the right is the affected side. The hair also has undergone no change, and the atrophic and colour changes in the skin are almost confined to the neck. On first seeing this case I supposed that the masseter muscle had undergone atrophy. I feel, however, now satisfied, from her masticatory power and her ability to divide hard substances, crack nuts, &c., being normal and equal on the two sides, that the wasting is only of connective tissue. There is no obvious alteration in the functions of the parotid gland, but I am convinced that its connective tissue is greatly wasted, and that the gland itself is considerably diminished in bulk. I do not think that any wasting of the bones has taken place. The connection between the carious tooth, the gumboil, and the subsequent atrophic changes may be purely accidental, but the possibility of their being connected as the result of an ascending neuritis should, I think, be borne in mind.

France.

[FROM OUR SPECIAL CORRESPONDENT.]

ANGINA PECTORIS.—At the Académie de Médecine a member brought under the notice of his colleagues the results of an autopsy made on a man who succumbed two days after his entering the Hotel Dieu to an attack of angina pectoris. For a year and a half previously he used to complain of severe pain in the præcordial region, with constriction of the base of the thorax, and irradiation of the pain toward the left shoulder and down the inside of the arm. The attacks at first took place every month, but afterwards became more frequent, recurring three or four times a week. The access was generally brought on by an emotion, quick walking, and especially by a copious repast; it lasted from a quarter to half an hour. Auscultation revealed a bruit at the first sound. At the autopsy a very notable dilatation of the aorta was found at its origin, and was diagnosed during life, with insufficiency of the valves of the same name, although the sigmoid valves were perfectly healthy. But what above all struck the attention was the exceedingly narrow orifice of the coronary arteries. The member concluded in giving it as his opinion that the malady was produced by the lesion already mentioned of the coronary arteries, and cited the observations of Potain, Séi, Huchard, &c., in support of this idea.

TREATMENT OF GENU VALGUM.—At the Société de Chirurgie on a discussion as to the relative value of osteoclasy and osteotomy in the treatment of genu valgum, M. Hillary reminded his colleagues that he was the first in France to practice the former operation. Since that time (1875) he had performed osteoclasy above thirty times, and he would always prefer it to osteotomy for he obtained very good results, and in his opinion a simple fracture is a great deal better than one complicated with a wound. M. Deleus said that since 1875 he practised ten times the operation of forced extension of the extremities for genu valgum. In six cases he tried with comparative success osteoclasy, but considerable effusion took place in the articulation which gave some trouble; in the remaining four cases osteotomy was tried and the result was perfect, so that he could not help expressing himself in favour of the cutting operation. M. Desprès was incredulous as to the results stated, but M. Verneuil said he had three cases of genu valgum for which he had recourse to osteoclasy with great success; the femur was fractured a little distance from the articulation so that no injury resulted to the joint. M. Gillette presented a young man who had been subjected some months before to the operation in question and was now perfectly well, the limb was quite straight and free of claudication. The femur was fractured above the epiphysis and the limb was placed and left for two months in a starch bandage.

EXTRACTION OF TEETH WITHOUT PAIN.—At the Société de Biologie M. Paul Bert introduced to his colleagues a method recently discovered by a Geneva dentist for extraction of teeth without pain. The method is very simple and can be used by the most ignorant; it consists of a piece of india rubber through which a hole has been made to receive the crown of the tooth, pressed down tightly in the gums and left *in situ*. By the heat of the mouth the elastic contracts, and by that operation the tooth is loosened in its alveoli, and finally is lifted completely out of its bed to the relief of the patient. It takes four or five days to effect its purpose. Any improvised piece of caoutchouc would do.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, FEBRUARY 8TH, 1884.

The President, Sir ANDREW CLARK, Bart., M.D., LL.D., in the chair.

Mr. PEARCE GOULD related the history of a case of SPREADING AND OBLITERATIVE ARTERITIS,

the patient being shown. It occurred in a lad, æt. 19, in whose family and personal history there was nothing to throw light upon the cause of the disease. The illness began in May, 1883, when the man noticed the fingers of his right hand becoming dark in colour; when warm the hand was of a deep red colour; when cold it became first blue, and then dead white, and there was then a sickening pain in it. After three weeks he rested from his work (in a brick-yard) for three weeks; but, again, after working for a month, the hand became worse, and he had to rest for a month. He then thought himself well, but, on resuming work, "the pain went" into his forearm and elbow, and since then he had been unable to work. He was admitted into the London Temperance Hospital on Oct. 31st. The right forearm and hand were colder than the left—somewhat wasted; while the hand was warm he could wash with it, and it quickly became cold and painful: the pain was always worse at night. The brachial artery in its whole course was harder than the left, and less affected by the pulse, which ceased in it just above the elbow-joint. The radial artery was felt as a prominent, hard, pulseless cord; there was no pulse in the ulnar artery. The other arteries of the body appeared normal. There was a small patch of dry gangrene on the tips of each of the 1st, 3rd, and 4th digits. Heart, normal; accentuation of second sound over aortic cartilage. Urine, normal; temperature, normal. For about a fortnight there was no notable change, but then the pain increased, first at night, and then by day, until it became so severe that the patient writhed in agony, which was only partially subdued by repeated hypodermic injections of morphia and draughts of chloral and bromide of potassium. Concurrently with this the pulse in the brachial artery faded away, until the vessel formed a hard, pulseless cord as high as one inch below the teres major tendon. On November 23rd the right subclavian artery was noticed to be very prominent above the clavicle, and the heart's action was excited. In December the pain lessened, and by Dec. 17th was but slight, while the prominence of the subclavian artery was diminished. Now he is quite free from pain, and expresses himself as quite well. Nearly the whole of the last joints of the thumb and of the right ring finger have mummified, and are nearly detached. The limb is considerably wasted; the radial artery has so shrunk as to be scarcely perceptible, but is quite pulseless; the brachial artery is still felt as a firm pulseless cord to within an inch of its origin. Mr. Gould stated that at no time had there been any œdema of the part, or any loss of sensation, the only paræsthesia being intense pain, particularly complained of in the parts which afterwards became gangrenous. The temperature was normal on the patient's admission to hospital, but on Nov. 26th was found to be pyrexial, and it continued so, ranging between 99° and 101° until Dec. 18th; when it finally returned to the normal: on one occasion the temperature rose to 101·8°. Mr. Gould remarked that the history and progress of the case plainly indicated that the disease was a progressive obliteration of the arteries of the right upper limb, probably starting in the hand and spreading almost up to the axilla. There was no source of embolism discoverable, and the slow progression, the marked induration of the vessels before pulsation was lost, was sufficient to exclude simple thrombosis, especially in the arteries of the upper limb of a lad of this age. He believed that the disease was a primary inflammation of the arterial coats—arteritis obliterans—such as that described by Friedländer, and had been examined very carefully in one case by Winiwarter. Jasch and others had reported similar cases, and the disease strongly resembled that described by Heubner in the cerebral arteries in syphilis. The present case, however, was especially noteworthy as occurring at an earlier age than any before recorded, and affecting the upper rather than the lower limb. There was

no history or evidence of syphilis in his patient, and Mr. Gould was unable to fasten on the cause of the affection. It was important to notice the very small amount of gangrene that resulted from so extensive an obliteration of the main arteries of the part.

Dr. W. B. HADDEN on a case of

OBSTRUCTIVE ARTERITIS.

An unmarried woman, set 35, was admitted, under Dr. Bristowe, at St. Thomas's Hospital, on Feb. 22nd, 1882. There was nothing of importance in the family history and no reason to suspect syphilis. The patient had been accustomed to sleep with an invalid child, and her arm, which was placed around the child, used to hang outside the bedclothes. Six months before admission she had severe pain in the right arm, shooting down the hand; and two months before admission the tips of the first and second fingers were hard and cracked. On admission, she was a healthy, well-nourished woman, without any visceral disease. She complained of constant pain, but occasionally shooting, in the thumb and first and second fingers of the right hand. The fingers were pale and cold, and on the tip of each there was a flat, irregular corn. The thumb was pale, cold, and stiff, and top was hard and thick. There was no pulsation in the radial and ulnar, and the former was hard and tender. Pulsation was felt in the arteries at the bend of the elbow. Subsequently, pulsation could not be felt in the lower part of the axillary, and there was tenderness along the whole brachial. The hand and arm became very cold, and the fingers livid. Surface temperatures were taken, and it was found that the right upper extremity was much colder than the left. Later, the tenderness in the course of the arteries became more excessive, and the absence of pulsation extended higher into the axillary artery. The skin over the ends of the thumb and first three fingers became gangrenous, and was separated. Finally, pulsation returned in the brachial as far as the end of the elbow. Six months later the patient wrote to say that she was quite well, but that there was no pulse at the wrist. Prolonged pressure on the arteries seemed to be the exciting cause, just as it is sometimes in the case of a nerve. The favourable termination, as in paralysis, is worthy of note.

Dr. MAHOMED trusted that the authors would continue to observe the progress of the two patients under their care. He (Dr. Mahomed) had experienced a similar case which terminated fatally. It was that of a man under Dr. Moxon's care, who suffered from attacks of pain down one arm, accompanied by angina pectoris. Thrill and bruit were distinguished in the subclavian artery, and aneurism was suggested as a cause; but Dr. Moxon's opinion was that it was a case of arteritis. This was shown to be the case by post-mortem examination of the body. Moreover, the pulse-tracing was not that of aneurism, although at the time it was taken, 14 years ago, the information obtainable in this connection was very much less than existed at the present time. Dr. Mahomed considered that Mr. Gould's case might terminate in angina, or some grave aortic disease.

Mr. BRYANT observed that it was difficult to find explanation of origin of arteritis. Might not Mr. Gould's case have originated in thrombosis? The bony growth described might possibly be an extra rib, and by producing irritation of the artery arching over it, set up conditions favourable to thrombosis. Dr. Hadden's case lent support to the view that local pressure might induce these results.

Mr. CRIPPS congratulated Mr. Gould on the excellence of his paper, but objected to the method of arriving at a diagnosis which it described. Endarteritis was not sufficiently evidenced by it. In one case he examined he had found a prominent bony mass on both sides of the last cervical vertebra, by which forward pressure was caused on the subclavian artery. Obliteration of distant small vessels was thus favoured by deposition in them of fibrin, owing to pressure on the main trunk. The occurrence of such result at a particular age would be determined by sudden increase of growth in the bony mass, as instanced in a case under treatment at St. Bartholomew's Hospital in which aneurism was caused in a young man by exostosis. Clotting would, Mr. Cripps thought, commence in the finer vessels and spread upward to the larger ones.

Mr. HUTCHINSON briefly recorded three cases of arteritis not due to atheroma. The first was attributed to syphilitic origin. The little and ring fingers of the patient became blue, though not actually gangrenous, and were very painful. In the second, undoubted arteritis occurred in an old

gentleman upwards of eighty years old. His first complaint was that he could not endure the pressure of a hat without discomfort. Both temporal arteries were hard, red, pulseless, and tender. Absolute obliteration of these vessels ensued, and the patient quite recovered. No suspicion of syphilis was entertained in this case, but it was evidently one of senile change, assisted by pressure of the hat brim. In the third case, that of a man about sixty years old, a slight burn on the fingers was followed by gangrene of the hand, resulting, probably, from arterial obliteration, and passing gradually up from the periphery, as in Mr. Gould's patient, finally implicated the axillary trunk, and amputation at the shoulder-joint was resorted to. No bleeding took place from the vessel, which was obliterated by a clot of fibrin. The vessels were extremely tortuous, but contained no calcareous deposit. In this case it could not be precisely stated whether arteritis or periarteritis existed, but obliteration of the smaller vessels first took place, and then spread up the limb. It had not been proved that inflammation within the vessel occurred in Mr. Gould's case. Thrombosis might have succeeded to pressure on the artery above and it was extremely interesting to observe how disease did not set in at the seat of such pressure, but at a situation distant therefrom. Mr. Hutchinson expressed a cordial admiration for the excellent way in which Mr. Gould had constructed his paper.

Dr. MONEY remarked that he had recently found many evidences of arteritis in the vessels of a spinal cord taken from the body of a patient subject to lead palsy, and he suggested that lead might possibly cause such changes as were under discussion.

Mr. MORGAN said that the case he had reported to the Society three or four years ago, and which had been referred to in the paper, differed from Mr. Gould's in the uncertainty whether it really could be correctly called one of arteritis rather than of peri-arteritis. The patient was a man, in whom the disease proceeded downwards to peripheral distribution. It resembled Mr. Gould's case in no particular scarcely. The pain, preceded by gangrene, described in Mr. Gould's case might possibly have been caused by pressure of the osteoid mass on contiguous nerves.

Mr. GOULD replied that pain was experienced in his case before commencement of gangrene; though inflammation was the main element for consideration, it was possible that thrombosis might attend it. By careful examination of the bony mass in the neck he had convinced himself that it was symmetrical, and as it could not thus affect one side alone, he was unable to assign to it the rôle several speakers ascribed to it. Neither could he understand how pressure at a single point could influence the changes apparent below, especially as the affected vessel had since receded from the prominent position it formerly occupied. He still regarded the case as one of arteritis, and thanked Mr. Bryant for pointing out that this affection was not induced in subjects of aneurism, in whom compression of an artery was resorted to for purpose of cure. He had specially excluded from consideration cases which were attributable to syphilis and atheroma; and by reason of the age and condition of the arterial system in Mr. Hutchinson's patients, he concluded that they bore no resemblance to his own.

Dr. HADDEN said that no bony growth had been observed in his case; and he hoped to have further opportunities of examining it.

Dr. BURNLEY YEO on a case of

PYREXIAL SYPHILIS.

This case was admitted into King's College Hospital on October 10th, 1883, with symptoms of pyrexia—high temperature, with great diurnal fluctuations, twice reaching 105° F., and four times 104° F., and averaging in the evening for three weeks from 103° to 104°. The daily oscillations were often more than 6° F. The other symptoms were pains in the limbs and trunk, headache, thirst, sleeplessness, great debility, and rapid emaciation. Between a fortnight and three weeks after his admission symptoms appeared, chiefly on the back and legs, resembling imperfectly-developed variolous pustules without the areola. Considerable doubt as to the nature of the case was at first felt, but after he had been in the hospital three weeks he confessed to one of Dr. Yeo's clerks that he had venereal sores on the penis. Anti-syphilitic treatment was attended by a rapid fall of temperature to normal, rapid improvement of nutrition, and recovery of strength,

and rapid drying up of the pustular eruptions. He left the hospital on December 20th, having been for some time quite free from symptoms of any kind. The chief peculiarities of this case were—1. The great and continued elevation of temperature, and its great daily oscillations; 2. The early appearance of the pyrexia, within 25 to 30 days of the exposure to infection; 3. The absence of any definite relation between the temperature and the eruption, which was not fully developed till three or four weeks after the onset of fever; 4. The occurrence of profound constitutional affection without any noticeable induration about the local sores. Dr. Yeo, in conclusion, called attention to the opinions expressed by Sir William Gull, Sir James Paget, Mr. Hutchinson, and others, in the debate on syphilis at the Pathological Society, and referred to Güntz's observations on the pyrexia of syphilis. He also pointed out the important pathological analogies and practical suggestions to which a case like this gave rise.

Dr. MACLAGAN said that thanks were due to Dr. Yeo for bringing forward this case, such instances of pyrexial syphilis being very infrequent. For the reason, however, that vesicular eruptions were so unusual in syphilitic subjects, it might be that Dr. Yeo had erred in calling his case one of syphilis. In typhoid, pyrexial symptoms were sometimes alone present, without any bowel complications. He inclined to regard syphilis as an accident in Dr. Yeo's case, which was probably one of blood-poisoning or typhoid fever.

Sir ANDREW CLARK instanced a case in proof of the belief, which he fully entertained, that vesicular eruptions do occasionally occur in syphilitic patients.

Mr. HUTCHINSON did not consider there could be any doubt that Dr. Yeo's case was one of syphilitic pyrexia; such cases were not very uncommon, and sometimes pyrexia and severe illness were accompaniments of early stages of the disease. He did not think there was any absurdity in styling the eruption a syphilitic variola, and many patients found admission to small-pox hospitals by reason of presenting such a rash. A private case in point had recently occurred within his own experience. Was the syphilitic eruption exactly like variola? He did not feel quite certain that Dr. Burney Yeo had obtained the exact date at which his patient was infected; still, though the period of inoculation was a short one, it was not improbable that it might be truly stated.

Dr. DUCKWORTH said he had seen many cases of syphilitic fever, chiefly among women.

Mr. M. BAKER suggested whether the case was possibly not one of syphilis, the sores not being indurated, nor the glands much enlarged, and the eruption not having been diagnosed as syphilitic.

Dr. COUPLAND inquired whether the fever might not have had a septic origin from the neglected ulcers which had been found on the penis.

Dr. TONG SMITH narrated the history of a case admitted to the London Fever Hospital in which an eruption was thought to be erythema nodosum. The temperature of the patient fluctuated from high to normal, but at length enlarged inguinal glands being observed, together with falling away of hair, &c., suspicions of syphilis were entertained, and mercury administered, with resulting cure.

Dr. STREUNELL detailed the account of a similar case observed at the Small-pox Hospital.

Dr. BURNY YEO, in reply to Sir Andrew Clark, said that no sweating occurred in his case. The similarity between the temperature chart it presented and that of typhoid fever had been recognised, but it was not possible to entertain the theory of the case being one of typhoid. Dr. Duffin diagnosed it as febrile syphilis, and the patient himself had afforded the information that he had become infected. Septic fever had also been thought of, but excluded as an explanation of the symptoms.

THE SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

THURSDAY, JANUARY 24TH.

The President, Dr. BANHAM, in the Chair.

ABDOMINAL TUMOUR.

Mr. E. SKINNER again brought the little boy, *æt.* about 6 years, the subject of a large abdominal tumour in the right space between the false ribs and crest of the ileum, the particulars of which have been reported in the summary of pre-

vious proceedings of the Society. There was very evident enlargement of the growth. There was considerable difficulty in coming to a conclusion as to its true nature. Encephaloid cancerous disease was most favoured, but there were some points connected with the case which made it difficult to pronounce a positive opinion.

Dr. THOMAS was decidedly in favour of its being encephaloid disease.

Dr. DYSON, whilst strongly inclined to this opinion, yet expressed it as his experience of such cases, that there was usually a much greater amount of enlargement of the superficial veins.

The PRESIDENT also regarded the case as one of probable cancer, but thought that possible hydronephrosis of the kidney must be borne in mind.

TUMOURS OF THE PONS VAROLII.

The PRESIDENT showed the brain of a man who had been under his care in the General Infirmary, Sheffield, the nature of whose disease he had correctly diagnosed during life, his opinion being confirmed by the post-mortem examination. [Notes of this case are promised for publication in a future number of the *Medical Press and Circular*, when there has been time to examine microscopically the nature of the tumours.]

SCIRRHUS OF THE LIVER IMPLICATING COMMON BILE DUCT, ETC.

Dr. THOMAS exhibited some morbid specimens from a patient who died at the Sheffield Public Hospital and Dispensary. These were, a scirrhous tumour in the left iliac fossa implicating a portion of the bowel; scirrhous of the peritoneum; scirrhous of the liver implicating the common duct. The lumbar glands, diaphragm and lower portion of the right lung, were also invaded by the same form of cancerous disease. Microscopical sections made by Dr. Sinclair White, of the Sheffield Public Hospital and Dispensary, showing the usual appearances of the disease, were exhibited.

Dr. THOMAS drew the attention of the members to the fact that palpation in this case afforded no aid in diagnosis, and also that the case showed that malignant disease extended by contiguity of structure, as it had evidently extended from the pleural surface of the diaphragm to the base of the right lung.

SCIRRHUS OF THE PYLORUS.

Mr. C. ATKIN showed for Mr. A. Jackson a specimen of scirrhous cancer of the pylorus.

MYOPIA IN SCHOOLS.

Mr. SIMON SNELL referred in the outset to the generally-accepted opinion as to the influence of school life on the causation of myopia. Passing to the subjects in hand, he mentioned the importance of any improvements that would keep the scholar's eyes at a good distance from his task. The ordinary slates in common use had for long been felt to be unsatisfactory, on account of the little contrast between their surfaces and the markings of the pencil, and which was rendered even less when the slate had become greasy. Allusion was made to the greater contrast of pen and ink marks on white paper, and to the experiments in schools at Zurich, under Professor Horner, where ink and paper were adopted in preference to slates. Cohn, of Breslau, had, however, devised white composition slates. An ordinary lead, or a specially used black pencil was employed. Other marks were easily erased. Specimens of these slates were shown, and their use recommended, and Mr. Snell stated that he had hopes that one large school in Sheffield would adopt them. Reference was briefly made also to the printing of school books, and to the very valuable and interesting articles in the *Annales d'Oculistique* some time since on the "Physiology of Reading," by Javal. This observer had made the important discovery that on reading the eye runs along the upper part of a line, and sees it more clearly than the lower half. Examples of printing illustrating this were shown, and the explanation by Javal was mentioned, as well as the hints this observer drew from this fact for the formation of type.

Mr. C. ATKIN read a paper on

GANGRENOUS ENTERITIS, WITH REMARKS ON ENTERECTOMY, which will be found on page 134.

Drs. MARTIN, DYSON, BALDWIN, THOMAS, Mr. B. WALKER, and the PRESIDENT made remarks on the subject, to which Mr. ATKIN replied. When doing so, he spoke strongly of the good effects of the subcutaneous injection of ether in 20-minim

doses in combating the tendency to death from shock after the operation of abdominal section. He has never seen abscess or other unpleasantness result from these injections.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 13, 1884.

THE PENALTY WE PAY FOR TYPHOID FEVER.

In a popular lecture, recently delivered, on "The Morals of the Drains," Dr. Crichton Browne endeavoured to enable his auditors to form some estimate of what typhoid fever really means to the country, and of the amount of death, disability, and expense for which it is annually responsible. "From the Reports of the Registrar-General," he said, "for the last year for which they are available, we find that typhoid fever caused 5,529 deaths in England, Scotland, and Wales. That is a large destruction of human life, far greater than what took place in the ranks of the allied armies at Waterloo, when the killed numbered 4,172, and what is more, it is an altogether wasteful destruction of human life. Those who fell on the plain near Brussels dragged down with them the power of Napoleon, and secured to Europe a long period of peace, but the victims of typhoid fever purchase nothing by their fate but sorrow and suffering to those who are left behind. Then Waterloo took place once for all, but the battle with typhoid fever is renewed year after year, and every circle of the sun sees upwards of 5,000 of our fellow countrymen struck down by the attacks of this ruthless invader. But to say that 5,529 persons were killed in one year in England, Scotland, and Wales by typhoid fever conveys as little idea of the

devastation wrought by that malady as the death-roll of a battle does of the horrors of a campaign. Pray bear in mind that these 5,529 victims of typhoid fever are not, as is the case with the victims of so many other diseases, feeble, worn out, and comparatively useless beings, but the flower of our population—for typhoid fever does not chiefly assail the very young, the very aged, or those who have been debilitated by sickness, poverty and trouble, and worsted in the struggle for life; but the adolescent, the vigorous, the robust, those who are entering on the conflict with high hopes and bounteous gifts, or who are at the zenith of their powers—young men and maidens, bread-winners, mothers of families, men of genius, those, in fact, who can least be spared. Unlike Pallida Mars, which Horace tells us—"æquo pulsat pede pauperum tabernas Regumque turres"—unlike Pallida Mars, typhoid fever exhibits a distinct preference for the dwellings of the affluent classes, and while it does not ignore those hovels and dens which are the favourite haunts of typhus fever, and from which such bitter cries ascend, it calls more frequently at the houses of the well-to-do, and the mansions of the rich. Like one of our colonies to which emigration is going on, it seems to say, "I want not your paupers, invalids, nor cripples, not the off-scourings of your cities and fields, the helpless and broken down, but I will take gladly your comely girls and strong limbed lads, your trained artisans, your men of muscle, of brain, and of capital!" And this being so, you can understand how serious is the drain on the best blood of the country that typhoid fever keeps up, and how the figures which I have quoted, as representing the annual mortality from it are significant of a far greater social calamity than would be indicated by a similar rate of mortality in most other diseases.

But, further than this, I must ask you to bear in mind that the mortality from typhoid fever is, in other senses, but an imperfect criterion of the havoc which it causes. We must count up the wounded as well as the killed, those who have been temporarily disabled by it, as well as those whom it has destroyed, and in attempting a computation of this kind, we must ascertain the rate of mortality amongst cases of typhoid fever. The most trustworthy statistics on this point guide to the conclusion that while the rate of mortality varies considerably at different times and in different places, and at different ages, it is generally about twenty per cent.; that is to say that of every five cases of typhoid fever one ends in death and four in recovery, and thus every fatal case represents five cases of the disease. We shall, therefore be within the mark if we say that there are in England, Scotland and Wales 27,600 cases of typhoid fever every year. Now, the average duration of a case of typhoid fever may be taken as three weeks, and we shall again be well within the mark if we add to this period another three weeks for convalescence. We have thus 27,600 persons withdrawn from productive labour for six weeks every year by typhoid fever. Now, if, on a low estimate considering the position of the classes principally affected by typhoid fever, we put the earnings of those who suffer from it at a pound a week each, and if we add to this the cost of attendance

upon them during the persistence of the fever, a period of three weeks at a pound a week, we shall find that this one disease is costing the country close on a quarter of a million of money annually, a sum which judiciously expended would before many years banish it from our island.

But we have not yet exhausted the penalties which we pay for typhoid fever. It is one of those diseases that is often followed by *sequelæ* or secondary disorders and that almost invariably leaves its mark upon the system. An eminent physician has remarked that a man cannot be said to have recovered fully from an attack of typhoid fever for five years. What he means is that long after all the symptoms of the disease have passed away there remain a certain constitutional weakness and incapacity for exertion which are not altogether removed for a series of years. And more obvious and unequivocal consequences than those comprised under general debility are constantly observed in its wake, including mental imbecility, which may last for a few months or be permanent; paralysis, deafness, blindness, exfoliation of bones, dyspepsia, and many other disorders which it would be tedious to enumerate. It may be received, however, as an established fact that a large amount of disease comes indirectly from typhoid fever, and that our hospitals and almshouses and lunatic asylums are recruited to some extent by those upon whom it has left its stamp and who but for its malignant and far-reaching influence would have been healthy and self-supporting men and women. We have no means of calculating the indirect damages caused by this great national pest, nor can we fathom the vast ocean of mental suffering for which it is responsible. Who can measure the anxieties of the watchers who stand through haggard days and dismal nights by the bedsides of those whom it has prostrated, while the issues of life and death tremble in the balance? Or who can adequately tell the tale of sorrow and privations in those homes that it leaves desolate? Could we all but realise the misery and loss and cost that typhoid fever entails on this highly-favoured land, and could we but grasp at the same time the truth that it is a preventable disease, no necessary part of the order of things, but the result of negligence and dirt, we should not rest until we had taken steps to limit its ravages, and of these steps one of the first should be to set our drains in order.

POISONOUS SNAKES AND THEIR VENOM.

In the paper read by Sir Joseph Fayrer at a recent meeting of the Medical Society of London, all that is known with regard to the effects of snake venom on living creatures, as well as the present aspect of treatment of the poisoned individual was fully and ably discussed. The importance of the subject is attested by the fact that in India, according to official statistics, the deaths by snake-bite amount to an average of 20,000 persons per annum, and by the further and very deplorable fact that, notwithstanding every means that has from time to time been tried as an antidote against the poison of these reptiles, death as surely follows the bite of a full-

grown and strong snake endowed with poison glands and fangs as it ever has done, even from the most ancient times recorded in history. In comparison with this fact all other relation to the study of *thanatophidia* are secondary in importance.

No doubt, a ready and convenient method of classifying Indian snakes is to divide them into viperiform and colubriform. The general aspect of a representative specimen of each of these is sufficiently characterised—i.e., to be at once recognised even by a non-scientific observer, and when it becomes practicable to examine the jaws of these reptiles, either during life or after death, the presence or absence of poison fangs supplies the very simple and conclusive diagnostic; there is also the easily remembered fact that all viperidæ are venomous. With regard to the colubriform, however, not only does the class comprise several kinds, the bite of any member of which is extremely venomous, as also several that are innocuous, but in general outward appearance the characters so closely resemble each other that, except perhaps a trained ophiologist, no one else coming suddenly—in the jungle or arid plain—upon a snake some six feet long and upwards, could at once determine whether it was an innocuous or venomous colubriform reptile. In order to extend knowledge on this point the Government of Madras, some years ago, sanctioned the publication of well-executed prints representing the several orders of snakes; these prints were circulated throughout the Presidency, but it is feared that the classes of natives most liable to be bitten by snakes benefit little, or not at all, thereby—namely, the Ryots, or agricultural labourers, and the poorer classes, generally, who live and sleep in fragile huts, the floor of which is level with the ground, or on low bedsteads called charpoys in the open air. It is usually said, and apparently with truth, that whereas in the fields the greater number of accidents occur from the Daboia, a member of the viperidæ, the majority of persons who are bitten during sleep are so by either the Cobra, or Bungarus (Krite). As a rule, the position of the bite is in a measure characteristic of the kind of snake inflicting the injury; the vipers scarcely raise the head when they bite, hence the majority of wounds inflicted by them are no higher up the limb than the dorsum of the foot, or the ankle; the elapidæ, on the other hand, raise the head considerably when they bite, the extent to which they are able to do so being equal to one-third of the length of the reptile. Fortunately, this habit of raising the head often affords a person a very ready means of averting the danger threatened, and destroying the animal, as the vertebrae are very readily broken when the creature is in its characteristic attitude of offence, by a smartly delivered horizontal blow with a stick or small cane. In the case of the terrible Hamadryad of Burmah, the “hill cobra” of the Madras Presidency, a reptile of full grown size, twelve feet in length, its head erect to the proportionate height already indicated, a good deal of resolution is required to stand and deliver the necessary blow. The latter snake, like its race in general, flees from man as a general rule; during the rainy season, however, that is, during their breeding season, it would appear that this rule is by no means

without its exceptions. The efficiency as a penetrating and injecting instrument of the poison fang is of three degrees of completeness increasing from the hydrophida through the elapidæ to the viperidæ in which it attains its most perfect condition for dealing death. The physical and chemical characters of the poison of different sub-divisions of venomous snakes vary, and so do also the physiological effects severally produced by them, although, in regard to each kind, the particular phenomena are similar in themselves throughout nearly the whole range of warm and cold-blooded animals, poisonous snakes alone excepted; in them, the poison, whether of themselves or individuals of the same or of altogether different genera and species, has no effect whatever. Geographical position, even in the same country, modifies the degree of virulence of snake-poison, and there is the further difference observed in phenomena caused by the same genus of venomous snake, according as to whether the reptile belongs to Asia, Africa, America, or Australia. The further peculiarity was noticed, that whereas the venom of some kinds of snakes, more especially the Crotaline, resists a temperature equal to that of boiling water, an exception to the rule occurs in member of the same order, namely, that of the *Crotalus adamanteus*, it seems to be destroyed by a temperature of 175° F. The poison of all kinds of thanatophidia appears to be destroyed when treated in the chemical laboratory with the various preparations of bromine, iodine, and permanganate of potass. In actual experiment, however, each and every such reagent has been powerless to arrest, or even modify, the power of snake poison when it has been fairly injected into the tissues of a living animal. Persons who have witnessed cases of snake bite in India are familiar with the difference between the effects of the Cobra poison and that of the Dabdia—in the former the coagulability of the blood remains; in the latter, it is destroyed, as indicated by the percolation of serum from the wound itself, and from mucous membranes of the individual bitten. Another remarkable circumstance connected with snake poisoning is, that venomous properties are by it communicated to the blood of the animal bitten, and that these properties become reproduced through a series of three successions of animals into which blood of this nature has been injected.

Among numerous other points of great importance brought out by Sir Joseph Fayrer are the facts that snake poison may be absorbed by mucous membranes and produce its effects; also that as a consequence, great danger attaches to the practice, so frequently recommended by writers on this subject, of applying the mouth to a snake wound and sucking the poison therefrom. Very grave doubts are also raised against the belief hitherto entertained that the poison is innocuous when received into the stomach. With regard to treatment, he observes that "there must be a quantity (of the poison), however small, which, though dangerous, is not of necessity fatal; and in such cases we may influence by treatment, and save life in some." Beyond this, neither he nor any other person practically acquainted with the subject holds out any hope whatever of an "antidote" against snake poison being found, and it is

well fully to recognise the conclusion thus arrived at after long continued investigation. The same conclusion has over and over again obtained confirmation. In the case of the great mass of the people in India most liable to be bitten by snakes, their innate apathy, added to their simple submission to *Kismet*, or faith, lead them to delay application for treatment until the time when treatment of any kind could possibly be of the slightest use, has long passed. When, therefore, we hear of recoveries having taken place, the true explanation lies in one of three circumstances—either the snake has been exhausted, or harmless, or it has bitten imperfectly. Whatever other differences there may be in results obtained by different investigators, there is unity of opinion that "the idea of finding a physiological antidote for snake poison is a Utopia."

ANTI-VIVISECTION AT OXFORD.

EVERY tolerant-minded graduate of the University of Oxford must have been exquisitely pained by the exhibition of virulent anti-scientific prejudice made in Convocation last week. The occasion selected for this outburst of feeling was that of confirming a grant for providing the sum of £10,000, to be spent in building and furnishing an appropriate working laboratory for the Waynfleet Professor of Physiology, Dr. Burdon Sanderson, F.R.S. Last summer, when the grant was first proposed, determined opposition was offered to it by a section of the University, and the majority of "placets" was at that time only three. Contrary to all expectation, the malcontents resolved to contest the vote when it came forward a second time, for confirmation, on the 5th inst.; and in order to ensure successful support secret information of the intention was circulated among non-resident members, that they might attend and reverse the previous decision. Fortunately, though at a late hour, information of this proceeding reached the Regius Professor of Physic, Dr. H. W. Acland, C.B., and he promptly acted on it to address a letter to the *Times*, exposing the whole conspiracy, and exhorting all who desired to witness progressive cultivation of science at Oxford to rally in defence of their principles. The result was a crushing defeat of the anti-progressionists, the votes being, for the grant, 188; against, 149.

This bare statement of facts might have been sufficient description of the incident, were it not for the miserable and underhand way in which attempts were made to coerce opinion to be adverse to the object in view; for the opponents of the scheme did not hesitate to call to their assistance the most disgraceful means of influencing the passion of bigots in favour of their pretensions. Together with the notices of the meeting, circulars descriptive of imaginary horrors committed by physiologists in pursuit of knowledge were freely distributed to known supporters of the opposition; and most unworthy attempts, not stopping short even at deliberate falsehood, were made in these productions to arouse a bitter feeling of resentment against the scientific party in the University. It is a peculiarly unhappy feature of the controversy, too, that so prominent an

official as the Bodleian librarian should have the reputation of being an active promoter of the propaganda, for this gentleman is openly spoken of as occupying this unenviable position. Indeed, the whole of the circumstances surrounding the incident are of a most ungrateful kind; and not least of all is it to be deplored that eminent scientific worthies like Dr. Burdon Sanderson should be subjected to floods of abuse at the hands of educated and otherwise honourable men, who would blush to act in private in the way they scruple not to do in the arena of University discussion. Few speeches more grossly intolerant and unjust have ever been pronounced than that in which the grant was opposed by the champion of anti-vivisection, who led the attack on this occasion; and in marked contrast to this were the calm and dignified utterances of Professors Acland and Burdon Sanderson, and of Dr. Liddell, Dean of Christ Church. The outspoken remonstrances of the latter were most appropriate and well-timed, and will, we trust have the effect of shaming the agitators into a future silence of long duration.

The outcome of the contest is an unqualified triumph for the cause of advance. Physiology, long cramped for want of space and due provision for its study, will now assume under Dr. Burdon Sanderson's energetic direction, that position at Oxford which at Cambridge has long been assigned to it. Such a result is one of the first towards restoring to their *alma mater* that proud pre-eminence in learning and research so ardently desired by every scientific member of the University of Oxford; and while congratulating themselves on the unqualified expression they have given to their aspirations they may well be content to await the development of those schemes for improvement which the grant now obtained will enable to be carried to completion.

Notes on Current Topics.

The London Hospital.

THE receiving-room of the London Hospital has recently been further furnished by the addition to it of a handsome case of polished pine, containing a complete selection of antidotes and remedies for immediate use in cases of poisoning. This consists of two portions, a cupboard with doors of bevelled plate glass, on the shelves of which reagents and drugs in liquid form are arranged; and beneath it a series of compartments shut by a drop lid, containing the other remedies demanded in emergencies. The exigencies of space have unfortunately compelled the cupboard to be fixed in a position where it is somewhat inconvenient to reach, but nevertheless it will probably be found a valuable acquisition by the resident staff in those frequent cases of accidental or intentional poisoning with which they have so often to deal in the discharge of their duties. Another improvement is the provision of a complete set of apparatus and reagents required for the testing of contents of the stomach and viscera, an important, but too often neglected, precaution in poisoning cases. This case will now be immediately available to house-surgeons and physicians, and should

be found of much service to them in simplifying and supplementing the evidence they may be called upon to give on such occasions as may arise to require it.

More about Kairin.

ALTHOUGH this drug is now being used more and more in this country, and many medical men have already made observations on it, some of which we may soon expect to see published, it is still from Germany that the greater part of our information regarding it comes. The readers of this journal for the last fifteen or sixteen months must be aware that it has already proved itself a certain, powerful, and safe antipyretic, but that its action varies somewhat in different individuals, and that in consequence, the proper dose for each person has to be ascertained by observation.

Dr. Guttman reports in the *Berliner Klinische Wochenschrift* that he has employed it in eighty-six different cases, that patients complained of the taste very much, so much so, that it had to be given in wafer paper or some such vehicle. In doses of 7 to 15 grains, he says, temperature was speedily reduced, and in many cases was normal $4\frac{1}{2}$ hours afterwards. The reduction of temperature is accompanied by profuse sweating. Sometimes vomiting was produced, ringing in the ears but rarely.

The rigor with which the rise of temperature is accompanied in some cases is proportionate to the degree of previous artificial reduction. The action of the drug is not diminished by use. The course of the disease is not in the least altered by the exhibition of the medicine.

Cohn and Zadek report in the *Deutsche Med. Wochenschrift* that kairin always succeeded in reducing febrile temperature, but they were not able to keep the temperature always low in continued pyrexia, nor did they succeed in remittent fever in preventing the exacerbation by giving the drug simultaneously with the commencing rise and repeating the dose hourly. In intermittent fever, and especially in the malarial form, even large doses did not cut short the attack.

Menche cannot recommend the drug in phthisis, typhus, or pneumonia, as collapse is sometimes observed as a consequence of its administration in the two latter affections. The results are more favourable in acute rheumatism. He thinks it may take the place of salicylate of soda in this affection.

Korach (*Deutsche Med. Zeitung*) would not recommend kairin in either typhus or pneumonia, as he observed marked collapses after its employment. He concedes, however, that it is one of the most certain antipyretics, but thinks it only suitable for hospital practice, as its concurrent effects require that the patient should be constantly watched, and the temperature taken every hour or two.

The Kildare County Infirmary.

THE presentment for the maintenance of the Kildare County Infirmary was—we are glad to say—carried last week by a majority of twenty to nine. This is the more gratifying, as nearly a successful attempt had been made last year by a section of the ratepayers to withdraw the grant and thus starve the institution out of existence.

Medical Reform.

WE have reason to know that the Medical Bill will be laid on the table of the House of Lords within a few days and will be sent down to the Commons at the very earliest moment that it can be got through its stages in the Upper House. Meanwhile, we believe that the Irish Colleges have made a move towards combined action to obtain amendments, and that it is not unlikely that the understanding which was effected last year between them and the Scotch corporations for mutual defence against the aggressiveness of the universities will be renewed. On the other hand the Royal Irish University has appointed a committee consisting of the Presidents of the Belfast and Cork Queen's Colleges with Drs. Banks and MacAlister to join hands with the delegates of Dublin University for combined action.

We greatly regret to observe these signs of approaching battle over the Bill, especially as we believe that the *casus belli* might be adjusted by a brief conference between Colleges and Universities in a conciliatory spirit. We are still more disappointed at the attitude which some of the enemies of reform in Ireland seem disposed to adopt, an attitude which, considering the obvious determination of the Government to pass the Bill against every opposition, seems to us as unwise as it is unjustified by the terms of the measure. A requisition has been presented to the President of the Irish College of Surgeons for a meeting of the College, and the object is believed to be opposition to the Bill, but, as the requisition is signed by Fellows all resident within one Irish county and probably not fully acquainted with the nature of the Bill, we have every hope that explanation will satisfy them that it is in the interest neither of the College nor of the profession to assume a hostile attitude. It is our firm opinion that if the licensing bodies are reasonable and practicable in their demands, they will be granted any concession consistent with the principles of the Bill, that any proposition—such as the ridiculous Huxley dogma—inconsistent therewith will not be even considered by Government, and that a policy of unyielding antagonism to the reform will simply end in the Colleges being put under foot and losing everything.

A New Departure in Medical Journalism.

OUR American contemporary, *The Medical News*, has, in its issue for January 26, essayed a new departure in professional journalism by admitting to its editorial columns a humorous article that would scarcely discredit the funniest of funny papers. The subject of this effusion is "Shortening the Duration of Pregnancy," and various reasons are given for interfering with the provisions of nature by robbing the growing fœtus of its last two months of intra-uterine existence. Droll and amusing as these arguments probably are, we fail just yet to see their appropriateness in a presumably scientific newspaper, the more especially as Americans of our acquaintance do not exhibit when "on travel" any remarkable evidence of being able to "spot a joke," without some clue. We fear, too, that a good many readers of the *News* will fail to supply for themselves the natural answer to our contemporary's query, why women carry children for a stated period the same in all normal

cases. The reason has been supposed on theoretical grounds to reside in an inherited proclivity, the absolute nature of which is maintained by the little probability of immature children surviving sufficiently long to become mothers themselves. The *News* makes various suggestions for hastening parturition, any one of which might with equal appropriateness have been left to the imagination of the speculative to conceive. As we have remarked, the article is funny, and "nothing more."

The Examiners of the Royal College of Surgeons, Edinburgh.

IN consequence of exception being taken to some recent remarks of ours on the protracted tenure of office by the examiners of the Royal College of Surgeons of Edinburgh, we have carefully prepared the following table from the Medical Directories for the last twenty years. It will be seen that of the twelve present examiners, six have held office for periods varying from thirteen to twenty years. Of the other six, three have been examiners for from six to eight years. Of the five examiners elected during the last twenty years, whose names do not appear in this list, three have resigned on becoming professors in Edinburgh and Aberdeen, one on election to the post of extra-mural examiner in the University, and the last on leaving Edinburgh, for we do not find his name in the Directory for 1884. One who resigned in 1882 from, we believe, increasing age, was eighteen years, and the other who died in 1881 seventeen years, an examiner, and a third had been fourteen years when he resigned. We have thus accounted for the vacancies on the life roll. We are, of course, aware that the form of re-election is gone through annually, but those best acquainted with the College know that this is purely a formal matter, as we think this table fairly testifies:—

Name.	Date of Election.	Died.	Re-signed.	Period of Office.
Archibald Inglis ...	1864	...	1882	18 years.
Peter D. Handyside ...	1864	1881	...	17 "
James D. Gillespie...	1864	...	...	20 "
Henry D. Littlejohn ...	1865	...	...	19 "
Patrick H. Watson...	1865	...	...	19 "
David Wilson ...	1866	...	...	18 "
John Smith...	1868	...	...	16 "
Argyll Robertson ...	1868	...	1882	14 "
Joseph Bell...	1871	...	...	13 "
John Duncan ...	1876	...	...	8 "
R. J. Blair Cunyngnam ...	1876	...	...	8 "
Alexander G. Miller ...	1878	...	...	6 "
Johnston Symington ...	1882	...	...	2 "
Peter H. Maclaren...	1882	...	...	2 "
F. Cadell ...	1883	...	...	1 "

IN the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follow:—Bombay 26, Paris 25, Geneva 25, Brussels 24, Amsterdam 31, Rotterdam 27, The Hague 21, Copenhagen 23, Stockholm 25, Christiania 16, St. Petersburg 37, Berlin 24, Hamburg 24, Dresden 26, Breslau 30, Munich 29, Vienna 26, Prague 35, Buda-Pesth 26, Venice 27, Lisbon 37, New York 23, Brooklyn 22, Philadelphia 22, and Baltimore 24.

The French Crusade against American Bacon.

DR. PAMETIER, Director of the Natural History Museum at Rouen, has communicated to the Paris Academy a series of twenty experiments made by him for the purpose of ascertaining the transmissibility of trichinæ from pork to living animals. The pork which he experimented with contained eight or ten trichinæ to each cubic millimetre all alive, and he caused it to be eaten uncooked by twenty rabbits and rats. In not one of the animals did he find any depreciation in health whatever, and, having killed them, he found their muscles entirely free from the trichinæ which, on opening the cysts, were found to be dead. He concludes that in these instances the ingestion of the trichinous meat was entirely harmless, but he proposes to repeat the experiments under other conditions, in order to avoid the possibility of error.

The Irish College of Surgeons and the Medical Bill.

A REQUISITION has been presented to the President of the College to convene a meeting of the Fellows, to consider the provisions of the Medical Act Amendment Bill, and its probable effect on the College should the said Bill become law. The requisition is signed by the following Fellows:—James Molony, Edward O'Kelly Nolan, Daniel Molony, Thomas Foley Brew, Robert Barry, Maurice D. O'Connell, Francis W. O'Connor, Thomas Darby, Thomas S. Whistler, Michael J. Malone, Zacharia Johnston, Francis J. O'Reilly, David Hadden, James F. Pollock, Robert M. Tagert, William D. Hemphill, Abraham Kidd, J. Bellew Kelly. The meeting will be held on Friday next, February the 15th, at one o'clock precisely.

Dental Diplomas sine Curriculo.

WE regret to learn that the Council of the Irish College of Surgeons has decided to keep the portals of that institution open for admitting to the Licence in Dentistry persons who do not make any pretence of having learned their profession. The College, it will be recollected, availed itself of the passing of the Dental Act to establish a "year of grace"—as that period of laxity is called—during which diplomas can be had by all comers who choose to pay for them and pass a nominal examination. That year has long since expired, but the College, having tasted the sweets of unlimited diploma-granting, did not hesitate to violate its engagement with the General Medical Council that it would cease admitting uneducated persons, but has since continued, and avows its determination to continue, the issue of its licences to such persons as long as one man of the 4,000 hairdressers, tobaccoonists, and druggists' boys remains on the Dental Register who is willing to pay for the honour (!) The College would probably say that, in restricting its diplomas to those on the Dental Register, it sufficiently guards its own dignity; but we all know that the presence of a candidate's name on that list would be generally accepted by respectable dental surgeons as *prima facie* proof that the registrée is not either socially respectable or decently educated. But even if these *sine curriculo* candidates were

of the class likely to do credit to the College, we should object to the traffic with them for dental diplomas, for the continuance of that traffic is a clear admission by the College that it does not regard education or antecedents as essential qualifications to obtain its licences. We believe that a sort of form is gone through by the College of receiving testimonials of character from each candidate, and taking from him an undertaking not to advertise, but as we are aware that many of the licentiates have unhesitatingly broken, and continue to break, the latter undertaking, and as it is obviously impossible that the College can have the least knowledge of either the testimonialised or the testimonialisers, we look upon this process as a sham and a cover for the subsequent grant of a diploma. It is our deliberate opinion that the Irish College of Surgeons has been disgraced by this traffic.

The Parkes Museum.

CAPTAIN GALTON, C.B., F.R.S., presided at the opening of the spring session at the Parkes Museum on Thursday, January 31st, when Mr. H. A. Darbishire, F.R.I.B.A., read a paper on "Artisans' and Labourers' Dwellings." Mr. M. H. Judge, A.R.I.B.A., a Director of the Artisans', Labourers', and General Dwellings Company, proposed the following resolution, viz.:—"That the Council of the Parkes Museum be requested to appoint a Special Committee of medical men, architects, and engineers to inquire into, and report on, the condition of the dwellings of the poor." Mr. H. Rutherford, member of the council of the Sanitary Assurance Association, seconded the resolution, which was passed after some further discussion, in which Dr. G. V. Poore, Vice-Chairman of the Parkes Museum, referred to the overcrowding existing among the residents of Soho, where the dwellings of the wealthy of a century ago were now occupied by the poor.

At a meeting of the Royal Society of London, recently, five foreign Honorary Fellows were elected, among the number being Professor Rudolf Virchow.

THE Scotch Universities Bill will be reintroduced at an early date. The provision relating to the Chairs of Theology will, it is expected, be retained, but the clause pointing to the possible extinction of St. Andrew's University will be modified, or dropped altogether.

IN view of the probable resumption of naval operations in Egypt, the following appointments have been gazetted:—Staff-Surgeons: James H. Martin, to the *Euryalus*, and William B. Drew, to the *Alexandra*; and Surgeons: Michael J. McCarthy and Nicholas C. Ross, to the *Alexandra*, for service with the Marines in Egypt.

DR. CAMERON has secured the 30th of April for the second reading of his bill in the House of Commons regulating cremations. The bill has for its object the strict supervision and regulation of all crematoriums, public or private, which may be established in the country. At present cremations may take place, as they are not forbidden by law.

Vivisection in Germany.

THIS subject was again debated in the Prussian House of Representatives on the 29th ult., the Cultusminister taking the same ground as on previous occasions, viz., against limitation of vivisection by the State. As we reported in a former issue, the various Universities were required to send in for the guidance of the Government their views on the subject, and as will have been expected, these were not in favour of limitation. The Minister leaves it to Science to draw its own boundaries, and to say how far research by experiment is necessary. Applying to one celebrated Professor of Physiology for information, the gentleman gave his answer in a sufficiently concise and *striking* manner. Taking up the last edition of Hermann's "Handbook of Physiology," he struck his pen through all those parts of the work that were based on experimental research or in any way indebted to it. The result was that not more than one-fourth of the book remained uninjured! The lesson was not taught in vain, and the important result given above may be due in great measure to the great aptitude for teaching thus shown by the distinguished professor. Have we no professors who can teach, or are our legislators and ministers above being taught?

THE deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 20.5 per 1,000 of their aggregate population. The death-rates in the several towns were:—Derby, Cardiff 13; Leicester 14; Birkenhead, Norwich 16; Huddersfield, Hull, Preston, Halifax 17; Bradford, Bristol 18; Liverpool, Blackburn, Plymouth, Salford 19; Sheffield, Nottingham, London, Birmingham 20; Bolton, Portsmouth 21; Edinburgh 22; Glasgow, Brighton, Wolverhampton, Manchester 23; Newcastle-on-Tyne, Leeds 24; Sunderland 25; Oldham 28; Dublin 29.

THE highest annual death-rates last week in the large towns from diseases of the zymotic class were—From whooping-cough, 3.4 in Bolton, 1.4 in Manchester and in Newcastle-upon-Tyne, and 1.1 in London; from scarlet fever, 4.5 in Leeds and 1.9 in Sheffield; and from measles, 1.9 in Salford and 1.2 in Derby. The 40 deaths from diphtheria included 23 in London, 3 in Leeds, 3 in Hull, and 2 each in Dublin, Glasgow, and Birmingham. Small-pox caused 7 deaths in Birmingham, 3 in Liverpool, 2 in Sunderland, 1 in London, and 1 in Wolverhampton.

THE extent and readiness with which the trade in poisons is carried on in England may be judged by perusal of the report of an inquest held last week at Worcester, from which it appeared that a local chemist had sold without hesitation sixpennyworth of prussic acid to a woman whose name he did not know, who was not introduced by anyone (as required by the Act), and who stated at the time that she did not know the drug was poisonous. The chemist admitted that he knew of no purpose to which the acid could be put except for poison; and the woman did straightway poison herself and her child. Nevertheless the chemist escaped without even a censure.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

"THOUGHT-READING" IN GLASGOW.—The latest phase of "scientific" humbug with which poor Scotland has been afflicted is that species of jugglery termed, in a very misleading fashion, "thought-reading," and which seems to possess a special fascination for certain Scotch professors. On Thursday week that well-known medium, Mr. Stuart Cumberland, who must by this time have practised what he is pleased to term his "art" with most profitable pecuniary results to himself, gave a *séance* at the George Hotel, Glasgow. Among the audience were seen Drs. Simpson, Yellowlees, Smith, and Wolfe, but these proved very bad media for Mr. Cumberland. Before proceeding with his illustrations, Mr. Cumberland said his object was to show as clearly as possible certain phases of so-called thought-reading. He made no pretence of reading mental pictures, because he did not think it was possible to see into the mind of any man. If, however, any person thought upon a given object, and concentrated his attention upon it, it was possible for a person with a very keen sense of perception to interpret that man's ideas. After one or two unsuccessful attempts the medium requested Professor Simpson to hide a pin, and Dr. Munro an article of value. Mr. Cumberland left the room, and returning took Prof. Simpson's hand, but failed to find the pin, which was hid in the back of his necktie. Remarking that doctors were bad subjects, and complaining of weariness and of the intense heat of the room, Mr. Cumberland took the hand of Dr. Smith, and placing it to his brow, carefully searched the chair, sofa, carpet, and other articles in the room, but had to give up the search. Taking Dr. Munro's hand, Mr. Cumberland then went almost direct to the sideboard, lifted an ornament, opened a book which lay under it, and took out the coin. The next medium was Dr. Marshall Lang, with whom Mr. Cumberland without much difficulty found the place in the edge of the carpet at the door, where a pin had been hidden, but which had somehow slipped below the carpet. The next experiment was one of a different character, viz.—to remove a certain article, thought upon, from one part of the room to another: with the Rev. Dr. Lang as the medium Mr. Cumberland with little hesitation removed a brush from a peg beside the mantelpiece and laid it on the sideboard. Again Mr. Cumberland tried the medical men, but though he remained some time in the neighbourhood of a tumbler of seltzer water, he failed to discover that it was the object on which Dr. Yellowlees had concentrated his thoughts. With Professor Simpson he was equally unsuccessful. Both these gentlemen assured Mr. Cumberland that, while giving him no facilities to find the object, they had done nothing wilfully to hinder the search. We can well understand the interest of Dr. Yellowlees in such a subject, and if his presence with the other members of the profession at this *séance* shall have contributed to the exposure of an imposture some good may result therefrom.

THE EXAMINERSHIP ON FORENSIC MEDICINE IN THE UNIVERSITY OF EDINBURGH.—We congratulate Dr. Littlejohn on his appointment of Examiner in the University after so many years of neglect, and we are gratified that our continued advocacy of the claims of the Extra-Mural School have at last borne good fruit. Dr. Littlejohn is, we believe with one exception, the only lecturer in the Extra-Mural School who has been appointed to examine on the same subject as the one on which he lectures.

AMBULANCE WORK.—On Saturday, the 2nd inst, Dr

Beaton, Glasgow, delivered a lecture in the Free Assembly Hall, Edinburgh, on City Ambulance Work, and the desirability of establishing ambulance classes. Bailie Clark presided over a very large audience. The lecturer began by pointing to the great number of accidents which daily occurred in crowded cities; how the greater proportion of them were wholly unforeseen; and how many of them terminated fatally, or how many of them became much more serious than they might have been, simply from a want of knowledge of proper immediate treatment on the part of those who first came into contact with the person or persons injured. He urged the establishment in Edinburgh of an ambulance association, such as the St. Andrew's Ambulance Association of Glasgow, and of well organised ambulance classes, in which people might be thoroughly trained to treat accidents as they occurred. The lecture was illustrated by diagrams. An attendant at the Glasgow ambulance office, and a number of pupils who were present, went through several exercises, with the view of showing how persons should be at once treated who receive such accidents as are of almost everyday occurrence, and how materials lying about can, with method and knowledge of the subject, be utilised in alleviating pain or in removing the patient to the care of the surgeon. The lecturer was frequently applauded, and at the close, on the motion of the Chairman, received a vote of thanks.

THE SANITARY CONDITION OF BAKEHOUSES.—The Board of Supervision have issued an order calling the attention of Local Authorities to certain provisions in the Factory and Workshops Act, 1883, which came into operation on the 1st January. The Act provides for the inspection of bakehouses by inspectors under Local Authorities, and for the infliction of penalties for letting or using as bakehouses premises the sanitary condition of which do not comply with the requirements of the Act. As respects retail bakehouses, the provisions of this Act, and of the sections of the Factory and Workshops Act, 1878, which relate to cleanliness, ventilation, overcrowding, and other sanitary conditions, shall be enforced by Local Authorities; and for the purposes of this section medical officers of health of Local Authorities shall have all such powers of entry, inspection, and of prosecution as an inspector under the Act of 1878. "The Board," it is added, "are of opinion that it will be necessary for the due enforcement of the Act that the Local Authority should instruct their medical officer, either personally or by an authorised assistant, to visit and report on the various bakehouses within the district of the Local Authority. The Local Authority will thus be in a position to take the proper steps for securing that the provisions of the Act are systematically and efficiently enforced."

EDINBURGH ROYAL HOSPITAL FOR SICK CHILDREN.—The directors of this hospital, at their meeting on the 4th inst., elected Dr. John Playfair to be one of the ordinary physicians, in room of Dr. James Dunsmuir, jun., whose term of office has expired. The directors are to meet on the 25th inst. to appoint an extra physician to the vacancy caused by Dr. Playfair's promotion.

GLASGOW.—RELIEF OF INCURABLES.—The ninth general annual meeting of contributors to the funds of the Association for the Relief of Incurables for Glasgow and the West of Scotland took place last week. Lord Provost M'Onie presided. The report, which was read, showed that of the 74 patients in the home during the year, 8 had died and 4 were removed by friends. Of 189 outdoor pensioners, 28 had died, 3 were struck off the roll, and 1 went to the poorhouse. Since its formation in 1875 the Association had assisted as out-patients

493 incurably afflicted sufferers with pensions averaging about 10s. monthly, while 168 had been admitted to the home. For last year the income amounted to £3,851 3s. 11½d., besides several legacies, added to capital, the expenditure being £3,858 16s. 10d. The report and abstract of accounts were adopted, and the retiring directors were re-elected.

AUSTRIA AND THE EDINBURGH UNIVERSITY TRICENTENARY.—The Senate of the University of Vienna, in reply to an invitation from the University of Edinburgh to attend the forthcoming tricentenary celebration, has decided to send a complimentary address on the occasion.

GLASGOW UNIVERSITY MEDICAL BALL.—The annual ball of the students attending the Medical Faculty of this University took place on the 6th inst., in the Queen's Rooms. The ball was the most successful of any held under the same auspices, the attendance numbering over 350. Several of the University professors and other medical friends attended.

AYR.—LEGACY TO THE COUNTY HOSPITAL.—It is stated that the late Mrs. Dixon, of Belleisle, has left £1,000 to the Ayr Hospital. A few weeks previous to her death Mrs. Dixon sent a cheque for £500 to the same institution.

SCOTCH VITAL STATISTICS.—From the official returns of the Registrar-General, we learn that the death-rate in the eight principal towns during the week ending with Saturday, February 2nd, was 22·4 per 1,000 of estimated population. This rate is 3·9 below that for the corresponding week of last year, but 2·3 above that for the previous week of the present year. The lowest mortality was recorded in Dundee, viz., 16·3 per 1,000; and the highest in Aberdeen, viz., 27·6 per 1,000. The mortality from the seven most familiar zymotic diseases was at the rate of 2·8 per 1,000, being 0·3 below the rate for last week. Acute diseases of the chest caused 111 deaths, being 20 above the number recorded during the previous week.

HEALTH OF EDINBURGH.—The mortality in Edinburgh for the week ending with Saturday, the 2nd inst., was 102, and the death-rate 22 per 1,000. Diseases of the chest accounted for 50 deaths, and zymotic causes for 13, of which 2 were due to fever, 3 to scarlatina, and 5 to measles.

THE PROFESSORSHIP OF BOTANY IN THE UNIVERSITY OF GLASGOW.—By the appointment on Friday last of Professor Isaac Bayley Balfour, F.R.S.E., to the Sherardian Professorship of Botany in the University of Oxford, the Regius Professorship of Botany in the University of Glasgow became vacant. Professor Balfour was, in 1879, appointed Crown Professor of Botany in the University of Glasgow, and gained First Class Honours in Botany, and has had practical direction of the Glasgow Botanic Garden and Herbarium. He was in 1874 appointed by the Royal Society Botanist and Geologist to the Transit Expedition of Rodrigues, and in 1880 made a scientific exploration of the Island of Socotra. A Fellowship of Magdalen College is now attached to the Professorship, and the combined emoluments of the office will be £500 a year, with residence and other privileges.

Correspondence.

THE SCOTCH CORPORATIONS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The attention of the Royal College of Surgeons of Edinburgh has been directed to a leading article in the columns of your journal of 16th ult., under the head of "The Scotch Corporations and Impending Legislation." In that article it is stated that "The examinations of the corporations

are conducted in a most secret manner, and it is only by stealth that the questions set at the written part of the examinations are made public. Certain persons are it is true appointed as Assessors, but these are carefully selected by the Corporations themselves and not by the Government; and we have no record of their being ever present at any of the examinations. At present also some of the examiners are elected for life; some have been in possession of the post for twenty or more years. This state of matters is neither fair to the student nor of advantage to the profession, and it is absurd that candidates should be taught the principles of modern medical science and examined by men whose generation has ceased to exist except in a more or less fossilised condition."

The plural number being used throughout the article, this College is presumably included in your strictures, and I have to point out to you that so far as regards it, the article above quoted contains statements contrary to fact. For example, the statement that "At present also some of the examiners are elected for life," is unfounded, and on behalf of this College I have to call upon you in the next impression of your journal to withdraw the statement.

The writer of the article referred to does not appear to understand the position or function of the Assessors here, but I do not think it necessary to explain the duties of the various office-bearers, which are well enough known to all having any interest. It is surprising that you should have made such a statement in view of the fact that for many years past I have regularly forwarded to you an annual advertisement of the election of the whole of the office-bearers of the College, which has been as regularly inserted in your journal.

The further allegation contained in your article in the following terms, "To procure candidates, and to invest the fees obtained from them in sound securities has been, and is, the one idea which permeates the whole life of the Scotch Corporations" is simply a slander, which will do more injury to the party making it than to those against whom it is directed.

At page 59 of the same number of the journal there are certain editorial remarks annexed to a letter by Dr. George H. Kidd. In these remarks you say, "We know in fact, that the Irish student does not go to Scotland to seek a double diploma, and therefore that he would not be enticed to remain at home if one were provided for him in Dublin. He goes to Scotland to seek a Licensing Body who will take him on a two year curriculum, three years under the old system, and four years' under the new system being the least times within which he can qualify in the Irish Colleges. As long as this difference of the indispensable period of study remains, so long will the Irish student go to Scotland. He does not want to save a few pounds in the diploma fee, or to get rid of a redundancy of examinations, but to save a year's residence at the Dublin schools, and a year's delay in entering practice." The sentence now quoted betrays ignorance on the part of the writer of the requirements of the Scotch Corporations. These Corporations require a four years' curriculum (not two years), as represented in the remarks. This ignorance seems quite inexcusable when it is kept in mind that the Regulations of these Corporations showing their requirements have long been regularly sent to you, in common with the other London medical journals, for insertion in the Students' Numbers of these journals. In particular I may refer you to the Students' Number of your paper of 19th September last, page 258, where in an abstract of the Regulations of this College under the head of "Professional Study" you gave the information that "Candidates must have been engaged during four years after the Preliminary examination in general education in professional study which shall include not less than four winter sessions, or three winter and two summers' attendance at a recognised medical school."

I think you will agree with me that in these circumstances it was highly culpable to publish in your journal a statement so inaccurate and misleading, and which is calculated to give the impression that the writer was not disinclined to make depreciating remarks regarding the Scotch Corporations.

In the next page of the number of your Journal of the 16th ult. there is a letter signed "H. Aubrey Husband," dated 12th ult., in which the writer, after disclaiming admiration for any of the Corporations, informs your readers that "in Edinburgh grinding is not absolutely necessary, although it is as well to know the views of men who for the last twenty years have annually elected themselves as examiners, and will continue to do till death stops the process. The Edinburgh College is not immaculate, but its sins are not greater than other Corporations, which perhaps is not saying much, but

still it is something, and it is only fair that in the coming struggle justice should be dealt to those venerable, but now apparently unnecessary institutions." This I presume is the statement of a gentleman who is known here, and I must express surprise that with the knowledge which he cannot fail to have of the facts as regards election of examiners here, he should have made that statement which is entirely misleading. There is no self-election of examiners in this College. The following is the law on the subject:—"At the same meeting" (the annual meeting specially called for the purpose) "each Fellow present shall give a signed list to the secretary containing the names of twelve Fellows for performing the duties of examiners for the ensuing year; all of whom must have been Fellows of the College for the space of one year. At the same meeting a committee of two Fellows shall be named to examine the lists along with the Secretary, and the twelve Fellows who are found to have the greatest number of votes shall be reported to the meeting, when they shall be declared examiners for the ensuing year."

I have to request you to publish this letter, or at all events in your next issue make the necessary corrections upon the statements now objected to.

I am, &c.,

JAMES ROBERTSON,
Clerk of the College.

[WITH regard to our remarks on the secrecy of the examinations, we may state that every candidate is required to give up the questions set, and this has been rendered necessary by the fact that the papers have been, till only recently, used over and over again at the examinations. If a request be made for a copy of the previous questions the application is refused, except in the case of the Glasgow Faculty. The table which we publish in another column of the tenure of office of the examiners of the Royal College of Surgeons is, we hope, a sufficient answer to the objections taken to our remarks and those of our correspondent. We have no doubt that the election is nominally annual, but from our investigations it appears to be virtually for life. We believe that none of the Corporations are free from the influence of cliques, a remark which does not apply in the case of the Edinburgh College of Surgeons more than to other bodies. If, however, the returns of the election of examiners at this College be taken, it will be seen that vacancies have only been filled up by the death or resignation of the examiners, those last elected being placed at the end of the list and moving up as those in front of them were removed in the manner indicated.

With regard to the one idea of the Scotch Corporations, we regret to have omitted that of throwing every obstacle in the way of the Government towards legitimate medical reform (deplored by Sir Lyon Playfair in our last issue, page 126), and now hasten to make the correction. We believe that for this purpose the Scotch Corporations spent last session between £1,600 and £2,000, and are prepared to repeat the expenditure.

With reference to the objection taken to our reply to Dr. Kidd, we may remark that we are fully aware that the Scotch Colleges, in common with almost all other licensing bodies, require by their official regulations that the candidate shall have been engaged for four years in medical study; but we are also aware that—not more, perhaps, in Scotland than elsewhere—that requirement is systematically evaded by the student, and that, to a certain extent, the defined period of medical study is a sham. We all know that a certificate of pupillage with a practitioner—which can be readily obtained by any student—stands with most licensing bodies for one of the four years, and that credit for one other year is easily obtained by a shuffle of certificates, of which we must suppose the Colleges are unconscious. The only *bona fide* period of study is, speaking generally, that which is spent in a school; and as the Scotch Colleges only require such certificates as can be obtained in two school years, we assert that two years is, in many instances the true period of study of their candidates.

nyone looking to the regulations of the Edinburgh College of Surgeons, will observe that the maximum extent of any course is twenty-four months, and furthermore, that the sequence of study extending over four years is "recommended as a guide to the student, though not enjoined."

As a matter of fact it is notorious that numbers of Irish students who had obtained the two years' certificates necessary for the Scotch colleges, but insufficient for the Irish colleges, did—and so far as we know—do resort to the former, and obtain their licenses in respect of that period of study, because they thereby avoid the third certificate in certain subjects required by the Irish Colleges.

We commend to the perusal of the Scotch colleges the evidence before the Royal Commission of Mr. W. Stoker of Dublin, (pages 269-274) from which we cull two excerpts—

Question 5,147.—Is there much variation in the time recognised by various licensing bodies in order to obtain degrees?—Very great variation. Some licenses are obtainable in a minimum time of two years and five months. In some the Medical Council's suggestion of four years is, I believe, rigidly carried out. The ideal time in most of them is four years. I say "ideal" because in some cases the modes recognised as the commencement of medical work are so numerous and elastic under slight strain as to be practically valueless.

Question 5,219.—Are we to understand that one great reason for students going to Scotland is because the curriculum of the Scottish corporations closely approximates to that of the Queen's Colleges?—Yes.

Question 5,220.—And that, therefore, a course of study pursued in the Queen's Colleges fits a man for examination at the Scottish corporations where it does not fit him for examination before the Irish College of Surgeons?—Yes.—*Ed.]*

MEDICAL ACT AMENDMENT BILL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Now that we are informed it is the intention of the Government to re-introduce the Bill of last Session, and if possible, push it forward to enactment, it behoves us to carefully examine its tendency and bearing, and as after a very careful examination of its clauses, I have formed a most unfavourable opinion of the Bill, I feel bound to express that opinion, and to explain my reasons for holding it.

It appears to me that the enactment of such a measure would be destructive to the Colleges of Physicians and Surgeons in Ireland, institutions, a large proportion of which are acknowledged to have done their work "wisely and well," showing "a praiseworthy readiness to introduce improvements in their examinations, whether originated by themselves or suggested by the General Medical Council," and under whose fostering care "the educated medical body of the United Kingdom is a better educated medical body as a whole than any that exists in the world."

I believe that any measure that would destroy institutions so working would be injurious to the public welfare, and to the best interests of the community at large.

It appears to me further that the enactment of such a measure would lower the standard of education, degrade the status of the profession, and retard the progress of medical science; and I believe all the benefits sought for by the proposed legislation could be obtained without the infliction of such great evils.

I shall first deal with the Bill as to its effects on the Colleges, and show how it is proposed to strip them of their functions and privileges, and leave them as Dr. Barton has said "high and dry, interesting as wrecks of a bygone time, but slowly settling down into the sand and mud of uselessness and poverty."

I have before me the Bill "ordered by the House of Commons to be printed, 2 May, 1883." This is the last edition, that which was to have been presented to the House of Commons for a second reading, and we may assume the form in which the Bill is to be brought forward next session. The points to which I wish to draw attention are contained in the clauses in reference to—1. Medical Boards; 2. Medical Education; 3. Medical titles, Medical

Register, and Medical Authorities; 4. Expenses and Medical Funds.

1. *Medical Boards.*—The Bill proposed to establish three Medical Boards, viz., one for England, one for Scotland, and one for Ireland. These Boards were to be elected by the Universities and Colleges in the respective countries. The members of the boards were not necessarily to be medical men. "Any person of full age shall be qualified to be elected a member of a medical board," and "the same person may be a member of more than one medical board." The boards were to be renewed every five years by the retirement of all their members and the election of others.

The Medical boards thus constituted partly, it may be, of laymen and partly of medical men, possibly indeed under the Bill all laymen, and some of them to a certainty to be elected by bodies when the medical profession would scarcely, if at all, be represented, were to supersede the present "medical authorities" in many or all of their most important functions.

The Medical board of each part of the United Kingdom was to work a scheme or schemes providing for the following matters:—

"1. The holding, at such times and places as may be most convenient, Final examinations in medicine, surgery and midwifery for the admission of candidates to registration as medical practitioners; and

"2. The appointment of examiners for such examinations; and

"3. The nature and conduct of such examinations, and the qualification of candidates as to age, moral character and any other matter necessary or expedient to be determined by rules in relation to such examinations."

The rules with respect to "Final examinations" were "to be framed in such manner as to secure as far as practicable in each part of the United Kingdom an equality of standard in each Final examination."

"At the conclusion of each Final examination, the Board were to certify to the Medical Council the persons who had passed with such credit as to entitle them to be registered as medical practitioners."

From this statement, taken from the Bill itself, it will be seen that the Medical boards were to perform almost all the duties hitherto performed by the Colleges, for the performance of which the Colleges were instituted, by the performance of which they lived, and by their performance of which they made the educated medical body of the three kingdoms the best educated medical body in the world. And why are the Colleges to be superseded in this wholesale manner, because, forsooth, some three of the present licensing bodies are said not to have performed their duties as well as they ought to have done. And in certain cases the possession of a diploma affords no guarantee that the practitioner possesses a competent knowledge of medicine, surgery, and midwifery.

After an inquiry extending over more than a year, and hearing a mass of evidence, the report of which fills a Blue book of more than 400 folio pages, these are the only tangible defects in the present system that the Commissioners have been able to assign for their proposals. Would not such legislation fairly come under Prof. Huxley's denunciation as an "unjustifiable employment of the authority of the State." "To strip," he says, "a large proportion of medical authorities of privileges which they can be shown to be using well and wisely, because of the abuses which obtain among a small minority does not appear to me to be justifiable employment of the authority of the State." These it must be remembered are not hasty or ill-considered words, they were written, after hearing all the evidence given before the Royal Commissioners, as a protest against the recommendation of such legislation, and they have been endorsed as such by four out of the eleven Commissioners.

But let us proceed to consider the further duties assigned to these Medical boards: In the section on "Medical Education," "it shall be the duty of each Medical board to make," it says, "a scheme or schemes with reference to the following matters within the part of the United Kingdom to which such board belongs, that is to say:—

"1. The preliminary examinations for the admission of persons applying to be admitted as medical students.

"2. The course of medical education in this Act referred to as the prescribed course.

"In defining the prescribed course of medical education the scheme shall describe—

"a. The schools in the United Kingdom or elsewhere (in this Act referred to as recognised medical schools) which are to be considered proper places of education for medical students as respects the whole or any part of their medical studies; and

"b. The times and places at which examinations are to be held for testing from time to time during the continuance of the prescribed course of medical education the proficiency of the students in their various branches of study; and

"c. The authorities (in this Act referred to as recognised examining authorities) who are to be considered competent for conducting or for appointing examiners to conduct such examinations as are in this section mentioned."

Now let us see what are the privileges of which the medical authorities were to be stripped by "an unjust employment of the authority of the State," privileges which they can be shown, says our Royal Commissioner, to be "using well and wisely."

1. The holding of Final examinations.
2. The appointment of examiners for such examinations.
3. The making of rules for the conducting of such examinations.
4. The granting of licences entitling to registration.
5. The arrangement of the preliminary education and examination of medical students.
6. The prescribing of the course of professional education.
7. The licensing or recognition and supervision of medical schools as places of instruction.
8. The holding of primary or sessional examinations.
9. The appointment of examiners for conducting primary or sessional examinations.

Here is a stripping of privileges with a vengeance, privileges which have been used "well and wisely," by the exercise of which "the educated medical body of the United Kingdom has been made the best educated medical body in the world." Well might your correspondent "F.R.C.S., ex-President of the Irish Medical Association," say our Colleges are to be disestablished—disestablished, indeed, and disendowed too, as I shall now show.

In Part V., "Expenses and Medical Funds," it is proposed that each medical board may charge such fees for its examinations and for the registration of medical students "as with the assent of the Medical Council and the sanction of the Privy Council they may determine." Thus, they are to charge fees for the "examinations"—not for the Final examination only, but for the examinations; and out of these they are to pay—

1. The expenses of the examination.
2. To pay themselves for attending the board meetings.
3. The office expenses.

And all these items being paid, they are to give an obolus to the medical authorities for the maintenance of their museums and libraries.

Thus are the medical authorities not only to be disestablished, but disendowed too, "left high and dry, interesting as wrecks of a bygone time, but slowly sinking down into the sand of uselessness and poverty."

What, it may well be asked, is there left for the "medical authorities" to do?—for what are they to continue to live? In a recent number of your journal (Dec. 5, 1883) you give what you call "a brief outline of the Medical Bill of last year, to which we presume the Bill of the coming session will be assimilated." In this you point out that the boards are to be formed by delegates from the licensing bodies. Here there is one privilege they are to be given. Once in every five years they may elect two or three delegates each, to form the Medical Board, and having done this they may close their doors and pass into a state of torpor for the following five years, only to be disturbed by the appearance at rare intervals of a candidate for their Fellowship.

But perhaps I am making a mistake, for I find you assert in the outline referred to that one of the duties of the new Board will be "to supervise primary examinations, which will continue to be held by the licensing bodies."

But where, I ask, is the provision for this in the Bill? I assert there is no such provision. I go further, and say the privilege, humble as it is, has been expressly removed from the Bill. As originally introduced into the House of Lords, the Bill contained a clause by which the Colleges might have held these sessional or primary examinations, a privilege nearly equivalent to that of a nursery governess who prepares children for the more advanced teachers, but under the Bill as it came to the House of Commons even this privilege has been taken away. I have already given the clause (c) as it stands in the last edition of the Bill. Let us compare it with the

same clause in the Bill as it was introduced into the House of Lords:—

"(c) The authorities (in this Act referred to as recognised examining authorities) who are to be considered competent for conducting or for appointing examiners to conduct such examinations as are in this section mentioned" (i.e., the sessional or primary examinations), "and such examining authorities may be all or any of the following authorities, that is to say, the Medical Board themselves or any medical authority in the United Kingdom or elsewhere."

Here the Boards themselves are given the power to hold these sessional examinations as well as the final, but if they do not choose to monopolise all the examinations, then out of their magnanimity and condescension they may allow the "medical authorities" this great privilege.

By the term "medical authorities" is meant the various universities, colleges, and licensing bodies throughout the Kingdom. The term was so defined in the Bill introduced by the Marquis of Ripon in 1870, and has been so used ever since. But we have here a new phrase—"examining authorities"—introduced, a phrase never used in medical legislation before. In the Bill as introduced into the House of Lords, an interpretation of the phrase was given as meaning the Medical Boards and the universities, medical colleges, &c. Why has the interpretation been out of the clause? Simply because it preserved for the Colleges the privilege of holding those examinations if the Boards did not think it becoming their dignity to themselves hold them. Nor are we left without confirmatory evidence as to the truth of this view of the meaning of his omission. The British Medical Association has, we all know, taken a most active part in the agitation for this Bill. Its enmity to the Colleges has never been concealed. In Oct., 1880, the Association appointed a committee to report on medical education. The report was published in January, 1881. It recommends that before the commencement of their second year candidates should be required to pass an examination in their first year's studies, that is, a "testing examination," as it is called in the Bill; or, as I have called it, a "sessional," or primary examination. The committee would be content with one testing examination to be held at the end of the first year, and they say, "This first professional examination should be held at the School, or other convenient place." "Such examination," they say, "should be conducted essentially by the qualifying authorities, aided by, but not superseded by, the teachers at the school." "The qualifying authorities"—the Medical Boards—they hoped to get appointed were to send an examiner to each school to hold such examinations. The framer of the Bill as introduced into the House of Lords did not take in the whole bearing of the case, and left the Colleges this poor relic of their privileges, but the mistake was soon detected, the definition of the new phrase was withdrawn, and the way was left open for the more complete stripping of the Colleges of the privileges which it could not be denied they had for the most part used "wisely and well."

This, however, is not the only erroneous statement in your "outline" of the Bill. In paragraph No. 3 you state—

"Licensing bodies will continue to grant diplomas on any terms they please (subject to the supervision of the Board), but these diplomas will not be registrable; they will, however, be necessary for any one going for the final examination of the Board."

I quote the very words, italics and all. It is a most important statement. If such a provision were in the Bill the Colleges might live and continue to confer many of the great benefits they have hitherto conferred on the community and on the profession. But again I assert there is no such provision in the Bill. The statement is erroneous and misleading. Under the Bill candidates may present themselves for the final examination of the Boards who have never entered the doors of any medical authority, college, or licensing body. So far from "a diploma being necessary for anyone going for the final examination of the Board," special provision is made in the Bill to make it unnecessary. Anyone who wishes to call himself "Doctor," "Surgeon," or "Apothecary" must indeed become a Doctor, Surgeon, or Apothecary; but anyone may be a "Registered Medical Practitioner" and enjoy all the rights and privileges of the profession, and though he cannot himself assume titles, he can be called Doctor or Surgeon by others to his heart's content without having ever contributed one fraction to any "medical authority," "college," or "licensing body," or entered their doors, or what is still more important, affiliated himself to them either for discipline and mutual sup-

port, protection, and instruction, or the advancement of professional or scientific knowledge.

I am, &c.,

GEORGE H. KIDD,
Past President of the Royal College of
Surgeons in Ireland; of the Irish
Medical Association; and of the
Dublin Branch of the British Medical
Association.

[SPACE does not permit us to criticise our correspondent's letter except in respect of one point to which our article (in our last issue) on the Medical Bill refers. It is necessary for us, however, to say that our statement that diplomas "will, however, be necessary for anyone going for the final examination," was the reverse of what we meant to say, the word "not" having been omitted in error after "however;" the construction of the sentence shows this. We are fully aware that the Bill, though it makes diplomas almost indispensable, does not insist on them; and we are glad that Dr. Kidd has called our attention to this error, though we are altogether at variance with him as to the effect of this part of the Bill.

Dr. Kidd seems to us to interpret the Bill according to his own hostile bias. We try to interpret it according to what we believe is its reasonable meaning and what we know to be the intention of its framers. If it contained all that he conceives it does, he would be quite right to resist it; but, as he is a pronounced advocate of free trade in medical practice, and, *equitur*, in the qualifications necessary for practice, we are not surprised at his opposition to a Bill which aims at limiting the charming freedom of traffic in diplomas which has heretofore existed.—ED.]

Obituary.

DR. J. HUTTON BALFOUR, OF EDINBURGH.

WITH but an interval of three days from the appointment of Dr. J. Bayley Balfour to the professorial Chair of Botany in the University of Oxford, comes the sad news of the death of the father of this gentleman, Dr. John Hutton Balfour, lately Emeritus Professor of Medicine and Botany in the University of Edinburgh. To deceased may be ascribed the distinguished position of having reached the highest step on the ladder of botanical science, and of whom it might with justice be said a few days ago, that he was one of the greatest living authorities on that study which was the aim of his highest ambition, and the study to which he devoted his long life. Dr. Hutton Balfour was a prolific writer, but he never wrote for the sake of writing, nor unless he had something which had hitherto been unsaid. The works and articles from his pen would almost fill a small library, and his labours were rewarded by the bestowal of the Fellowship or Membership of some of the highest scientific societies throughout the civilised world. Beside these foreign distinctions, Dr. Balfour was elected an F.R.S. of both the London and Edinburgh Royal Societies, and received the honorary degree of LL.D. of three of the Scottish Universities. At the time of his death, which occurred on Monday last, at his residence in Edinburgh, he was in the 76th year of his age, and merited the high personal regard which every one who knew him entertained.

PASS LISTS.

Royal Colleges of Physicians and Surgeons, Edinburgh.—Double Qualification.—The following gentlemen passed their first professional examination during the January sittings of the Examiners:—

John Struthers Stewart, Lanarkshire; Chandos William Hoskyns Abrahall, London; George Arthur Herbert Woodforde, London; Emmanuel Portal, Mauritius; Charles Jenkins Lumpkin, Sierra Leone; Ernest Goode, Birmingham; Hugh St. David Griffiths, Cheltenham; Evan Jones, South Wales; Frederic Julian Stone, Glasgow; Hamilton

Edward Leonard Earle, Plymouth; Lionel George Wright, Colomb o, Ceylon; John Arthur, Co. Derry; Henry Joshua Augustine, Calcutta; Robert Michael Forde, Lisnaboy Cottage, Cloyne; Hammoud William Rufus Richardson Crosse, Middlesex; Parvah Nath Datta, Beagal; George Martin Givern, Blackrock, Co. Antrim; James Bernard Wall, Blyth, Coleshill, Birmingham; Godfrey Ernest Garde, Timoleague; Edward Davies, Barmouth; Robert Morrison, Toberdoney; Samuel Wimbush, Heslerton; Thomas James Galloway Ganett, Exeter; John Harford Jones, Merthyr Tydfil; Richard Power Rankin, Victoria, Australia; James Gray, Keith; Henry Peter Huybartz, Ceylon.

The following gentlemen passed their final examination in February, and were admitted L.R.C.P. Edinburgh and L.R.C.S. Edinburgh:—

John Struthers Stewart, Lanarkshire; Charles Edward Morris, Campden; Charles Jenkins Lumpkin, Sierra Leone; Richard Nasson Gaggin, Bally Richard; William Caesar Hamilton, East Lothian; William James McFarland, Co. Tyrone; John William Irvine, San Francisco; Allen Adair Dighton, Gloucestershire; Joseph Bowmer Drew, Stow-on-the-Wold; John Hanson, Weeting, Norfolk; Augustus William Dalby, Jedburgh; Joseph George Garibaldi Corkhill, Liverpool; Archibald Harper, Co. Monaghan; Robert Knox Carleton Graham McCorkill, Canada; Lewis D'Almeida, India; Thomas Adam Beresford Kane, Co. Armagh; Maurice Stack Cussen, Co. Kerry; Charles Horace Barkley, London; Arthur Nathaniel Barnley, Bedfordshire; William Holberton Square, Kingsbridge; Ernest James Flynn, Dublin; Herbert Longmore Grant Chevers, Calcutta; Hamilton Edward Leonard Earle, Plymouth; Oliver Grenville Taaffe, Sherbourne; William Richard Condon, Tipperary; William Frederick Hamilton, Londonderry; Richard Ferdinand O'Farrell, Galway; Ernest Howard Goode, Birmingham; Samuel Oliver Eades, India; Charles Reidy, Limerick; Edward Hodges Goggin Phillips, Limerick; John Henry McAuley, Randsalestown; James Orr, Kilbride; John Joseph Hanly, Co. Tipperary; Simon Vincent Daly, Cork; Alexander James Griffith, Co. Leitrim; John McMichael, Dublin; Donald Alexander MacCrimmon, Ontario; Edward Flood McGrath, Co. Cork; Henry George Thomas, Ceylon; Thomas Francis Hanly, Co. Tipperary; William Gibb, Dundee; Richard Fitzmaurice, Co. Cork; William Robinson, Co. Derry; David Matthewson Nairn, Dundee; Joseph Amy, Jersey; Alexander Willcox McFadyen, Stirling.

Royal College of Surgeons of Edinburgh.—During the January sittings of the Examiners the following gentlemen passed their first professional examination:—

Samuel Garland Sharpe, Norwich; and Louis Edgar Portal, Mauritius. And the following gentlemen passed their final examination and were admitted Licentiates of the College:—

George Lowbridge Baker, Dorchester; Edwin Harold Brown, Bombay; and Henry Edwin Newman Dobie, China. Mr. George Dall Orrock, of Edinburgh, having passed his final examination, was admitted L.D.S. Edinburgh.

Glasgow Faculty of Physicians and Surgeons.—At the last sittings of the Examiners the following gentlemen were admitted Licentiates of the Faculty:—

John William Whyte, London, and James Mason, Glasgow—both of the Glasgow Medical School.

The following have been admitted Licentiates of the Faculty and of the Royal College of Physicians of Edinburgh:—

John Marshall, Cambridge; Robert Price, Glasgow; and Thomas Owen Williams, Glasgow—all of the Glasgow Medical School; James Brown, Biggar, of the Edinburgh Medical School; Albert Edward Hindle, Fairfield, James R. Fletcher, Manchester—both of Owens College; and Thomas Herbert Coskery, Glasgow, of Grant College, Bombay.

Notices to Correspondents.

✍ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

THE SERVICES OF MIDWIVES.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I shall feel much obliged if you or some of your readers would kindly answer the following questions: What is the experience of dispensary surgeons as to the value of a qualified midwife? What is the usual mode of obtaining one? What are her required qualifications? What are her duties; and who orders her services to a case? What is her tenure of office? What is her ordinary salary. If sent to the country are her travelling expenses paid?

Yours, &c.,

A DISPENSARY SURGEON.

DR. CULMORE.—Your paper "On the Origin of the late Epidemic of Cholera in Egypt" received, and will be considered.

CONFINEMENT OF LUNATICS (Ireland).—The commitment of a lunatic

on order of one Justice only is illegal and invalid, and should be at once corrected. See Act 1 Vict. cap. 37, quoted in preamble of Dangerous Lunatics (Irish Medical Directory, page 483). No fee can be claimed for medical services under these circumstances. Get the lunatic re-examined by two Justices.—ED.

PARLIAMENTARY TACTICS OF THE ANTI-VACCINATIONISTS.

It is reported that, notwithstanding the overwhelming defeat last session of his anti-vaccination motion, which was rejected by 286 votes to 16, Mr. P. A. Taylor has determined once more to challenge the judgment of the House of Commons on the same topic. This year, however, instead of proceeding by way of motion, he will bring in a bill for the repeal of the compulsory clauses of the Vaccination Acts. Several members—among them Sir Joseph Pease and Mr. J. B. Holland—who are not disposed to support absolute repeal, are prepared, nevertheless, to restrict the infliction of cumulative penalties, and it is understood that the Local Government Board itself is adverse to the repeated prosecution of parents who conscientiously object to vaccination.

MR. J. BROWN (Burnley).—We shall probably draw attention to the subject in our next.

CURE OF CATARACT WITHOUT OPERATION.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—With reference to Dr. Roche's cases of cataract cured without operation, published in your journal, page 123, I would state that in the "Medical Digest," section 1869, a series of interesting papers, by different observers, are recorded, which are well worth the notice of those whose attention is directed to the subject.

60 Boundary Rd., S. Hampstead,

February 9, 1884.

Yours, &c.

RICHD. NEALE, M.D. Lond.

MR. C. C. DICKSON (Edinburgh).—On reference to Pass List in present issue you will see your request has been attended to.

THE BLIND.

THE last Census reveals the encouraging fact that the proportion of the blind to the population has decreased with each successive enumeration since 1851, in which year account of them was taken for the first time. The decrease in the decade ending in 1881 was much greater than in either of the preceding decennial intervals, the number of cases returned on this latter occasion being 22,32, equal to one blind person in every 1,138. This decrease is fairly attributable to the progressive improvement in the surgical treatment of affections of the eye and to the diminished prevalence among children of small-pox.

ERRATUM.—In the title to Dr. Martin's case, published on Jan. 30, "Liver dyspnea" should be simply "Dyspnea."

THE FIRST LEGAL DECISION UNDER THE DENTAL ACT.

A CASE of considerable importance was decided a few days since at the Stratford Police Court. This being the first, it was looked upon as a test case, and attracted much interest. The defendant, who carried on business as a chemist and dental surgeon at Stratford, Essex, was the holder of a diploma as a licentiate in dental surgery conferred upon him by a colonial body admittedly capable of granting such a degree. This body was the Medical College of Ontario, Canada. The Dental Act, which came into operation in 1878, insisted upon the registration in the Dental Register of all dentists in the country, under various qualifications therein provided. The sixth section provided that any person should be registered who was a licentiate in dental surgery or dentistry, or who was entitled as thereinafter mentioned to be registered as a foreign or colonial dentist; or who was at the passing of the Act bona fide engaged in the practice of dentistry or dental surgery. The defendant applied for registration under the Act, as being the holder of a colonial diploma under the second sub-clause. The General Council refused registration on this qualification, refusing, as they were entitled to do, by section 10, the diploma of the College of Ontario. Upon this refusal it was open to the defendant to appeal against such decision to the Privy Council, but he did not appeal—in fact, accepted their ruling; and thereupon he applied to be registered under the third sub-clause as having been in practice at the passing of the Act, and was so registered, his name appearing in the "Dental Register" with the qualification set forth in the third sub-clause. Recently he was found to advertise himself with the title L.D.S., and the magistrate ruled (we think rightly) that the defendant thereby had committed an offence within the meaning of the Act in using the designation of a qualification which he did not possess. The defendant would have been within his right had he used the letters "L.D.S. Ontario," or simply advertised himself as "Dental Surgeon," but taking into account that it was the first case under the Act, and having regard to the fact that the defendant was an "L.D.S.," though of Ontario, he would not impose the full penalty of £20, but a fine of £2, and the usual court costs.

MR. J. S. BOWNNE (New York).—Communication received with thanks. Letter handed to the gentleman referred to and found satisfactory.

MR. P. E. (Bloomsbury).—The time mentioned will suit admirably. We have entered the appointment.

Meetings of the Societies.

WEDNESDAY, FEBRUARY 13TH.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—At 4 p.m., Professor Parker, On Mammalian Descent.

EPIDEMIOLOGICAL SOCIETY OF LONDON.—At 8 p.m., Discussion of Surgeon-General Hunter's paper on The Origin of the Cholera Epidemic of 1833 in Egypt.

ROYAL MICROSCOPICAL SOCIETY.—At 8 p.m., Annual Meeting.

EDINBURGH OBSTETRICAL SOCIETY.—At 8 p.m., Dr. R. Bell, On Displacements of the Uterus and their Treatment by means of Medicated Tampons.—Dr. Angus Macdonald, On Lupus of the Vulvo-anal Region, with Case.—Dr. James Carmichael, On Artificial Lactation of Infants.

THURSDAY, FEBRUARY 14TH.

ACADEMY OF MEDICINE IN IRELAND (Medical Section).—At 8 p.m., Living Specimens: Dr. R. A. Hayes, Two Cases of Emphysema successfully treated by Antiseptic Irrigation. Paper: Dr. C. J. Nixon, Notes of a Case of Primary Lateral Sclerosis (patient exhibited).—A Discussion will take place on the Present Epidemic of Scarlet Fever in Dublin.

ACADEMY OF MEDICINE IN IRELAND (Public Health Sub-Section).—At 8 p.m., Dr. Grimshaw (Chairman), Address.—Dr. H. Colpoys Tweedy, State Control for Chronic Inebriates.—Dr. C. A. Cameroo, Antiseptic Experiments in a Mortuary Vault.

FRIDAY, FEBRUARY 15TH.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—At 4 p.m., Professor Parker, On Mammalian Descent.

CHARING CROSS HOSPITAL MEDICAL SOCIETY.—At 8 p.m., Mr. C. F. Clarke, On Skin-Diseases in Children.

ROYAL INSTITUTION.—At 8 p.m., Professor Thorpe, On the Chemical Work of Wöhler.

SATURDAY, FEBRUARY 16TH.

ROYAL INSTITUTION.—At 8 p.m., Professor Morley, On Life and Literature under Charles I.

Vacancies.

Armagh Union, Richhill Dispensary.—Medical Officer. Salary, £140.

Election, February 25. (See advt.)

Chorley Dispensary.—House Surgeon and Apothecary. Salary, £130.

Applications to the Secretary before February 20.

Coombe Hospital, Dublin.—Assistant to Master. Applications to

Master, or at Coombe Hospital.

Ely Dispensary.—Surgeon-in-Ordinary and Dispenser. Salary, £30.

Applications to the Hon. Sec. by February 16.

Hospital for Consumption and Diseases of the Chest.—Resident

Clinical Assistant. Applications to the Secretary by February 16.

Jersey General Dispensary.—Medical Officer. Salary, £120, with

apartments. Application to the Hon. Secretary.

Nottingham Borough Asylum.—Assistant Medical Officer. Salary,

£100, with board, &c. Applications to the Medical Superintendent

by February 16.

Royal Free Hospital, London.—Resident Medical Officer. Salary,

£104, with board. Applications to the Secretary before Feb. 17.

(See advt.)

Royal Surrey County Hospital, Guildford.—House Surgeon. Salary,

£75, with board, &c. Applications to the Assistant Secretary by

February 16.

The General Hospital, Birmingham.—Resident Medical Officer.

Salary, £130, with board and residence. Applications to the

House Governor by February 28.

Appointments.

CROOK, J., M.R.C.S., Medical Officer for the Third District of the

Norwich Union.

DILLON, J. T., M.D., M.Ch.Q.U.I., Medical Officer to the Lister

Workhouse.

POWELL, F. W., M.R.C.P. Ed., M.R.C.S., Medical Officer for the Fifth

District of the Davenport Union.

GRIFFITHS, E. E., M.R.C.S., L.R.C.S. Ed., Government Medical Officer

and Vaccinator for Blenney District, New South Wales.

LITTLEJOHN, H. D., M.D. Ed., L.R.C.S. Ed., Consulting Surgeon to the

Royal Dispensary, Edinburgh.

LOANE, J., M.R.C.P. Ed., M.R.C.S., Medical Officer of Health for the

Whitechapel District.

STEVENSON, T., M.D. Lond., F.R.C.P., Public Analyst for the Borough

of Godalming.

Births.

KNOWLING.—February 4, at 5 Lerdon Terrace, Tenby, the wife of

Ernest Knowling, B.A., M.B. of a son.

STEPHEN.—February 7, at Nicosia, Cyprus, the wife of Guy Neville

Stephen, M.R.C.S., Cyprus Medical Service, of a daughter.

WHEELER.—February 5, at Pembroke Garden, London, W., the wife

of John Wheeler, M.D., of a daughter.

Marriages.

ALLAN—BROWNING.—February 7, at St. Stephen's, St. John's Wood,

Francis John Allan, M.D., of Dock St., E., to Ellen Mary, daughter

of the late Thomas Gaul Browning, A.I.C.E.

ROE—DRARDEN.—February 7, at All Saints' Church, Manchester,

Frederic Leyland Roe, M.R.C.S., L.R.C.P., of Eccles, to Alice A.

A., daughter of John Dearden, Esq., of Strathallen, Douglas, Isle

of Man.

Deaths.

GLEN.—January 31, at Brook Street, Hanover Square, Joseph Glen,

late Physician-General of the Boinbay Presidency, aged 87.

HANBURY.—January 26, at Bombay, Fleet-Surgeon Ingham Hanbury.

OGLE.—February 4, at 30 Cavendish Square, London, Elizabeth, the

beloved wife of John W. Ogle, M.D., aged 53.

PRINCE.—February 5, Charles Edward Prince, M.R.C.S., of Buckhurst

Hill, Essex, and of Balaham, Cambridge.

SMITH.—February 2, at Belle Vue Lodge, Richmond, Surrey, James

Smith, M.R.C.S., aged 90.

TRAVIS.—February 4, at his residence, Camden Town, after a long and

painful illness, Henry Travis, M.D., aged 77.

devoted time and energy to perfecting these priceless adjuncts to vision. Normally, everyone past fifty requires glasses, and in addition great numbers are born with defective eyes, which spectacles alone render useful for the purposes of daily life. Donders, Graëfe, Helmholtz, and others have done much to advance knowledge in this direction within recent years, but Young it was who first pointed the way in this great field of practical beneficence to the dimly seeing.

It is highly important that professional men should generally appreciate the truth contained in these statements, and recognise that not only may congenital defects of the kind in question find a full remedy in suitable glasses, but also that improperly-fitting spectacles induce great distress and inability to see aright. In usual cases, discovery and correction by glasses of such refraction disturbances as myopia and hypermetropia is not very difficult; but when complicated by astigmatism, as in very many instances, only those trained to do so by special studies can hope to deal successfully with the case; and in every such emergency the general practitioner's duty is to send his patient where he will be appropriately treated.

Pointing out how frequently the human eye exhibits defects of axial dimension, and thus entailing inconveniences attending long or short sight, the lecturer reflected on the curious fact that the organ thus commonly imperfect is so often adduced as an instance of precision and adaptability of means to ends. In short sight, due to over-length of eyeball, spectacles, though not absolutely necessary, are convenient; in hypermetropia they are urgently called for, both as aids to sight and as preservative agents.

The group of diseases thus described includes from fifty to sixty per cent. of those affections of the eye met with in modern life.

The second group of diseases to be considered is that including affections attended by opacity of the lens, and resulting in formation of cataract. This occurs in healthy individuals in a large majority of instances, and as equally an evidence of senility as are calcareous arterial degeneration, arcus senilis, and certain forms of rheumatic arthritis. It is easily curable by operation, but only the skilled specialist can undertake such operation with the success that attends it in the present time, when extraction alone is the justifiable means to be resorted to, such older methods as solution, couching, &c., being altogether abandoned in modern surgery.

The forms of opacity denominated zonular cataract and pyramidal cataract, though rare of occurrence, and unimportant from the point of view of treatment, yet possess decided interest on account of the manner in which they illustrate morbid processes. Pyramidal cataract affords irrefragable evidence of what has at some time past taken place, but does not give any indication of prophetic value. It is a dense white, more or less conical structure developed exactly in the centre of the lens, beneath its capsule, and it projects forwards into the pupil. Its presence is infallible proof that its possessor was the subject of purulent ophthalmia during infancy, notwithstanding that such cataract may be the sole defect of the eye, and is associated with a cornea of perfect clearness. Regarding the production of the growth, Mr. Hutchinson observed that statements of certainty could not be made, but that we know the lens, at the period of infancy liable to purulent ophthalmia, is very convex, the anterior chamber being very shallow, and the posterior part of the cornea and the anterior part of the capsule nearly in contact. It is thus conceivable that severe and continued inflammation on the surface of the eye, attended with swelling of the lid, and great increase of heat to the part, might possibly influence the irritation of growing cell structures not themselves directly involved.

Similarly zonular or lamellar cataract is a retrospective symptom, having definite association with disease in infancy, and being not easy to explain. The lens

opacity exists in concentric layers; its nucleus and periphery may be quite clear, and vision be fairly good in its presence; and on dilating the pupil with atropine, diagnosis of the condition as only partially affecting the lens is a simple matter. This form, like pyramidal cataract, is a non-progressive variety, and the disease it points to as having existed in childhood is convulsions, the severity of which, and the duration of the intervals of freedom from them, can be ascertained from observance of the precise position and number of the lamellae of the cataract. Moreover, there is associated with this condition a curiously defective formation of the teeth, concerning which Mr. Hutchinson thus expressed himself:—"Although it is very infrequent to meet with lamellar cataract with sound teeth, yet I believe that the association between the two is not direct. The defect in the teeth is caused by the remedy given for the cure of the convulsions—namely, mercury. If mercury be wholly omitted, then, as I have proved in several instances, the teeth will probably remain sound. Precisely the same conditions of teeth are met with in many persons who have no lamellar cataract, but who, for some reason or other have taken mercury in infancy. Any influence which, in infancy, induces stomatitis, and causes congestion and swelling of the gums, may produce the defects in the teeth to which I now refer. Of these influences mercury is the most potent, and the commonest. We may suitably recognise these teeth as stomatitis teeth. They are most carefully to be distinguished from those which indicate inherited syphilis.

"This discrimination is somewhat difficult, and much confusion has arisen from the fact that the two conditions are very frequently coincident. Syphilitic infants are often—indeed, usually—treated by mercury, and their teeth then show the concomitant results of the taint which they inherited and of the drug which was used for its cure. Yet the distinction between the two kinds of teeth, even when they are met with in the same mouth, is by no means difficult.

"The condition which characterises a syphilitic tooth is a defect in the development of its cusps. That which characterises a stomatitis tooth is a defect in the formation of its enamel. In the one case the tooth is altered in its form; in the other it is pitted, eroded, and discoloured. In both instances it is the permanent set of teeth which shows the damage. The test teeth for syphilis are the upper central incisors; those for stomatitis are the first permanent molars in both jaws. The condition of the test incisors in syphilis is that they are narrow and small and show a single central notch, often, almost usually, without any defect or deficiency of the enamel. The condition shown by the first permanent molar which reveals infantile stomatitis is absence of enamel on the surface of its crown. Other teeth which undergo calcification at about the same period, the incisors and canines, for instance, usually suffer also; whilst those which are calcified much later, the bicuspid, to wit, almost invariably escape."

Respecting the hypothesis of a developmental correlation between the condition of the teeth thus described and lamellar cataract, Mr. Hutchinson, therefore, declares that he is not in agreement with it.

The third group of eye diseases to which the lecturer called attention comprises those of a syphilitic nature, and may, he said, be subdivided into acquired and inherited forms. They include iritis, choroiditis, and retinitis.

Iritis usually develops within a few months from the period at which primary symptoms of syphilis become apparent, and for its treatment free employment of mercury is indicated, and at the onset steps must be taken to promote wide dilatation of the pupil. When the disease is combated at once, and efficiently, it is to be anticipated that no serious consequences will supervene on the condition; but under other circumstances syphilitic inflammation of the choroid may take

place. The formation of small gummata sets in a year or two after the primary symptoms in these cases.

Retinitis makes its appearance at an earlier period than does choroiditis, and it occurs in the subjects of locomotor ataxy attributable to syphilitic infection. The characters of the disease present differences accordingly as it results from acquisition or inheritance of the inducing cause. In the latter class of patients it undoubtedly does occur, though very rarely, and in them it assumes a very severe type, the secondary stage being the period of its development. Another eye affection common among subjects of hereditary syphilis, and all but unknown in those who have acquired the disease, is inflammation of the cornea, the appearance of which may be delayed even for thirty years; but why so extended a period of latency should be exhibited is difficult to explain. Probably the reason may be found in conditions in the cornea itself, and which suffice to determine at what stage of growth the manifestation of the change shall be made. It is not in any way to be associated with a secondary outbreak of virulence on the part of syphilitic poison in the system. For a long time it was classed among strumous affections, owing to the imperfect manner in which its ætiology had been understood; but at the present time it obtains universal recognition under the title of interstitial keratitis, and it is accepted as an absolute indication that the person in whom it is found is the subject of syphilis in the inherited form. Notwithstanding that he has long been on the alert to find an instance of the affection in a person who has not inherited, but has acquired the syphilitic taint, Mr. Hutchinson declared that he had never yet discovered such a case, although in one single instance there was a doubt whether a patient, whose cornea were seats of interstitial keratitis, was or was not to be ranked as an example.

Another group of eye diseases may be classified as being those of a strumous kind, or scrofulous inflammation of the organ; and although particular forms of ophthalmia are no longer recognised as typically scrofulous, still it becomes necessary to remember that there is a certain class of surface affections of the eye the causation of which is found in the scrofulous diathesis. In many cases of this kind the ulceration which sets in, and which is of a phlyctenular variety, will make its appearance in children in close agreement as to manner and time with the conditions observed in the parents previously affected by the disease. Usually commencing in the lids, it spreads from them, and produces intolerance of light, necessitating careful provision against the irritation so induced.

Another group may be made to comprehend certain rare but important diseases of the eye appearing in persons of special diathesis, associated with presence of chilblains on the extremities, and characterised by sluggish circulation, and a peculiar irritability of tissues which exposes them to peculiar liability of injury. In such patients there is apt to be produced a remarkable inflammation of the ciliary region, extending from it, on one hand into the cornea, and on the other into the iris. This, which is not a syphilitic manifestation in the majority of cases, is termed *kerato-cyclo-iritis*. The condition is not curable permanently, constant relapses taking place, the patient in whom it occurs being throughout life liable to attacks of the disease, the reason for which state of things being of course to be sought in the special idiosyncrasies of structure to which in the first instance it is attributable.

Gout and Rheumatism are associated with eye affections which are not very well understood as yet. Notwithstanding the two diseases themselves are distinct from one another, yet they are not unfrequently intermixed, and this leads to confusion in respect to the eye complications which attend upon their course;

but little can be said in this connection except that associated with gouty disease the surface of the eye may become the site of a deposit of urate of soda.

In the case of rheumatism, however, the matter is otherwise, at least fifty per cent. of iritis being encountered in patients with a rheumatic taint. Such *arthritic* iritis run a very different course to that pursued by the syphilitic variety of the same affection, a fact of the utmost importance, and opposed, too, to general belief. Thus the rheumatic iritis is more painful than the syphilitic, is less prone to be associated with effusion of lymph nodules, &c., and above all is distinguished from it by the remarkable tendency it exhibits to relapse. Recurrent attacks of iritis are likewise liable to take place in persons of gouty arthritic diathesis who are subjects of gonorrhœal rheumatism.

The *sclerotic* is very rarely the seat of disease, but it may be so affected.

The question of *emergencies* in eye practice constitutes, Mr. Hutchinson explained, one of the most important subjects with which the general practitioner can have to deal. He must be prepared to decide without delay whether in a particular case the affection he is called to treat demands immediate attention or whether delay in its treatment can be safely ventured, whether, that is, the disease is an acute or a chronic one. In some instances nothing short of immediate action will suffice to preserve the eye, which must infallibly be lost through hesitation or error to diagnose its true condition: such diseases as iritis and muco-purulent ophthalmia may be instanced; and as regards the former it may be laid down as a general rule that on its discovery the use of atropia should always be forthwith adopted. In all forms of purulent ophthalmia the treatment should be, immediate and thorough cleansing of the eye, and application of a solution of zinc chloride, two grains to the ounce of water.

Glaucoma is another condition of emergency demanding recognition, which will be aided by the presence of pain and diminished vision; but it often happens that existence of vomiting and the prostration of the patient deflect attention from the local urgent affection to the constitutional condition, the severity of general symptoms frequently masking the glaucoma until, complete blindness being established, it can no longer escape notice. Early operation in such cases would have prevented the serious condition thus induced.

A Course of Lectures

ON

THE EYE: ITS DISEASES, AND THEIR REMEDIES.

Being an Abstract of a Course of Lectures delivered in the Royal College of Surgeons in Ireland,

By ARCHIBALD H. JACOB, M.D. Dub., F.R.C.S.I.,
Professor of Ophthalmic and Aural Surgery in the College;
Ophthalmic Surgeon to the House of Industry Hospitals.

(Continued from page 113.)

Treatment of Granular Conjunctiva.—The cure of the early stages of this disease depends almost as much upon the improvement of the hygienic and constitutional condition of the patient as upon the local treatment. The attack of catarrhal conjunctivitis with which the disease commences is almost always the accompaniment of overcrowding, foul air, and dirty habits, all which conditions are aggravated by the unwillingness of the patient to face the fresh air and light when the smarting lachrymation and intolerance of light are troublesome. It is not too much to say that, if the granular ophthalmia could be seen in its initial stage, and if the patient would consent to take fresh

air and moderate light, and to keep the eyes clean, and refrain from rubbing with a dirty handkerchief, no such disease as chronic granulation would exist. Isolation of granulation patients is strongly insisted upon by most writers on the hypothesis that the conjunctival discharges in the diseases are actually contagious, but I do not attach great importance to this precaution having seen hundreds of cases treated in wards with other patients without any spreading of the disease so long as the wards were well ventilated and not over-crowded, and the patient made to spend most of his day in the open air. In the army and in large public institutions the disease very often spreads rapidly, not, as I think, for want of isolation, but because the moment the initial conjunctivitis is observed the patient is ordered off duty and into the infirmary and kept there inhaling the exhalations of a crowd of other sufferers usually with the light excluded, the windows closed, and upon low diet.

Open air, personal exercise, cleanliness, and a nutritious and digestible dietary are indispensable means of combating granular ophthalmia. The exposure of the eye to a moderate light is also, in my opinion, an important factor in the treatment, and I altogether deprecate the use of bandages, compresses, green shades, or blue spectacles, except in cases in which the photophobia is sufficient to make it impossible for the patient to open the eye. The patient should sleep under light bed clothing, without bed curtains, and with the window and window shutters partly open; the room should have as few other occupants as possible, and the patient should not remain in bed a moment longer or go to bed a moment sooner than the other members of the family. Having thoroughly cleaned the eyes with an antiseptic wash of diluted carbolic acid or permanganate of potash, he should breakfast on light nutritious material; milk, porridge, eggs, and fish are suitable. After breakfast he should walk out for an hour or two, taking the shady side of the road, and, if necessary, using a parasol, but, if possible, no green shade, and refraining from keeping the hand or handkerchief to the eye, and the same course should be adopted throughout the day returning home for meals and rest. When at home he should sit with back to light, not over the fire, or in flaring gas light, and should not retire to bed earlier than if he were in health. These hygienic precautions are, in the case of children excessively troublesome and the line of treatment is not popular with mothers, who find it much more convenient to leave the child in bed than to send it out, or keep it amused when out of bed, but they are, nevertheless, quite essential, and perseverance in them for two or three days will, in many cases, put the patient in a fair way toward convalescence. The improvement in constitutional condition may be greatly assisted by a tonic line of treatment, the nature of which I have indicated when writing of phlyctenular ophthalmia.

The local treatment of granulation consists in the direct application to them of astringents and escharotics with greater or less freedom. The slight degree of hypertrophy of the papillæ which arises from the accommodative hyperæmia of the conjunctiva already spoken of, can readily be relieved, when the error of accommodation is corrected, by washing the everted lid with a ten grain solution of silver nitrate.

The "sago grain," or "vesicular" granulations are not difficult of cure. They may occasionally be picked out of the everted lid surface with a needle point, but pricking them for the purpose of allowing the escape of contents is useless. The seat of the granulation should be washed with a strong astringent. The saturated solution of acetate of lead, or 15 grain solution of silver nitrate are not too strong, and if the "sago grains" are fully developed a touch of sulphate of copper, or even of a mitigated nitrate of silver point, will be necessary, and in the intervals of such treatment the patient may advantageously use the tannic acid collyrium already prescribed.

The second form of granulation, *i.e.*, the papillary

hypertrophy, needs much more decisive treatment. When it is in the highly vascular swollen condition the conjunctiva of both lids should be habitually washed with a 30 grain silver nitrate solution, and if it has reached the stage of cauliflower growths it may be necessary to shave them off, and, when the bleeding has ceased, apply lightly the solid caustic over the whole surface. The solid sulphate of copper, though somewhat unfashionable at present, is unquestionably the safest and best conjunctival astringent for general use. It is much more effective than powdered acetate of lead, and more lasting in its effects and not open to the danger of a deposit of lead chloride in a corneal ulcer if one should exist. It can hardly do mischief by injuring the cornea as sulphate of zinc, liquor potassæ, and solid nitrate of silver may do, and it is always ready to hand, never suffering decomposition by exposure or use. The eye douche is comforting to the patient and unobjectionable, but it is useless as a means of treatment.

The third, or neoplastic, hard, pale, warty form of granulation will not yield to anything but the strongest escharotics, such as the solid nitrate of silver, and when reduced to a smooth surface they generally leave the lid conjunctiva atrophied, cicatrised, and more or less dry. There is no treatment of them which obviates the risk of this result because they involve the whole substance of the conjunctiva and sub-conjunctival tissue. The solid stick of nitrate of silver, or of the same mitigated by the addition of potash nitrate, is the best escharotic for these cases, but when this is used it should not be forgotten to wash the lid off well with a solution of sodic chloride, lest a spicula of unneutralised nitrate may remain, and, when turned in on the eyeball, cause an ulcer. In the use of escharotics to the conjunctiva care must be taken not to be too free with the application or burn too deep, or the whole thickness of the membrane may be destroyed and a cicatricial surface left which is quite sufficient to keep up irritation for the rest of the patient's life. This cicatricial condition, resulting sometimes from disease and occasionally from injudicious use of escharotics, is the most usual cause of lid inversion.

THE CORNEA AND ITS DISEASES.

Its Anatomy. The Cornea is the lenticular window placed in the front of the eye to admit rays of light and to help to concentrate those rays to a point on the retina. It is nearly circular, and is a thick transparent membrane composed of a large number of concentric layers bounded before and behind by homogeneous elastic laminae, which are each covered by a coat of epithelium. The cornea forms about one-sixth of the ocular globe, its diameter being 0.48 of an inch, and it presents a convex surface anteriorly of a slightly paraboloid curve, and a concave surface posteriorly of spherical curve. It is slightly thinner in the centre (.04 of an inch) than at the edges, and its curvatures are, in health, perfectly symmetrical, so that the focal length of every one of its meridians are exactly equal. A fault in this symmetrical accuracy of meridional curvature produces an optical error of the eye known as astigmatism.

The Cornea therefore consists of

- a. The Cornea proper or laminated structure, bounded anteriorly by
- b. The anterior elastic lamina or Bowman's layer, a hyaline structureless stratum, which is covered anteriorly by
- c. The epithelial layer, continued from the conjunctival surface. Posteriorly the cornea is proper bounded by
- d. The posterior lamina, or membrane of Demours or Descemet of nearly similar structure to Bowman's layer, and it, in turn, is covered by
- e. A very fine layer of epithelium.

The cornea is fitted into the opening in the sclerotic and is continuous with the sclerotic, being slightly

overlapped by that structure as a glass is fitted into a watch case. The epithelium on its anterior surface is columnar in its lower stratum, where it rests on Bowman's layer, and at the surface it presents an aggregation of polygonal cells which send down projections between the subjacent columns.

The anterior elastic lamina of Bowman is a thin stratum about 1-1200th of an inch in thickness; it is homogeneous and structureless, and contains no cells or corpuscles, but it does not otherwise differ from the corneal structure. It is connected with the subjacent cornea by fibres which pass obliquely from one to the other, and is extremely tough and elastic, characteristics which are manifested by the force with which it holds a foreign body which has become impacted, and which it is often found necessary to dig out of this retentive layer.

The cornea proper or substantia propria, is a modification of connective tissue, and formed of about 60 concentric laminae, which, however, are so equally transparent that the demarcation between them is hardly distinguishable under the microscope until they have been prepared for examination with reagents. The fibres in these laminae



Fig. 16.—Section through Cornea and Conjunctiva.

run parallel to each other and to the surfaces of the cornea, but each laminae is connected with its neighbour by interlacing fibres. The fibres are collected into small bundles, and in the spaces between these bundles are the cell spaces which contain the corneal corpuscles. These cell spaces are irregularly stellate chambers flattened by the superimposed laminae, and their rays communicate freely with each other, both those in the same lamina, and occasionally those above and below. The net work formed by these cell spaces and their offsets receives the name of Recklinghausen's canals. In these cell spaces lie the corneal corpuscles, fitting the space, but somewhat smaller, so that room is left for the circulation of the lymph in which they lie. These corpuscles are composed of protoplasm, and they communicate with each other by minute fibrils sent through the anastomosing rays of the cell spaces.

At its margin the cornea is continuous with the sclerotic coat, its fibres merging in the scleral fibres, and the cell spaces being lost in the latter.

The posterior elastic lamina or membrane of Descemet or Demours (two French physiologists who simultaneously described it) is of similar structureless character to the anterior lamina, but is thinner, and less firmly attached to the cornea. It is highly elastic, and when detached curls up, and it resists inflammatory conditions and chemical reagents in a remarkable manner. It contains no cells or corpuscles, nor any visible fibres, but at its margin it splits up into bundles, some of which pass into the iris and choroid margin, and receive the name of the "pillars" of the iris, while other bundles join the corneal edge and the sclerotic. The dentated edge of the posterior lamina thus formed is called the *ligamentum*

pectinatum. The spaces between these bundles of the fibres of the posterior lamina are open to the aqueous chamber, and are called the *spaces of Fontana*, or *cavernous spaces*. In the immediate neighbourhood of these spaces, but in the substance of the sclerotic, is another and much larger elliptical space called the *canal of Schlemm* or circular sinus of the iris. This cavity is lined with epithelium, and with it some of the anterior veins of the sclerotic communicate, and between this canal and the spaces of Fontana there is a close connection, if not an actual communication, by which means the sclerotic venous system is brought almost into intimate communication with the aqueous chamber.

The posterior epithelial layer consists of a single row of cells of such delicacy as to be barely distinguishable, they cover the back of the entire cornea, and are reflected to the surface of the iris, the whole of which is also invested with them.

Blood Supply.—The cornea is a non-vascular substance, and no blood vessels are to be found in it when in the healthy state, excepting that the conjunctival and scleral capillaries form loops around the margin. In the disease called pannus, however, the surface of the structure becomes highly vascular.

The nerve supply is, on the contrary, very abundant, from which arises the extreme irritability of corneal ulcers, and the great intolerance of light which arises from the reflection of the nerve irritation from the ulcer to the retina. The supply is derived from the long ciliary branches of the fifth nerve, which enter the sclerotic close to the corneal edge, and are continued on to the number of about forty to form three consecutive plexuses. The first of these is situated within the corneal surface, and is called the primary or fundamental plexus. From this two sets of fibres are derived, one set of which pass between the laminae and are lost in a network of ultimate fibrils; the second set consists of a number of much finer nerves which pass through the anterior elastic lamina converging towards the centre of the cornea, and they form another minute plexus on its surface, and under the epithelial coat, being known as the secondary or sub-epithelial plexus. From this a further ramification of very minute twigs pass into, and are distributed amongst the epithelial cells, ending there in little terminal knobs. This aggregation of ultimate nervelets gets the name of *intra-epithelial plexus*.

The intra-corneal ultimate fibrils pass freely through the canals of Recklinghausen, or anastomosing branches of the corneal cells, and are there in close proximity, if not in actual connection with the corpuscles. No lymphatics are found in the cornea.

(To be continued.)

CLINICAL MEMORANDA.—NOTE ON NITRATE OF SILVER IN THE TREATMENT OF CONJUNCTIVITIS, SIMPLE AND PURULENT.

By JOHN W. MARTIN, M.D.,
Sheffield.

DURING the progress of Dr. Jacob's "Lectures on Eye Diseases" through the columns of the *Medical Press*, I wish briefly to record the uniform success that has attended the hourly instillation of a solution of nitrate of silver, strength gr. j. to the ʒj. of water, in cases that have come under my care. Whenever there is any tendency to congestion of the conjunctival vessels, and pain and tenderness of the eye, I know no treatment more likely to give relief, and to effect a cure. Its application is almost, if not altogether, harmless, and the good effects are at once felt. In the purulent ophthalmia of the neonatorum I have found it wonderfully efficient in putting an end to the disease. Patients to whom I have given this solution carefully preserve the bottle, and give it to their friends, and always report upon its good effects, saying, that "it is worth its weight in gold," in spite of my warnings that they ought not so to use it, unless under proper direction.

The treatment certainly bears a most favourable comparison with other methods. It is pleasanter than the use of zinc and other washes, which are applied by bathing the eye, and which rarely get through the closed lids; and it appears to me to be much less painful, and far more efficacious, than the use of the stronger solutions, such as gr. v. of nitrate of silver to the 3j. of water. In such cases, its prescription has become almost a matter of routine practice, so universally successful have been the results obtained.

Clinical Records.

ST. BARTHOLOMEW'S HOSPITAL.

Case of Pneumonia in a Child.

Under the care of REGINALD SOUTHEY, M.D.
Oxon., F.R.C.P. Lond.

(We are indebted to Mr. ALBERT GRESSWELL, B.A.
Oxon., M.R.C.S., for this report.)

MARY ANN G., æt. six, a school girl, was admitted to Faith Ward, November 3rd, 1882, suffering from pneumonia in an early stage. She was a fair complexioned, well-nourished child. On admission, she was wandering, restless, chilly, and very thirsty. Her face was flushed, her skin, lips, and tongue were dry, and she lay on her right side. The throat was natural, the cervical glands not enlarged, the pupils were natural, and freely reacted, there was no squint, and there was some injection of the right conjunctiva. There was twitching now and then of the muscles of mastication and of the muscles of the arms. Air entered freely into the lungs, before and behind, the resonance was good all over the lungs, the heart's impulse was forcible, the apex beating in the fourth space and nipple line (the normal situation in a child of her age), the sounds clear, the abdomen prominent, its walls firm. The extremities were natural.

The mother gave the following history of the child:—She was quite well on the 2nd inst. at 9 a.m., when she partook of a hearty breakfast, and then went to school. At noon, however, she cried and complained greatly of a dreadful frontal headache. At 1 p.m. she was very light-headed. At 4 p.m. an aperient (of rhubarb, &c.) was given to her, and the bowels were freely open, but they have not been open since. She was very sick, rejecting all the milk she took, and during the night she was very delirious, and was convulsed in all her limbs. This morning she was taken to King's College Hospital and then brought here and admitted.

To day, the 3rd, she has not been sick, and the bowels have not been open. She has taken freely of milk, indeed, she has been very thirsty. Her pulse is 120 and feeble. Respiration 24 and very regular. Temperature 103. Urine has a specific gravity of 1020, is dark amber coloured, acid, clear, and contains no albumen. In the evening pulse 132, respiration 42.

Ordered D. L. Balneum tepidum. Hst. soda tartratis effv., ʒss. ter die, and an enema of milk and water.

The following daily notes record her progress:—

Nov. 4th—Was convulsed four times during the night (in the arms and mouth), and was given three warm baths. Each convulsion lasted about three minutes, and quickly abated on immersing the child in warm water. She screamed a good deal during the night, was very thirsty, drinking milk freely. Bowels not open. Urine passed under her. Pupils react, equal and circular. Each ocular conjunctiva is injected. No retraction of abdomen, pulse 132, respirations 42. No abnormal physical signs in the lungs. Temperature 103.8.

5th—Had no more convulsions after those of the night of the 3rd inst. Is more rational this morning, asking for milk and putting out her tongue when asked to do so. She however, still talks a good deal to herself, and still is crouched on one or the other side, and the head is held in a state of cervical opisthotonos, somewhat rigidly. The tongue is not so dry, presenting on the dorsum a thick white fur studded with prominent red papillæ, the tip and edges being moist. Pulse 120 very small and weak. Respirations 58.

Bowels open once rather loosely yesterday. Temperature 103.4.

P.M.—She now recognises her mother, and talks rationally at times, but those periods are not of long duration, being quickly followed by semi-delirious states, when she mutters to herself, and at times repeats the numbers 1, 2, 3, 4, 5, 6, &c. Slight impairment of resonance over the right infraclavicular region. Ordered D. L. Beef tea. Tinct. opii, m.v., to be added to the draught, also cataplasma lini to the right side every third hour.

6th—Slept after tinct. opii, m.x. Bowels open last afternoon, very light motion and slightly formed. Takes milk very freely, always asks for milk, and drinks five or six pints in twenty-four hours. No vomiting. No convulsions. Tongue cleaning. Some white patches left on tongue at the back of the dorsum, the rest of the tongue is clear and moist. Puts out her tongue when asked to do so, and seems to be much more rational, answering questions correctly. Blush on each cheek. Pulse 120, smaller and weaker. Respirations 58. Bronchial breathing, bronchophony, and dullness over the right supra-scapular region. Compensative breathing elsewhere. Temperature 103.2.

7th—Quite sensible. Skin is still very hot and slightly perspiring in the palms. Coughs a little. Pulse 108. Respirations 48, very shallow. Tongue moister and cleaner. Bronchial breathing and dullness well marked over the right supra-clavicular and infra-clavicular regions. Loud compensative breathing elsewhere.

8th—Coughs much more, and the cough is much looser. Reduc crepitation at the right apex in front. Bronchial breathing and bronchophony well heard in front and behind over the right apex. Talks very well. Somewhat more drowsy than she was. Tongue cleaner. Water passed very freely. Ordered wine ʒiv., brandy ʒij.,

Hst. ammon, acetatis c camph. ʒss.;

Tinct. camph. C., m.x.;

Sp. ammon arom, m.x. 4trs. horis.

9th—Very restless night, sleeping but little. Very thirsty. Passes water freely. Tongue moist and clean. Temperature 103.6. Bowels open last afternoon. Coughs a little and more loosely. Bronchial quality of breathing sound at apex of the right side is being lost, the crepitations masking it perhaps. Ordered 1 egg.

10th—Temperature fell by crisis last night to 97.6. Lies comfortably asleep breathing much more quietly. Respirations 28. Pulse 72, stronger. Is very thirsty. Bowels not open. Many fine crepitations at the right apex. Ordered, brandy ʒij. and custard pudding.

11th—Good night. Not so thirsty. Passes water freely. Tongue cleaner, slight white fur at the root. Coughs much more, and much more loosely. Bowels open twice freely during last twenty-four hours. Crepitations still at apex. Temperature 96.

12th—Very good night. Coughs a little. Talks well. Bowels not open.

13th—Very good night. Talks very well. Bowels open yesterday freely. Ordered D. L. Wine ʒij., beef-tea, eggs 2, custard pudding.

14th—Very good night. Bowels open freely yesterday. Talks well. No cough. No vomiting. No pain. Little rhonchus occasionally at right base, and over right scapula and interscapular region. Air seems to enter freely into right supra-scapular region, without any moist sounds there.

15th—Good night. Bowels open freely yesterday. Talks very well.

16th—Good night. Bowels open freely yesterday. Talks very well. Ordered D. D. Milk pudding and 2 eggs.

17th—Good night. Talks very well. Bowels open yesterday. Tongue clean and moist. Lungs quite healthy.

18th—Doing well. Been up three days. Tongue moist and pale.

23rd—Good nights. Talks very well. Bowels open.

27th—Doing very well.

December 1st—Discharged.

A SO-CALLED epidemic of cholera is said to have broken out in a girls' school at Moscow, and to have manifested itself simultaneously in eighteen different houses in which the school-girls reside.

Transactions of Societies.

ACADEMY OF MEDICINE IN IRELAND.

MEDICAL SECTION.

A MEETING of the Medical Section was held in the College of Physicians on Friday evening, Jan. 18, Dr. WM. MOORE, President, in the chair.

Dr. A. N. MONTGOMERY, Hon. Sec., read the minutes of the previous meeting, which were confirmed.

LIVING SPECIMEN.

Mr. ARTHUR H. BENSON.—Case of *tubercles dorsalis*, showing "Argyle Robertson's sign" well marked and atrophy of optic nerves.

SPECIMENS BY CARD.

Dr. WALTER G. SMITH.—Drawings: 1. Multiple onychia; and 2. Peculiar condition of skin of scrotum.

Dr. J. HAWTREY BENSON.—Primary, malignant disease of the liver.

BRONCHITIS AND EMPHYSEMA WITH REMARKABLE SYMPTOMS.

Dr. H. V. DILLON read a paper on a case of bronchitis and emphysema, loss of taste and partial loss of deglutition subsequent to injury of upper cervical vertebrae. The facts were these: D. S., a pensioner, *æt.* 38. Health always good till injury was received. Served seventeen years in the British army, during which time he suffered from dysentery and *gñe*. Had had gonorrhoea, but no specific disease. On Jan. 17, 1881, as he was sitting in the fore-castle of a ship, a sailor fell from the yard-arm on to the back of D. S.'s head, bending it and his neck forwards. D. S. felt at the time as if something had given way at the back of his neck. He heard a noise at the seat of injury, and then became unconscious, remaining so for about 15 minutes. On coming to he felt excruciating pain at the seat of injury, which lasted for six months, and radiated along the back of the head. At the expiration of this time a hardened enlargement was remarked at the back of the neck over the three upper cervical vertebrae in the mesial line. A few months subsequently he got an abscess of the left internal ear, which discharged externally from July, 1881, to July, 1883. The auditory canal became almost completely closed, and hearing was lost at that side. Subsequently cough and dyspnoea came on, and lasted since. The lungs are emphysematous, and he suffers from bronchitis, huskiness of the voice, impaired power of deglutition, and partial loss of taste. Five months after the left ear distress ulceration took place in the upper gums, the teeth loosened, and later on there was necrosis of the alveolar process of the superior maxilla, portion of the bone coming away when the teeth were extracted. The hard palate then ulcerated. The respiration is of a harsh and blowing character, pointing to paralysis of the soft palate. About six or eight months ago there was a circumscribed patch of congestion at the base of the left lung which disappeared on treatment. He had lost flesh considerably since the accident, but had no signs of paralysis. The swelling at the seat of injury was now confined to the right side, having disappeared from the median line within the past year. He could not rotate the head completely to either side; neither could he flex or extend it to the full extent.

Dr. HENRY KENNEDY asked if there was any evidence of abscess about the nape of the neck.

Mr. WM. STOKES having seen the case, said it was one of extreme rarity. The view one suggested that it was a case of cervical dislocation could not be maintained, having regard to the complete absence of symptoms of motor paralysis. He considered the injury resulted in osteitis and periosteitis of the upper cervical vertebrae; that this process extended upwards, involving the temporal bone, and subsequently the superior maxilla on the left side, and that this was followed by caries. He asked, was there any trace of a syphilitic taint?

The PRESIDENT considered the case one of great interest.

Dr. DILLON, in reply, denied the existence of any abscess in the neck or of any syphilitic taint in the patient, and considered that the symptoms might be referred to stretching of the *atlo-axoid* ligaments and consequent inflammation.

CASE OF PNEUMONIA WITH PARADOXICAL TEMPERATURES.

Dr. C. F. KNIGHT reported a case of pneumonia with frequent paradoxical temperature in a woman, *æt.* 30, and in whom large doses of quinine were administered.

Dr. CAMERON had frequently tested the temperature of the

patient when in the Adelaide Hospital, but never found it above 99°. He suggested the possibility of the absence of toxic symptoms after the large doses of quinine being due to its being mixed with cinchonine.

Dr. WOODHOUSE stated that the patient had been in the Hardwicke Hospital last June for an attack of typhoid fever. The temperature at the usual time of convalescence, instead of coming down, went up to 104°, 107°, reaching 114° at the end of August, and 127° at the end of September, when a watch being set, she was detected using a piece of lint 12 in. square, which she acknowledged she had employed for the purpose of raising the register of the thermometer by wringing it out of hot water and secreting it under her pillow.

Dr. COX argued that the presence of a cloud in the urine on the application of the picric test was due to the presence of quinine.

Dr. W. G. SMITH pointed out that the presence of any alkaloid would cause a cloud on the addition of picric acid.

Mr. KEENAN and Dr. GUNN doubted whether the patient had taken the large dose of quinine prescribed, and concurred with other speakers that the case was one of malingering.

The PRESIDENT and Mr. ORMSBY having also joined in the discussion,

Dr. KNIGHT replied, and concurred in the view that the case was one of malingering. The picric acid test was applied before a grain of quinine was administered.

POISONING BY THE INGESTION OF TAINTED MEAT.

Dr. J. HAWTREY BENSON read a case of poisoning by the ingestion of tainted meat. The patient had eaten about an ounce of roast turkey which was somewhat high. Immediately afterwards he felt nausea, fetid eructations, &c.; but the symptoms did not meet their maximum severity till about twenty-six hours after. At that time he was extremely faint, pulse 92°, intermittent, scarcely perceptible, extremely compressible; first sound of heart very weak; second sound quite audible, even at base; precordial anxiety and feeling of pressure akin to pain at heart; pupils dilated; vision dim; headache severe. The skin was cold but dry; throat dry and sore; articulation very difficult; tympany great; severe abdominal pain; tenderness along descending colon; constipation. Four hours afterwards his pulse was 104; temperature 101.8°. During the succeeding night he suffered intense fever symptoms, with very marked dryness of skin and mucous membranes. Towards morning he had two very copious watery scalding evacuations, followed by prompt and great relief to all symptoms. During the night he passed a large quantity of urine of specific gravity 1038, containing, in 1,000 cubic centimetres, 34 grammes of urea and 1.39 grammes of uric acid; no sugar; a trace of albumen. Next morning the patient was convalescent, and some days afterwards exhibited a subnormal temperature. The writer then discussed the question whether the case was one of "septic poisoning" or of "septic infection" caused by the entrance into the blood and by the multiplication therein of a specific micro-organism. He referred to the cases described by Van den Corput; and to the Welbeck, and the Nottingham cases examined by Dr. Klein, and to the Wexford cases, investigated and published by Dr. Charles A. Cameron, and expressed an opinion that the symptoms in the case he had just described were produced by the cadaveric alkaloids, his chief reason for this opinion being the rapidity with which the acute symptoms disappeared after copious evacuation, the dilatation of the pupils, the extreme lowering of arterial tension, the dryness of the mucous membranes, and the very rapid convalescence.

Dr. CAMERON said that, as he was himself the patient referred to, he had painful remembrances of the circumstances of the case. He never felt so near dying. He had cold sweat, and felt utterly prostrate, and had great difficulty in walking. He suffered intensely during the two nights. During the first he did not sleep at all, and only obtained about an hour's rest on the second night. He had intense thirst, and suffered great pain. His urine immediately on being passed became quite thick. His mind was quite clear, but he found it difficult to articulate his ideas.

Dr. H. KENNEDY thought that at the time the patient took the tainted meat he was so mentally depressed, and being inclined to gout, he was unfavourable to resisting any disease. With reference to the absence of the second sound of the heart, he had frequently remarked this to be the case in the last cholera epidemic.

Dr. FINNY thought Dr. Kennedy's remarks as to the absence of the second sound of the heart proved the converse of his

proposition; because, while cholera was preceded by evacuation from the intestinal canal, in this patient there was no loss of the usual fluid circulating in his body. He could not understand any reason for the absence of the second sound in this case.

Dr. COX asked where simple indigestion ceased and poisoning began, as he himself had frequently suffered almost as much after taking different kinds of food, which disagreed with him as in the case of the patient under discussion.

Dr. LENTAIGNE mentioned a case where effects similar to those described had been produced by the ingestion of imperfectly boiled Brussels sprouts causing irritation of the intestinal canal. The objectionable matter having been passed, the patient quickly recovered.

Mr. F. A. NIXON: The theory advanced by the last two speakers is opposed by the fact that other members of the family who had partaken of the turkey suffered also.

The PRESIDENT and Dr. DILLON, J. E. KENNY, and W. A. CARTE having joined in the discussion,

Dr. BENSON replied. He said there was no second sound to be heard over the aortic valves, due, he considered, to the extreme lowering of the arterial tension preventing the flapping back of the valves from being heard. He could not undertake to say when indigestion ceased and poisoning began. Anyone seeing his patient during his illness could have had no doubt that his was not a case of indigestion. The fact of other members of the same family being affected confirmed this view.

The Section then adjourned.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION.

The quarterly meeting of this Association was held at Bethlem Hospital, on Tuesday, the 5th Feb., Dr. ORANGE, of Broadmoor, in the Chair.

At the commencement of the proceedings, allusion was made to the death of Dr. Parsey, Medical Superintendent of the Warwickshire County Asylum, and a former President of the Association, and a resolution of condolence with his family was passed.

Dr. SAVAGE read a paper on

CONSTANT WATCHING OF SUICIDAL CASES,
which was followed by papers by Dr. GASQUET on
SOME OF THE MENTAL SYMPTOMS OF ORDINARY BRAIN DISEASE,
and by Dr. H. MAJOR on
THE RESULTS OF THE COLLECTIVE RECORD OF THE CAUSATION
OF INSANITY.

Considerable discussion arose on each of the papers.

LIVERPOOL MEDICAL INSTITUTION.

The ninth ordinary meeting of the Session was held on Thursday, February 14th, Dr. GEE, President, in the Chair.

Dr. ALEXANDER showed

CASES OF COLLES'S FRACTURE, WITH CASTS OF THE
DEFORMITY.

They were both taken from patients who met with the injury that produced the fracture some years previously, and who died in the Liverpool workhouse during the last few months. The first case shown had been treated by splints, but the second had practically never been treated at all. He also showed Gordon's splint for the treatment of the injury, and showed the method of applying it, remarking that it was the only form of splint that he knew of that gave satisfactory results, and that but few knew how to put it on. It was not so much known as it should be. He then showed a series of five calvaria thickened and more or less injured by syphilitic osteitis. In the first case the whole of the external and internal tables had been removed by necrosis. The patient died of exhaustion, and without any symptoms of brain disease. In the second, the necrosed part was over the frontal region, and the remaining parts were thickened by osteitis. In the third there was necrosis of both tables over a considerable area. In the fourth superficial caries had taken place over the frontal region, and in the fifth, the caries had extended over the whole of the outer table. He then exhibited two calvaria showing congenital malformations.

Mr. RUSHTON PARKER exhibited for Mr. Reginald Harrison a pathological specimen removed from a knee-joint in

the Royal Infirmary on the 12th inst. The patient was a woman, æt. 32, who, for two years, had suffered from what had been supposed to be suppurative arthritis of the knee-joint. She was admitted into hospital ten days before date of operation. At the commencement of the operation it was remarked that the case was not one of arthritis as had been supposed, but of sarcomatous disease of the lower end of the femur. The speaker remarked that the patient had for a long time been wearing a Thomas's splint; that this had covered up the diseased part, and had rendered diagnosis obscure, but that it had had a conservative effect, as it had kept the joint at rest and protected it from mechanical injury.

Mr. R. HAMILTON then showed a patient who had been the subject of

COMPOUND DISLOCATION OF THE ASTRAGALUS,
the point of special interest being the complete character of the dislocation and the completeness of movement recovered.

Mr. SHEARS related a case of

PANOPHTHALMITIS OCCURRING IN A NEGRO,
who was admitted into the Liverpool Eye and Ear Infirmary, under the care of Mr. Shadford Walker, on Dec. 6th, 1883. A week before admission he had an abscess on the front of his right forearm, with implication of the lymphatics and axillary glands; two weeks later, his left eye became acutely inflamed. On admission the man was very ill, and his left eye in a condition of acute panophthalmitis. There was no cardiac murmur. Temperature 104° F. The next day he had a severe rigor. On the fourth day a whistling bruit was heard just before the first sound at the apex of the heart; this murmur developed rapidly, and two or three days before death a very harsh double bruit could be heard all over the chest and back. On the ninth day he had another rigor, and first complained of severe vertical headache. He gradually became worse and worse, and died in a comatose condition on the 12th day after admission, at the age of 20. At no time had he any symptoms of implication of the lungs. He had no paralysis or convulsions. From first to last, the right optic disc remained quite healthy. At the post-mortem examination there was found to be an ulcer the size of a threepenny piece, with raised and rugged edges, just above the right cusp of the mitral valve, and perforating it. There were no infarctions of the lungs, liver, spleen, or kidneys. On opening the skull, purulent meningitis was found over the vertex and base, but no abscesses in the brain substance. The left eye was shrunken up and completely disorganised. Mr. Shears submitted that the case was one of so-called metastatic panophthalmitis, the primary focus being found in the abscess of the right forearm: from this septic emboli were carried to the vessels of the heart, causing an abscess just above the mitral valve, from this new focus the left eye became affected, and was rapidly destroyed. No cardiac murmur was heard when the man was admitted, but this was probably due to the fact that perforation of the valve had not yet occurred.

Dr. GLYNN showed some specimens of cardiac disease, additionally illustrated by numerous water-colour drawings. The first was one of aortic obstruction produced by a calcareous growth pressing on the root of the aorta. The patient had suffered from extreme dropsy, dyspnoea, and vomiting. At the post-mortem examination there was a difficulty in accounting for the severity of the symptoms at first, and until the calcareous deposit was discovered. Thickening of the endocardial membrane had taken place below the aortic valves, and the left auricle contained vegetations produced mechanically by the regurgitant wave. The pulmonary artery was three inches across, whilst the aorta was only two. The second was a case of cardiac hypertrophy from the high tension of renal disease. The third was a case of aneurism of the mitral valve, the anterior cusp projecting into the ventricle. Four and five were cases of ulcerative endocarditis which had been marked during life by persistent high temperature. The sixth was a case of fatty degeneration of endocardium resulting from anæmia.

CLINICAL NOTE ON KAIRIN.

Dr. ARCHER read a note describing a case of enteric fever in which kairin was used. A young male, æt. 19, was admitted to hospital in a desperate condition, almost moribund, with a rapid feeble pulse and a tendency of the temperature to keep up between 104° and 105°. Although the case terminated

fatally, the drug proved most efficacious in rapidly lowering the temperature. Thus, on one occasion after the administration of kairin, the temperature was found to have fallen more than a degree in a quarter of an hour, and on another a depression of over seven degrees was observed two hours after. It also had a beneficial effect on the pulse, usually slowing, steadying, and making it stronger. On several occasions the patient was apparently rescued from a state of collapse, with lividity of face and extremities, and placed in a condition of comparative safety and comfort, so much so that a faint hope of recovery was entertained. The anti-pyretic action was usually accompanied by rather profuse sweating. It was given in half-gramme ($7\frac{1}{2}$ grs.) doses every hour, with periods of remission, when the temperature was brought within bounds, and repeated when the temperature curves showed a marked tendency to rise. Half-doses ($3\frac{1}{2}$ grs.) did not appear to have much effect; a full dose had to be given after two or three hours trial with the smaller dose. Several published observations, principally of German authors, were referred to, which in the main agreed with what was noticed in this case. The patient was under treatment for only thirty-six hours, and during that time over 144 grains of kairin were given. It was used dissolved in mucilage and water.

Dr. BURTON stated that Dr. Queirolo, of Genoa, had lately been employing kairin subcutaneously, with the result that a much smaller dose was required, and its effects lasted much longer, than when given by the mouth.

Dr. ARCHER then replied.

THE VOLUNTEER MEDICAL ORGANISATION.

A DEPUTATION, consisting of representatives of Volunteer surgeons, the medical profession, teachers in the London medical schools, and others interested in ambulance work, waited on the Marquess of Hartington at the War Office, on Wednesday last, for the purpose of presenting a memorial on the further development of ambulance work in connection with the Volunteer forces. Sir T. Lawrence, M.P., introduced the deputation, among whom were Surgeon-General Sir William Hunter, Surgeon-Major Evatt, Major Gildes, Surgeon-Major Harvey Hill, Surgeon W. H. Platt, Surgeon Andrew Clark, Surgeon J. H. Casson, Lieutenant Macure, John Furlley, Esq., A. T. Norton, F.R.C.S., John Langton, F.R.C.S., J. E. Squire, M.D., G. H. Makins, F.R.C.S., J. Raw, Esq., J. Astley Bloxam, F.R.C.S., and Acting-Surgeon J. Cantlie. The Marquess of Hartington was accompanied by Major-General Elkington, Dr. Crawford, and Lord Morley.

Sir William Hunter drew attention to the objects of the Organisation, as follows:—

This deputation is desirous of drawing your Lordship's attention to the fact that, whilst the Volunteer force at present possesses a body of regimental surgeons, and to some considerable extent regimental bearers, no medical department and no hospital corps capable of working the divisional bearer companies or the field hospitals exist. It is to assist in developing some means of supplying this want that this Organisation has been formed.

This deputation believes that there should be no difficulty, in conformity with the spirit of the Volunteer regulations, to embody a medical corps, consisting of the same class as form the present combatant volunteers, which will supply this want.

The medical corps, when formed, would stand in the same relations to the Volunteer forces as the medical department and the army hospital corps do to the regular army, and this too, without necessarily interfering with the existing regimental medical arrangements of the Volunteer forces.

Judging by the success which has attended the work of this Organisation up to the present, and the interest taken in it by the public, and by the majority of the metropolitan medical schools, large numbers of whose students are now under training, this deputation believes that it only requires such assistance from the State as has already been given to various branches of the Volunteer force to assure its success.

The deputation desires to draw the attention of your Lordship to the fact that such a corps, besides making more complete the Volunteer army, will, it is anticipated, be the means one day of furnishing a trained reserve, capable of affording efficient aid to the country in time of foreign war; such a reserve forming an essential feature in a military service.

This deputation hopes that your Lordship will see fit to grant a capitation allowance to efficient members of the medical corps, and sanction the issue of ambulance *materiel* such as is issued to the medical service of the regular army, for use in the training of its members in ambulance work, and further that the recognised regimental bearers (2 men per company) as authorised by section xvi., paragraph 486, Volunteer Regulations, 1881, who have also qualified in ambulance drill in addition to military proficiency, should be granted an extra capitation grant for so qualifying.

Lord Hartington thanked the deputation for the information they had given him, and said their scheme seemed to have in it a very great possibility of advantage to the country and the Volunteer force, but there was a great deal yet to be thought out. They had better embody their proposal and send it in, and before any formal application was made there had better be some confidential communications between Dr. Hunter, General Elkington, Dr. Crawford, and Lord Morley, who had presided over a Select Committee on the subject of the medical service. Although he thought there would probably be great advantage from the elaboration of the scheme, he would not like to commit himself at present without further confidential communication. It would give him very much satisfaction if the details could be satisfactorily worked out, and in that case the deputation might rely on the assistance of the War Department.

The deputation thanked his Lordship and retired.

France.

[FROM OUR SPECIAL CORRESPONDENT.]

THE INOCULABILITY OF PHTHISIS has been the subject of the meetings of the Academie de Medicine for the last three weeks, and on Wednesday last M. Verneuil mentioned a case which he believed to be eminently satisfactory to the theory. He began by remarking on the facility of inoculating certain animals with tuberculous matter, whilst in the human species the disease is considered to be generally the result of excesses, poverty, bad hygienic conditions, &c. This difference in his mind could not be regarded otherwise than fundamental. But he would not go so far as to say it was absolute, he would dare to say that the intrusion of tuberculous disease in man might also be the result of accidental inoculation, and he even thought that such cases were not absolutely rare. He was permitted to see several of the kind, amongst which was that of a young man, a dresser in the Children's Hospital, who, in making an autopsy of a child who died of pulmonary consumption, wounded himself in the back of the hand with the scalpel. A few days afterwards a little pimple occupied the site of the wound and gave exit to a drop of pus. In a short time other *boutons* joined the first and spread over the whole of the index finger, the skin of which was of an angry red and extremely painful at times. All kinds of medical treatment were tried without success, and, as a last resource, the patient applied to M. Verneuil in order to amputate the finger. The operation was done, and at the same time an abscess found on the back of the hand was opened, giving exit to characteristic tuberculous matter. The wound healed rapidly but the abscess gave considerable trouble. However, he returned to his studies and having taken out his diploma went to settle in the country. A short time afterwards two abscesses made their appearance in the lumbar region which were undoubtedly tuberculous, and up to the present they have not healed. M. Verneuil regarded this case as being similar to that of Laennec, who during the autopsy of a tuberculous patient had wounded himself, and a tumour followed which he destroyed with butter of antimony. Twenty-five years afterwards he died of phthisis.

THE OPERATION OF ESTLANDER.—At the Société de Chirurgie, M. Perrier communicated the observation of two patients attacked with purulent pleurisy with fistula consecutive to the empyema, upon whom he practised the operation of resection of the ribs, known as the operation of Estlander. The first case was serious, and two ribs only were resected, the patient succumbed. In the second, six were submitted to the operation with great benefit to the patient. M. Berger cited another case, that of a man of thirty, whose parents died of consumption and who had had pneumonia some time ago, and finally a pleuritic sero-purulent. At the hospital he was tapped once to his great relief, but, some time afterwards, it was found that the whole pleural envelope was filled with a liquid, the nature of which it was easy to determine. The operation of empyema was performed, giving issue to two quarts of pus, and, immediately the patient improved and the suppuration ceased for the time. However, a few months afterwards, hectic fever reappeared with dyspnoea and profound emaciation. It was at this point that Estlander's operation was decided upon as the last resource, and for this purpose a triangular piece was cut with the base posteriorly, which brought the intercostal spaces into view. Four inches of the ninth rib were resected, three and a half of the eighth, seventh, sixth, eleventh, and twelfth, the third, fourth, and fifth were similarly treated, but to a less extent. The pleural cavity was not opened, and the operation lasted an hour and a half. The patient succumbed a few hours afterwards. M. Monod and M. Séé reported each a case under their care, in which the results were most satisfactory.

DEATH OF DR. FABRE.—Medical science in France has suffered a severe loss by the death of Dr. A. Fabre, of Marseilles, and the poor of that town have reason to deplore his untimely end. Dr. Fabre was attached to the Hotel Dieu of Marseilles, and his clinical lessons were of such a superior kind, that his classes were always well attended even by his own *confrères*, who came to listen to a man unique in the Phœcean town. The *Gazette des Hôpitaux* profited largely by his contributions, and other medical journals were always glad to afford him space. It is not to be wondered that Dr. Fabre should have had a very extensive practice, but with all, he was able to find time to assist the poor, who twice a week crowded his door. His work of charity was so well known, and the strong religious principles he maintained, that he was commonly called amongst the lower class "Saint Fabre." He was offered several times the ribbon of the Legion d'Honneur, but being a strong Ultramontane he always refused, preferring the ribbon received from the Pope, and which always adorned his button hole. Dr. Fabre died suddenly at the age of 54.

THE highest annual death-rates in the large towns last week from diseases of the zymotic class were—From whooping-cough, 1·4 in Newcastle-upon-Tyne and in Bolton, and 1·2 in Huddersfield; from scarlet fever, 3·3 in Blackburn, 2·4 in Leicester, and 2·1 in Leeds; from measles, 2·3 in Birkenead, and 1·6 in Salford; and from "fever," 1·1 in Preston, and 1·0 in Newcastle-upon-Tyne. The 39 deaths from diphtheria included 19 in London, 6 in Glasgow, 3 each in Edinburgh and Birmingham, and 2 in Dublin. Small-pox caused 9 deaths in Birmingham, 4 in London, 3 in Liverpool, 3 in Sunderland, 1 in Wolverhampton, and 1 in Manchester.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 20, 1884.

THE IRISH COLLEGE OF SURGEONS AND MEDICAL REFORM.

THE Fellows of the College assembled at the special meeting on Friday last passed three resolutions hostile to any reform which would require the College to surrender any of its "powers and privileges," a phrase which is equivalent to the refusal of any reform whatever. The following are the resolutions, and they might readily be mistaken for a series of clippings from Dr. Kidd's letter in our last issue:—

"That this meeting approves, and will gladly support, a well-considered measure of reform calculated to remove such defects as have been proved to exist in the constitution of the medical profession; but, at the same time, the Fellows here assembled desire to express their conviction that it would be injurious to the public welfare, and an unjustifiable employment of State authority, to strip of their privileges institutions which can be shown to be using them both well and wisely."

"That, inasmuch as the Bill introduced into Parliament last session would, had it become law, have deprived this and other medical authorities of the power and influence over the profession which they have hitherto exercised, and which were conferred on them by charter, the Fellows of this College are of opinion that any such legislation should be resisted by the entire profession as being in a high degree injurious to its best interests."

"That this meeting having been informed that it is the intention of the Government to introduce into Parliament during this session a Bill similar to that of last year, recommends the Council to use all the influence it can command to obtain such changes in that Bill as may be necessary to preserve the chartered privileges of the College, more especially the right of conferring a title to practise; and failing this, to oppose the passing of such a measure by all constitutional means."

The first of these only was contested by the reform

party, who retired from the room as soon as it became obvious that the Fellows had been brought up for the purpose of putting their hand and seal to the "Huxley dogma," and were not disposed to listen to argument on the subject. The debate was prolonged and vigorous, but as the anti-reform party brought forward no argument additional to that embodied in Dr. Kidd's letter, and as the facts stated in support of their case by the reform party were chiefly those already presented to our readers, it does not seem necessary to occupy our columns with an extended report of the proceedings. The two following amendments were moved to the foregoing resolutions by Dr. Jacob and Dr. Corley:—

"That this College approves of the course pursued by this College as to the Medical Acts Amendment Bill of last session, and remits it to the Council to take such steps with reference to medical bills that may be introduced as may be necessary to protect the interests of the College."

"That, whilst disapproving of certain clauses in the Bill recently before Parliament, we are of opinion that legislative interference is absolutely necessary in the interest of the public, of the medical profession, and of such of the licensing bodies as have been mindful of their duties and responsibilities."

The fact that these very mild amendments were refused by the Fellows by a large majority is sufficient to show conclusively that the willingness for reform professed by the first resolution did not exist amongst them, and that they had come to the College for the purpose of voting the phrases put into their mouths, and nothing else.

This pronouncement of the meeting would amount to a very serious declaration of policy if it were to be accepted as the voice of the Irish College of Surgeons; but the circumstances under which the meeting was summoned, and the number of votes which decided the question, are such as to throw doubt upon the spontaneity of the movement and to detract from the importance of the pronouncement. Out of about 200 Fellows, who, without great sacrifices, might have been present, only 61 attended at any period of the meeting; while, out of 65 Fellows resident in the provinces, only 8 put in an appearance, many of those who signed the requisition for the meeting being conspicuous by their absence. The majority of 30 which voted against Dr. Corley's amendment consisted, we believe, of these 8 provincial Fellows and 22 metropolitans. This is, after all, not a very glorious victory for the anti-reform party, nor one which the Government need much regard, but, of course, it will have its influence on the Council of the College, and will strengthen the hands of those members who have urged a policy of opposition. We can only express the hope that the Bill, when it is introduced and printed, will be found to have been so modified from its last year's form as to take out of the hands of Dr. Kidd and his followers the weapons which they have used against a change for the better.

Into the debate at the Irish College of Surgeons an episode was introduced which all who desire fair discussion of great questions and who are concerned for the dignity of the College must regret. A statement prepared by Dr. Jacob for the purpose of showing the Fellows the falsity of the cry that the College would be extinguished if the Bill should pass, had been placed in their

hands, and certain of the speakers against reform—notably Dr. Kidd, Mr. Stokes, and Dr. Molony—failing any possibility of contradicting or refuting the facts submitted by Dr. Jacob, devoted themselves to personal abuse of him and those who acted with him. Dr. Molony pronounced these statements to be "at least greatly exaggerated," and Mr. Stokes declared them to be "scarcely honest."

Such phrases may, perhaps, be hardly worth notice. In the effervescence of rhetoric and in the agonies of oratorical parturition, persons unaccustomed to debate may be excused for giving utterance to such language, no matter how carefully they have prepared their speeches beforehand; but, when they have been guilty of a slip, they ought to be ready to make the *amende*, and to give as much credit to other people for truth and honesty of purpose as they would claim for themselves.

Dr. Kidd, however, transgressed all bounds of the decency of debate by directing the assembled Fellows that they must receive "with caution" the statements made by Dr. Jacob and his party, and by accusing these gentlemen of having deliberately perpetrated "inaccuracies" for the purpose of "misleading." Such a statement—intended, apparently, as an insult to his medico-political opponents—is calculated to degrade the College and the utterer of it more than anyone else.

The "caution" which was thus inculcated may perhaps be advantageously exercised by the Fellows of the College in respect to Dr. Kidd's dictation to them. Do they know the medico-political creed of their guide? Here it is, taken from his speech as President of the Dublin Branch of the British Medical Association, and published Feb. 4, 1882, page 148:—

"Let us give up the idea of protection. So long as we know and attend to our business, we need not fear the rivalry of quacks. Let Colleges and Universities cease to claim for their degrees, diplomas, or licences any privileges; let that which is certainly the case be openly avowed; let the public learn that no licence is necessary to enable any man to practise medicine."

This remarkable pronouncement is quite consistent with the free trade in diplomas which Dr. Kidd now urges upon the Fellows of the College. But the following paragraph seems hard to reconcile with his eulogy of the existing medico-educational system:—"It must be admitted, however, that the tendency of the system under which we are at present is to induce competition for candidates by lowering the standard of education and examination."

Add to this the remarkable avowals that the College should take homœopaths to its embrace, and that it is not its duty to do more than ensure that its licentiates shall possess the "rudiments" of their profession before sending them out, and we have a fair expression of the medico-political views of the present leader of the College. We respectfully advise the Fellows to accept his guidance with due "caution."

A BILL to regulate the practice of medicine and surgery was recently introduced in the General Assembly of Virginia.

THE PRISONS MEDICAL SERVICE.

ONE of our contemporaries has recently devoted a leader to, and published the following extract from, a letter written to the Commissioners of Prisons (England) congratulating them on the highly satisfactory nature of their Report:—

"The progressive decrease in the death-rate of the prisons, which has now reached 78 per 1,000 of the prison population (showing a diminution of 22 per 1,000 on the mean death-rate of the last ten years, which so lately as 1875 exceeded 14 per 1,000), is a striking proof of the successful care which has been bestowed on the health of prisoners, and the Secretary of State desires that his satisfaction may be expressed to the medical officers at these results of their efforts. Considering that the class of persons who are placed under their care are generally those whom vice and crime have rendered unhealthy subjects, this death-rate (even taking into account the number of diseased persons released on the score of ill-health) must be regarded as singularly low."

We congratulate the medical officers of English prisons on this recognition of their services. When the ordinary death-rate of the population is considered, we think there are few who would dispute the assertion that such a death-rate is low, and taking into account, as pointed out by the Home Secretary, that the class with whom the medical officers have to deal is principally recruited from those broken down by disease, depravity, and vice, the Home Secretary does not exaggerate when he describes it as singularly low.

Such results indicate not only skill and care in the treatment of the sick, but, what is no less important, that great care and attention must have been paid to the sanitary condition of the prisons. Gratifying as the recognition of their services by the Home Secretary must be, it appears that it has not been confined merely to words, but by a general increase of salary. This is as it ought to be. Good work deserves both commendation and practical recognition, and the policy is sound which, while rewarding valuable services in the past, stimulates to further exertions in the future. A sense of duty—and, we may say specially, a sense of professional duty—impels medical men to do their utmost to alleviate suffering and prevent the spread of disease. Human nature, however, exists under the doctor's gown, and gratitude in the sense of an expectation of favours to come, if it does not excite to renewed zeal in the discharge of duty, certainly makes its performance more pleasant.

This "highly satisfactory" state of affairs for the medical officers of English prisons naturally caused us to inquire, How fares it with their *confrères* of her Majesty's prisons in Ireland? Have they been congratulated on their successful skill? Have they received increase of pay? We regret to find they have not. On the contrary, increased work both temporary and permanent has been imposed on them, and although led to expect it, for the onerous duties inflicted on them under the Persons and Property Preservation (Ireland) Act they have been refused any compensation whatever, and although their duties are as onerous and their work as heavy as that of the English medical officers, their pay is far less. We are at a loss to discover the reason of this singular difference in treatment. We did not for a

moment suppose that less satisfactory results had been obtained in the Irish prisons, but if we had, the investigation of the reports of the General Prisons Board would have dispelled any doubts on that point, and the following facts culled from those documents prove conclusively that the "death-rate (even taking into account the number of diseased persons released on the score of ill-health) must be regarded as singularly low."

Neither the extract from the Home Secretary's letter nor the comments in the article state whether his remarks apply only to what are known as local prisons, or include convict establishments. The allusion to the discharge of diseased persons lead us to believe that the reference is to local prisons. We shall, however, give the death-rate for both in Irish prisons. In the year from 1st April, 1879, to 31st March, 1880, being the year after the prisons passed under the Prisons (Ireland) Act from the counties to the Government, the commitments to local prisons numbered 44,659; the deaths in that period, excluding executions, amounted to 23, or '51 per 1,000. In Feb. 1881-82: Commitments, 41,088; deaths, 18, or '43 per 1,000; and in Jan., 1882-83, the commitments were 35,434, and deaths, excluding executions, 7, or '19 per 1,000. The prisoners treated as sick during the same periods, both in and out of hospital, were—1879-80, 36,962; in 1881-82, 37,813; and in 1882-83, 30,740. In the convict prisons we find certain percentages given as to the death-rate which are quite unreliable with regard to the total number of convicts in prison, inasmuch as the percentage is only calculated in those prisons in which deaths occurred. We find, however, in 1879-80 the total number of convicts 1,064; deaths 9, or 8·4 per 1,000. 1880-81, 1,204; deaths 5, or 4·1 per 1,000. 1881-82, 920; deaths 7, or 7·6 per 1,000. 1882-83, 1,141; deaths 8, or 7·0 per 1,000. If the Home Secretary's letter merely refers to local prisons, then these results are immeasurably superior; if to both local and convict, we have a death-rate in England of 7·8—in Ireland of 7·2, and this, too, in the face of defective nursing and great difficulties.

We have frequently called attention to the many and serious grievances under which the medical officers of Irish prisons suffer. We need not now recapitulate them, more especially as they have been brought before the Royal Commission on Prisons Discipline, and we trust they may be remedied. But we would fail in our duty if we did not call for redress for what, if allowed to remain unremedied, would indeed be a gross injustice. The duties of Irish prison surgeons are both as arduous and extensive as those of English prison surgeons, and their responsibilities as great, while their salaries are much less.

The Government have justly recognised that English prison surgeons are underpaid, and have increased their salaries; the increase is not large, yet it is a recognition of the fact that for the work done the remuneration was not sufficient, and at the same time it has paid a well-deserved compliment to the efficiency of its officers. On what grounds of equity, justice, or policy are the Irish surgeons denied a similar recognition? Their work is as well done, yet they are worse paid. Instead of "satisfaction being expressed at the results of their

efforts" they are snubbed, and instead of increased salaries they are ordered to pay substitutes when absent on prison duty. We trust that the Irish members of Parliament will endeavour to see that justice is done to Irish medical men in this respect.

We have already expressed our conviction that the appointment of a medical member of the General Prisons Board and of a medical inspector of prisons was urgently needed. If anything were required to confirm us in that conviction, it is furnished by this example of the different policy carried out towards the prison surgeons in the two divisions of the United Kingdom.

KOUMISS.

SUFFICIENT experience has now been had of the virtues of Koumiss as a food remedy in many cases of disease, to render any defence of the preparation no longer necessary. Both in hospital and private practice so many and valuable advantages have been found to attend its employment that not a few physicians now regularly prescribe it in wasting diseases attended with gastric irritability, and inability of the patient to retain ordinary food. A number of cases in which it has proved exceptionally serviceable have been recorded—some among them being of a kind to demonstrate the fact that Koumiss may be regarded as a specific in certain instances where no other agent is found of any avail. Thus, in 1881, Dr. Sutherland reported to the Clinical Society of London that a female patient of his own, afflicted with chronic vomiting on account of which no kind of food could be kept on the stomach, was finally put upon a diet of Koumiss alone. This appeared to agree with her, and for sixteen months it alone formed the whole of her dietary, no other food of any description having been administered. Many other examples, almost as conclusive of the sustaining powers of the preparation, will at once recur to every reader, and the obvious teaching of such records is that an article so valuable ought to be much more universally employed than it has yet been. Against this course, however, is the considerable expense that may be incurred by any who propose to make an extended use of the preparation which, hitherto, has been thought to be procurable only from institutions where it is specially made. Thus obtained, the article becomes a luxury from the price which is charged for it, and we feel assured that were it but generally known that practically serviceable Koumiss can be manufactured at home, in any ordinary household, its properties would speedily become generally recognised and utilised; and yet this is thoroughly feasible, and has been proved to be so in more than one instance, especially in hospital practice, where, owing to questions of economy, Koumiss is less extensively used than might be the case in the interests of patients. In order, therefore, to enable those who may wish to make their own Koumiss, we consider that the mode of proceeding should be very generally made known; and the following directions are those which it is desirable to follow to ensure success:—

Take of milk (fresh), one gallon;
Koumiss, one quart bottle;
Pounded loaf sugar, two ounces.

Put the whole in a flat open dish, and submit it to moderate warmth for twenty-four hours, covering the dish with fine muslin for protection against dust, &c. An ordinary kitchen at night is a suitable plan for the operation of conversion to take place in, but care must be observed lest too great a degree of heat is employed during the process. At the end of the time named the preparation must be put up in champagne bottles, and the corks firmly wired down, and the bottles, after filling, should be left for another twenty-four hours in a warm cellar, prior to being used. In summer time care will have to be exercised lest the warmth be of a kind sufficient to burst the bottles when stored, and a little experience will readily enable this danger to be overcome. In order, further, to prevent any danger from bursting at the time of using the Koumiss, a napkin should always be placed around the bottles before opening them; but for purposes of convenience it is a good plan to draw the liquor as required by means of an ordinary champagne corkscrew-tap.

When once a supply of Koumiss has thus been made, future brews will be obtainable without having recourse to the purchase of the article for setting up the fermentative changes, since a bottle of the home manufactured material will always be equally serviceable, and thus, too, always accessible.

We shall be glad to receive reports of the success attending trial of this mode of preparation from any who adopt our suggestions; and to hospital managers especially, it may be cordially recommended to follow so simple a plan for providing patients with a valuable article of diet without at the same time straining the income of the charity to meet any additional expense thereby incurred.

Notes on Current Topics.

Nursing at Charing Cross Hospital.

AMONG hospitals at which open disagreements between medical and nursing staffs have threatened to breed mischief like that which has resulted in such harm to Guy's, Charing Cross is the institution most recently under notice. At this place, which, in common with King's College Hospital, has been nursed by women trained in connection with St. John's House, difficulties last year occurred, when the "ladies" followed the example set by those at King's, and deserted their posts in sympathy with the excitable matron of the latter institution, whose resignation was compelled at the instance of the hospital authorities. These sisters then severed their connection with St. John's House also, because their preposterous claim to rule in the wards as absolute mistresses thereof was not supported by the Council; and the treasurer at Charing Cross, like his brother official at Guy's, promptly espoused the cause of the recalcitrant women. Meanwhile St. John's House authorities replaced the rebels with other nurses, who have performed their duties respectfully, efficiently, and to the entire satisfaction of the physicians, surgeons, and resident staff of the hospital; but notwithstanding this Mr. Few, the treasurer in question, has endeavoured to obtain their dismissal from the charity, in order that their places may once more be taken by

those who last year so far forgot themselves and the sacred trust reposed in them. For some time this controversy has embittered matters at Charing Cross; and on Wednesday last it was finally settled for good by the action of the treasurer himself, who summoned a meeting of governors to consider his proposal so reintroduce a body of women with whom the staff had already declared it impossible they could work in union. Most fortunately for the interests of the hospital, the meeting plainly perceived the utter ruin that must ensue should the endeavour Mr. Few was making be successful, and his motion was defeated by an overwhelming majority, while the most perfect satisfaction with the present state of things was given expression to. We may thus hope that a decisive defeat has been sustained by that mischievous class of busybodies who delight to meddle with questions of hospital management, for the solution of which they possess no sort of capacity; but we may also assume that the disasters which have befallen Guy's as a result of permitting such interference of lay authorities, has done not a little to educate governing bodies in the way of perceiving the dangers which they ought to avoid. A treasurer can perform many duties wisely and well; but the moment he essays to exhibit a partisanship to the detriment of supreme medical authority in the wards of the hospital he is attached to, nothing but harm to the charity can result unless, as in the present instance, his own complete discomfiture terminates the difficulty.

The Aspect of the Cremation Question.

ADVOCATES of cremation may well congratulate themselves on the satisfactory change which has taken place in public opinion concerning the reform they seek to introduce in the mode of disposing of dead bodies. Within the last week two most important and significant occurrences have served to mark this progress—one, the announcement that Dr. Cameron will introduce a Bill into Parliament having for its object the legalising of cremation; and the other a definite statement from one of Her Majesty's judges to the effect that there is no law which forbids the decent disposal of human remains by fire. The occasion which evoked this expression of opinion was the trial of Dr. Price, "the Welsh Druid," on Friday last, at Cardiff, on a charge of unlawfully attempting to burn his dead child. The result was a verdict of not guilty, and in charging the jury Mr. Justice Stephen advised them that burning a dead body was not a legal offence in itself, and could only become a misdemeanour by being performed in such a way as to become a public nuisance. Possibly this may have a beneficial effect in influencing the public mind to consider the question with calmness when it comes to be subject of Parliamentary discussion in April next.

THE General Medical Council has been summoned to meet at 2 o'clock on Tuesday, March 25th, the Executive Committee the day before (March 24th), and the English Branch Council on the morning of March 25th. It is not known at present what business is to occupy the Council, or whether the Medical Bill is to be taken into consideration.

Volunteer Medical Organisation.

AN important and influential deputation had an interview on Wednesday last with Lord Hartington, for the purpose of urging on the Secretary of State for War the desirability of establishing a special medical corps of the Volunteer Service, to hold the same position in it as the Army Medical Department and the Hospital Corps hold in the regular army. The advantages of such an adjunct in time of war were pointed out by the deputation, and the arguments in support of it that have from time to time been urged in these columns were insisted on. Lord Hartington returned a very favourable answer to the deputation, and said that if a well-considered scheme were drawn up and forwarded to the War Office authorities, he would promise that it should receive every consideration; and although he was unable to make any definite promise in the matter, he thought it presented many features which would ensure its success. The deputation included Sir Trevor Lawrence, Bart., M.P.; Sir W. G. Hunter, Surgeon-General; Surgeon-Major Evatt, A.M.D.; and representatives from the various hospital ambulance corps which have been created through the indefatigable energy of Surgeon-Major Evatt in the metropolis.

The Bacillus of Cholera.

AT the last meeting of the Royal Medical and Chirurgical Society, held on the 12th inst., a special interest was aroused by the exhibition of a number of microscopic specimens, sent to the President by Dr. Straus, of Paris. These comprised sections taken from various parts of the small intestine of cholera patients, within a short period of death; and others, preparations of the rice-water stools, all being stained, with the object of bringing into view the organisms that might be present in them. Examination of the visceral preparations showed that the epithelial lining of the villi and mucous membrane of the part was completely desquamated, and also that large numbers of villi existed in the villous tissue and in the structure of the mucous membrane, thus lending confirmation to the discoveries already announced by Koch as the result of his Egyptian investigations. Dr. Straus, moreover, identifies the most frequently observed form of bacillus in his specimens as similar with that which Koch describes as resembling the bacillus of glanders, but he is careful to avoid any definite statement on the subject until he becomes aware by what particular method Koch's preparations were made. In the discussion which followed the exhibition of the specimens, considerable variety of opinion as to the probable nature of cholera was expressed, Sir Joseph Fayrer and Surgeon-Major Lewis emphatically declaring their belief that the disease was non-contagious. The latter further asserts that he has long been acquainted with the existence of micro-organisms in the rice water stools, and that he was convinced no single one of the forms of bacteria shown in the specimens could be said to be definitely associated with cholera. Probably the future history of this controversy will depend to a great extent on the success attending Koch's Eastern investigations; but whatever other result they may have, there can be little doubt of

the benefits to science that will result from continuance of the discussions.

Society for Relief of Widows and Orphans of Medical Men.

An extraordinary court of directors of the Society was held on January 23rd, to receive the resignation of Sir George Burrows, Bart., President, Sir Henry Pitman, V.P., in the chair. Mr. Charles Hawkins, V.P., moved, Dr. Quain, Treasurer, seconded, the following resolution:—

"The court of directors in accepting the resignation of Sir George Burrows as President of the Society, desire to place on record its high appreciation and sense of the valuable services he has rendered in this capacity. The constant watchful and benevolent interest which for seventeen years, as President, he has taken in the affairs of the Society, has in a great measure contributed to its successful management and its present prosperous condition, and this court feels confident that Sir George Burrows on retiring from the office of President, will carry with him the affectionate regard of the entire court of directors, and the esteem and gratitude of every member of the Society."

Mr. Charles Hawkins moved, Dr. Quain seconded,—

"That Sir James Paget, Bart., be nominated as President in place of Sir George Burrows, Bart., resigned, and that an extraordinary general meeting be called for Friday, February 8th."

In accordance with the above resolution, an extraordinary general meeting of the Society was held on February 8th, Dr. Harvey Owen, V.P., in the chair, and Sir James Paget, Bart., was unanimously elected President of the Society. The members present adopted the resolution carried at the extraordinary court of directors on the resignation of Sir George Burrows, Bart., and requested the Secretary to forward a copy of it to the late President.

Bichloride of Mercury in the Treatment of Gonorrhœa.

DR. JOSEPH MCCHESENEY, Denning, New Mexico, Surgeon to the Atchison Zopeha and Santa Fe Railway Co., reports the results obtained in the treatment of gonorrhœa by a solution of corrosive sublimate of the strength gr. j. to ʒvj. of water. In some of the cases he tested the differences in treatment by, at the onset, exhausting old and well-tried formulæ for injections in obstinate cases, and then using the bichloride of mercury in the strengths mentioned. In all the cases noted the results were everything that could be desired. In all the patients were cured of the discharge within ten days of the commencement of the treatment. Should any of our readers have the opportunity of putting this method of treatment to the test of clinical experiment, it is desirable that the results should be recorded. Gonorrhœa, like toothache, is still one of those unsatisfactory complaints for which there are a variety of remedies, the action of which, however, are not as reliable as they might be. The writer has had most satisfactory cases, in which rapid and permanent relief was obtained by the injection of a solution of four drops of solution of permanganate of potash (BP) in two ounces of water. One case especially was almost ludicrously rapid in its recovery after this method of

treatment was employed. The patient had been six months a sufferer, and had tried a great variety of treatments under various men. On commencing the injection of permanganate, he was perfectly cured within twenty-four hours, and no subsequent relapse. Certainly this injection is most useful, and almost invariably controls, if not cures, the discharge.

Dr. McChesney directs the injection to be used every four hours. Dr. McChesney's experience accords with that of Dr. Tutakow, who read a paper upon the subject before the Berlin Charite Medical Society, noticing Messor's discovery of gonorrhœal bacteria, and recommending the use of a solution of the perchloride 10 parts in 20,000 to 30,000.

Dr. D. Campbell Black, of Glasgow, whose paper appeared in the *British Medical Journal*, March 10, 1883, p. 456, uses a solution gr. ij. of the perchloride to ʒviij of water. He has never known an uncomplicated case of gleet resist this method of treatment.

Doctor's Signs.

In a very interesting article the *Canada Medical Journal* presents some facts respecting doctor's signs as the editor has observed them in Canada, &c. From this and other statements we learn that in Canada the doctors have a way of erecting signs not common in the States or in this country. Thus the writer says he is acquainted with two signs in the shape of a metal door plate two feet square with five inch letters on the same. He quotes a remark of a well known American physician as he passed the office of a prominent regular Canadian physician over whose door there was a large transparency with the name and number of the doctor, "irregular, eh." He objects also to the following titles placed upon the sign or door plate, "Dr. ———, M.D. Edinburgh (Honors), M.R.C.S. Eng., L.A.H. Dublin." These are reported as quite common. But the latest novelty is a fine large block of granite such as would be suited for a tombstone, with the doctor's name cut in large letters on each side and the block placed as a carriage step in front of the doctor's office.

Sir William Guyer Hunter, K.C.M.G.

WHEN, at a recent meeting of the Epidemiological Society, the announcement was made by Sir Joseph Fayrer that her Majesty had signified her intention to confer upon Surgeon-General Hunter the dignity of Knight Commander of the Order of St. Michael and St. George, the round of applause with which the information was received sufficiently attested how completely the professional brethren of Dr. Hunter accorded with the recommendation on which the decision of her Majesty rested. It is honourable to Dr. Hunter himself that he so satisfactorily and well fulfilled the important mission on which last autumn he was sent to Egypt as to justify his patron in recommending him for the dignity which is about to be conferred upon him. It is also honourable to that patron that he took action with a view to those important services being thus acknowledged. Surgeon-General Hunter is a member of the Indian Medical Service. His official career in that country was peculiarly

successful. For many years he resided in the city of Bombay, where he held in succession a number of responsible and high positions in connection with the Civil Hospital and Medical School. He took a very active part in the sanitation of that capital, as also in its general improvement, and, further, if we mistake not, was for some time President of its Municipal Council. His period of actual medical administration was short, the latest new Regulations relating to the Indian and Army Medical Services having enabled him while comparatively young and in the full enjoyment of energy to accept retirement. A new sphere of usefulness now opens before him, and we cordially wish him many happy years to work and to enjoy the honours he has so well merited.

The Hunterian Society.

ON Wednesday last, Dr. George Roper delivered the annual oration in memory of Hunter, in the theatre of the London Institution, before an appreciative audience. The address was not confined to the customary laudation of the illustrious person whose name both the society and oration were designed to perpetuate, but embraced matters of practical import to the practitioner and student of medicine of to day. After the oration a cordial vote of thanks was accorded Dr. Roper for his eloquent address, which we hope to give in a future number. On the Friday following, the annual Hunterian dinner was held, under the presidency of Mr. Walter Rivington, of the London Hospital, when there were present Sir Andrew Clark, Dr. Braxton Hicks, Dr. Roper, and many other eminent members of the profession.

The Army Medical Service and Egypt.

CONCURRENTLY with the despatch of troops to the seat of war is a general movement in the medical and hospital departments of the Army and Navy. Last week we announced the promotions and appointments in the naval service; this week will witness the departure of some twenty army surgeons; and we understand that Surgeon-General Gilborne, principal medical officer at Aldershot, has received instructions from the War Office directing him to have ready for immediate embarkation a detachment of the Army Hospital Corps, consisting of six officers and about forty rank and file, to join the Soudan field force.

Mr. Croly, of Dublin.

THE return of Mr. Croly to his duties as Surgeon of the City of Dublin Hospital after his recovery from a prolonged and dangerous attack of typhoid was made the occasion of a demonstration of regard and appreciation by the students of the hospital, and also by the Board of Directors. An address was presented to Mr. Croly on his first appearance in the operating theatre, expressive of the affection of the class for him and their satisfaction at his restoration to professional work, and it was replied to by Mr. Croly in suitable terms. The congratulations of the Directors were also well timed and cordially expressed, and we may venture to add our own felicitations upon Mr. Croly's escape from so great a danger.

Improved System of Wood Paving.

WE have to congratulate a well-known member of the profession, Dr. J. McGrigor Croft, late staff surgeon in the army, and now a guardian of the important metropolitan parish of Marylebone, upon the initiation of a new system of wood paving. From what we understand of Dr. Croft's principle of wood-block laying, it is entirely different to any plan in use. The blocks so laid drain themselves of moisture, never burst up, as we see in the puddles of water and dirt that remain after heavy rain in the indents of swollen wood. The passage of vehicles is noiseless, and the horses have a dry grip at all times, which will prevent that sliding and falling now so common on wood and asphalt roads. The cost of laying wood on Dr. Croft's principle is stated to be far less, and will last longer than any other, an important item for ratepayers. We hear the plan has been tried on a heavy thoroughfare and pronounced a great success.

Royal College of Surgeons of England.

AT a meeting of the Council of the College on the 7th inst. it was decided to submit to the Fellows and Members of the College the alterations proposed to be made in the Charter. It will be open to them to discuss such alterations and to recommend further change. This action on the part of the Council is due to the notice of motion given by Mr. Erichsen, and which we have reason to believe an attempt was made to burk.

The Electric Light.

ABOUT two hundred members of the Royal Society of Physicians of Vienna met on the 8th inst. in the auditorium of Professor Stricker's laboratory to witness demonstrations by the electric light. Before the commencement of the proceedings Professor Stricker gave a short explanatory introduction, to the effect that the apparatus was worked by a six-horse power engine located in the underground premises; that the current could be used for lighting the hall (20 Swan lights), or turned into the microscope camera for the purpose of projecting the microscopic image on the screen. The light was collected by a single large lens, and the carbon points of the light were regulated by screws worked by hand, as this plan gave a steadier light than could be got by clock-work apparatus. His assistant, Dr. Gärtner then came forward and projected the microscopic image of the mesentery of a living frog upon the screen, showing the circulation in the vessels, and also demonstrating to the audience the contraction of the vessels produced by the heat of the concentrated rays of light. At first the vessels were wide and the current rapid, as arrangements had been made for protecting the delicate living tissues from the heat; but no sooner was the protection removed than both arteries and veins began to contract, and in the course of about two seconds the arteries had contracted to such a degree that their lumen was obliterated, and the blood current was brought to a standstill. "Our observations," said Dr. Gärtner, "thus prove that an elevated temperature acts as an irritant upon the blood-vessels, that in consequence of this irritation they contract powerfully, even to total obliteration of their lumen. The fact well known to physicians, and especially to

gynaecologists, of the hæmostatic action of heat finds in these observations an experimental foundation."

Professor Stricker then gave an address on the structure of tendons, illustrated in the same manner, and afterwards Professor Kundrat demonstrated by the same process a series of pathological preparations. The whole of the proceedings elicited the liveliest interest.

PROFESSOR FLOWER, F.R.S., will commence a course of nine lectures on "The Principal Types of the Human Species," at the Royal College of Surgeons of England on Monday next, Feb. 25th, to be continued Wednesdays, Fridays, and Mondays, at 4 o'clock each day. Members of the profession will be admitted free on presentation of their cards.

THE Lords of the Admiralty have decided to abolish the present staff of hospital nurses, and to replace them by men chosen from the Fleet, who are to receive special training at the hospitals. They will thence be drafted to sea, but, on paying off, will return to their hospital instead of being sent to the dépôt ships as at present.

THE Liverpool poisoning case, which has been adjourned several times during the past few months, was concluded on Saturday by a verdict of wilful murder against the two women, Higgins and Flanagan, who stood accused of administering arsenic to divers persons (the husband being the victim in one case) for the purpose of obtaining money on insurance policies after the death of the said persons.

DR. PRICE was again placed upon his trial for the partial cremation of his illegitimate child, at Cardiff, on Saturday, the Jury having disagreed on the previous night. Counsel for the prosecution having elected to offer no further evidence, the Judge, in discharging Dr. Price, said he hoped that in future he would have more regard for people's feelings, while the public might make allowance for his eccentricities.

WE are asked to announce that a Bill will be introduced by Mr. Coleridge Kennard for the withdrawal of grocers' and other shopkeepers' licences for the retail sale of spirits and liqueurs. The Bill is under the auspices of the Church of England Temperance Society; but with every wish to help forward legislation for the control and suppression of drunkenness, we must honestly express our conviction that the withdrawal of the grocers' licence is tantamount to handing the liquor traffic over entirely to the publican.

IN the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follow:—Bombay 32, Madras 46, Paris 25, Geneva 27, Brussels 23, Amsterdam 29, Rotterdam 23, The Hague 21, Copenhagen 22, Stockholm 25, Christiania 25, St. Petersburg 40, Berlin 22, Hamburg 26, Dresden 25, Breslau 29, Munich 30, Vienna 25, Prague 40, Buda-Pesth 30, Rome 28, Turin 28, Venice 32, New York 21, Brooklyn 20, Philadelphia 21, and Baltimore 23.

THE deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 20·6 per 1,000 of their aggregate population. The death-rates in the several towns were:—Wolverhampton 15; Bolton 16; Bristol, Derby 17; Portsmouth 18; Halifax, Hull, Blackburn, London, Sunderland, Birmingham 19; Nottingham, Bradford, Brighton 20; Huddersfield, Leeds 21; Edinburgh, Sheffield, Plymouth, Salford 22; Liverpool, Norwich, Newcastle-on-Tyne 23; Leicester, Cardiff, Preston, Birkenhead 24; Oldham 25; Glasgow 26; Manchester 27; Dublin 30.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

DEBATE ON ALBUMINURIA AT THE PATHOLOGICAL AND CLINICAL SOCIETY OF GLASGOW.—A very important meeting of this Society took place in the Faculty Hall, Glasgow, on Tuesday night, the 12th inst. Dr. MacCall Anderson presided, and there was a large attendance of the profession. The subject to be considered by the Society was "Albuminuria, its Pathology and Clinical Significance," which was ably introduced by Dr. Newman. Dr. Newman dwelt especially on the anatomy and histology of the kidney, basing thereon his subsequent deductions. He believed that normally albumen escaped through the Malpighian capsule, but that it became absorbed in passing along the convoluted tubes. He contended that there was no such thing as normal albuminuria. Dr. Roberts, of Manchester, in a very able address, followed Dr. Newman, confirming his observations, especially to the clinical aspects of albuminuria, and to the tests by which its presence is discovered. In contradistinction to Dr. Newman, he maintained that there was such a thing as normal albuminuria, and he dwelt on these puzzling cases of the disease, even complicated with cardiac complications which get well. He referred to the urine test for albumen proposed by himself, the sodium tungstate test as recommended by Dr. Oliver, of Harrogate, the picric acid test recommended (but certainly not first introduced, as many will unjustly persist in writing and speaking) by Dr. Johnson, and other tests. As the result of a re-examination of the whole question, Dr. Roberts confessed that, after all, the old test of heat and nitric acid was the most valuable and most delicate one for albumen. Heat alone discovered albumen in urine where no other test did. Dr. Roberts' address was listened to with marked and deserved attention. Professor J. D. Hamilton, of Aberdeen, was the next speaker, and his address was a singularly lucid, brilliant, and suggestive one. He reviewed the various Continental opinions on the subject under discussion, the histological difficulties with which the question is surrounded, and his explanation of the thickening of the arteries and enlargement of the left ventricle was exceedingly ingenious and plausible. His whole address betokened great and extensive familiarity with his subject, and his deductions bespoke the cultured and cautious logical mind. After a sitting of two hours, which seemed a very short time, Professor Gairdner in a graceful and generous manner proposed a vote of thanks to the lecturers, which was heartily accorded. We purpose reverting in detail to this important discussion. It is to be resumed on the 19th inst., and it is announced that Professor Greenfield, of Edinburgh, and Dr. Mahomed, of London, are to take part in it.

THE TERCENTENARY OF THE EDINBURGH UNIVERSITY.—The Lord Provost's Committee of the Edinburgh Town Council had before them on the 14th inst. a request by the University Senatus for their co-operation in reference to the forthcoming centenary celebrations, so as render them as successful and as worthy of the occasion as possible. The Committee agreed most heartily to give every assistance in their power, and remitted to a sub-committee to place themselves in communication with the Senatus on the subject. The celebration is to extend over Wednesday, Thursday, and Friday, 16th, 17th, and 18th of April, and provisional arrangements have, so far, been completed.

EDINBURGH.—HEALTH OF THE CITY.—For the week ending with Saturday, the 9th inst., the mortality in Edinburgh was 95, and the death-rate 20 per 1,000. There were 19 deaths under 1 year and 26 above 60, of which 4 were above 80 years. Diseases of the chest accounted for 50 deaths, and zymotic causes for 19, of which three were due to fever, 4 to scarlatina, and 6 to measles. The intima-tions of these diseases for the week were 3, 43, and 158 respectively.

GLASGOW DEATH-RATE.—The deaths in Glasgow for the week ending with Saturday, the 9th inst., were at the rate of 27 per 1,000 per annum, as against 23 in the preceding week, and 23, 28, and 33 in the corresponding periods of 1883, 1882, and 1881 respectively.

FATAL MEAT POISONING CASES AT GOVANHILL, GLASGOW.—The question of meat poisoning to which attention had been directed by Haber in 1878 (*Archiv. der Heilkunde*), forces itself again on the public by somewhat extensive poisoning from this cause at Govanhill, Glasgow. Up till the present moment two deaths have been reported, while no less than eleven other persons have suffered severe sickness, though no more fatal results are anticipated. The particulars, as reported to the police, and the result of inquiries made by Detective Davidson, are as follows:—Robert Miller, nine years of age, son of Robert Miller, residing at 60 Inglefield Street, died on Monday afternoon, shortly after partaking of a small portion of the tinned meat. No suspicion of having been poisoned seems to have entered the minds of the boy's parents, and the body was interred. On Wednesday night John Webster, two years of age, a nephew of the seller of the meat, and son of a butcher, residing at 36 Inglefield Street, died after a short illness. In his case it has transpired that he also ate a small portion of the tinned meat a short time before his death. Dr. Robt. W. Forrest was called in, and certified that death resulted from poisoning, and after making an examination gave it as his opinion that the poison was contained in the tin. The boy Miller's mother and brother partook of the mutton at the same time, and they, too, were similarly affected, but afterwards recovered; and are now considered out of danger. From inquiries made by the detective, it has been ascertained that eleven persons, in addition to the two boys who died, had consumed a small portion of the meat. In each case sickness ensued, accompanied by vomiting and purging, but none of them are now considered in danger.

"THOUGHT-READING."—In our last impression there is a paragraph on this subject, one which has recently engaged a good deal of attention from medical men both in Edinburgh and Glasgow; and after having seen Mr. Stuart Cumberland perform his experiments, we are constrained to admit, no less in justice to him than to ourselves, that the paragraph in question fails to do him justice, and that it was written from the sceptical point of view, perhaps characteristic of medical men in matters relating to preternatural phenomena, a con-

dition of mind, however, rather praiseworthy than otherwise, while on rare occasions it may be pushed unconsciously too far. We are not going to cavil, as does one of our local contemporaries, with Mr. Stuart Cumberland for the use of the term "Thought-reading;" we think upon the whole the term is fairly allowable. The charm of Mr. Cumberland's exhibitions consists in his transparent honesty of purpose, and in his exposing by perfectly natural means the fraud of "Spiritualism," for which we have been indebted to our Transatlantic cousins, with so many other things good and bad, and which, we agree entirely with Mr. Cumberland, has done so much to subvert the highest and best interests of religion and morality, and has driven not a few to lunatic asylums. Of course it is hardly necessary to remark that few people of any intelligence believed that the phenomena accredited to so-called "Spiritualism" were caused through the agency of disembodied spirits; indeed, should such tricks constitute part of their celestial recreations, few sensible people would envy them their existence or their pastimes; but the question, on the other hand, arose, How are these phenomena produced? Rapping ("spirit rapping") constituted one of the phenomena of spirit presence and action, and answers were given according to a certain number of knocks as agreed upon between the medium and "spirit." Now, Mr. Stuart Cumberland demonstrates that he can produce these mysterious raps without disturbing the repose of disembodied spirits, and in possibly a more vulgar fashion. He possesses the power, in common with spirit media, of partially dislocating the joint of the great toe, through the action of the *peroneus longus* muscle, and thereby producing perfectly distinct and audible "spirit" knocks. This doubtless required long practice, and an unusual development of the muscle in question. But of Mr. Stuart Cumberland's demonstrations by far the most wonderful are his ability in a very large percentage of instances of discovering objects hidden through the agency of touch. Of collusion, we may remark, we are satisfied there could be in the instances to which we were witnesses be absolutely none. Thus, a pin was hidden in a particular place, and within an umbrella in St. Andrews Hall (Glasgow). While the pin was being hidden Mr. Cumberland left the Hall. Taking the gentleman who hid the pin as a medium, and blindfolded, Mr. Cumberland sallied forth in this great hall, and before a large audience, to find the secreted object—a test one would have thought in all conscience a trying one of his power. It is a condition of success admitted by Mr. Cumberland that the medium must concentrate his thoughts on the object of search, to the exclusion as much as possible of any other thought. In this instance there was a little bungling about the localisation of the pin; it was removed from the position in which it was originally placed, yet with the knowledge of the medium; and this makes Mr. Cumberland's success all the more striking. After wandering about the hall for a little with his medium, Mr. Cumberland was seen to hover about the place in which the pin was originally placed, and, not finding it readily, he said there must have been something strange as to the conditions of the experiment. It was remarked that he was very near the spot, when, in a few minutes, amidst great applause, the hidden pin was produced. In like manner Mr. Cumberland invited Dr. Neil Carmichael to think of some person among the audience. Dr. Carmichael did so, told the chairman the person in question (a gentleman whose name even was unknown to Dr. Carmichael), and, blindfolded, Mr. Cumberland led Dr. Carmichael to the gentleman thought of. Though not quite so successful in discovering the number of

a bank-note on this occasion, Dr. Carmichael being, according to Mr. Cumberland, a bad medium, still his partial success was very surprising, three out of the five figures on the note being accurately given. It is but fair to say that with Dr. McGregor Robertson, on a previous occasion, the operator was entirely successful. In like manner, Mr. Cumberland cleverly showed how the cabinet phenomena were entirely due to muscular ability. On these, which are the less surprising, we cannot afford space to enlarge. To medical men Mr. Cumberland's demonstrations are in the highest degree interesting, as attesting to the extraordinary extent to which the muscular sense may be developed. The condition as between the operator and the medium, as Dr. Yellowless observed to us, is one allied to hypnotism—a subordination of the one will (that of the medium) to another (that of the operator). It will be obvious that in a large hall, and before a numerous audience, the difficulties must necessarily be increased, and that to be successful to the extent that Mr. Cumberland usually is implies an amount of self-possession which very few command. Mr. Cumberland claims only to interpret an unconscious muscular action on the part of the medium, so far as we can understand, and he does it with marvellous success. The mysteries with which clergymen in Edinburgh invested his clever exhibitions are matters simply to be laughed at. As an accomplished exposé of a silly and pernicious fraud, Mr. Cumberland has our entire sympathy, and we have every confidence in recommending such of our professional brethren as have not yet seen him perform to make themselves acquainted with the striking manifestations he has to show.

A NOVEL THEORY OF VOICE TRAINING.—Under this heading we gave an account in our issue for Jan. 2nd of a lecture in Glasgow, by Dr. Moffat, on "Voice Training by Chemical Means," that gentleman having maintained that the presence of peroxide of hydrogen in the air and dew of Italy had intimate connection with the beauty of Italian vocal tone. In opposition to this absurd theory, Mr. Lennox Browne, F.R.C.S.Ed., delivered a lecture on Thursday evening last, in the rooms of the Society for the Encouragement of the Fine Arts, proving that, so far from Italian voices being in a majority, but a small minority of singers in Italian opera were of that nationality. Analysed into its constituent properties, it was shown that hydrogen in a marked degree caused deterioration of voice, while oxygen undiluted must have the effect of unduly exciting the membrane of the air passages. Still, further, there was nothing to show that this peroxide of hydrogen existed in a greater proportion in the towns and cities in Italy than elsewhere; on the contrary, the air in the majority of Italian towns was most insanitary. Still further analysing this artificial air, it was shown that, supposing the peroxide to have any beneficial effect, it was combined with two ingredients—ammonia (a most poisonous gas) and peppermint, which must necessarily render the preparation more unstable than it naturally is, and the conclusion was come to from the different points of view of chemistry, physiology, and actual practice, that the scheme was unworthy the slightest consideration of scientific men.

The office of Medical Officer to the Bank of Ireland has become vacant by the resignation of Dr. Rutherford Kirkpatrick. The appointment is worth at least £150 a year, and is appointed to by the Society of the employees of the Bank, not by the Directors.

THE CENTENARY OF THE IRISH COLLEGE OF SURGEONS.

ON Monday, the 11th, the President of the College, Mr. Wheeler, celebrated the 100th anniversary of the incorporation of the College by a banquet, at which he entertained the Lord Lieutenant, Earl Spencer, and the Heads of Departments in Ireland, as well as the officials of the College. The dinner was laid in the Albert Hall for about 180 guests, amongst whom were the Lord Chancellor, the Lord Justice of Appeal, and others of Her Majesty's judges, Mr. Brooks, M.P., Sir Arthur Phayre, Lord Clarina, the Provost of Trinity College, the Presidents of the College of Physicians, Academy of Medicine, Irish Medical Association, and Royal Hibernian Academy, Sir Robert Jackson, the Governor of the Apothecaries' Hall, the Medical Commissioner of the Local Government Board, and most of the leaders of the profession in Ireland.

The entertainment was in all respects a complete success. His Excellency proposed the toast of "The College of Surgeons," coupled with the health of Mr. Wheeler, who, in replying, gave a brief history of the College, and referred to the various epochs of its progress in very happy terms. The speeches of His Excellency were admirably conceived and delivered, and that of the Provost notable for its intellect and character. The music was excellent, and all the adjuncts of the entertainment of the highest order.

The President may congratulate himself on having taken out of the hands of the Council and effected so successfully the celebration of this very auspicious and now historical event.

Correspondence.

THE FELLOWSHIP OF THE LONDON COLLEGE OF PHYSICIANS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The issue of the "List of Fellows, Members, Extra Licentiates, and Licentiates of the Royal College of Physicians" (London) for this year leaves one in still deeper mystery as to the line of action of the College in the selection of its Fellows. As regards the Members and Licentiates, an examination has to be passed successfully. But upon what principle the Fellows are chosen is an enigma to an outsider. It would be invidious to select the names of those who have been made Fellows since this decade came in; but it may be stated that of the thirty-nine selected only nine have any claim to be considered as well-known members of the profession; possibly some would limit that as a too liberal allowance. Now there can be no objection to mentioning the names of some well-known men who still remain on the list of members. Taking them as they stand, chronologically, we find—

- 1844. James Henry Bennett, the author of several works on the Uterus, on Consumption, on Nutrition in Health and Disease, &c.
- 1851. Arthur Hill Hassall, author of works on Food and on Microscopic Research, &c., a famous analyst.
- 1853. Jabez Spence Ramskill, a well-known physician, and contributor to the System of Medicine.
- 1857. Horace B. Dobell, author of works on Thoracic Disease, and Food.
- 1859. James George Davey, the author of "The Ganglionic System of Nerves," and of "Insanity," &c.
- Charles H. Felix Routh, who has written on Uterine Disease, Overwork, &c.
- Edward John Tilt, author of "The Change of Life," "Uterine Therapeutics," &c.
- Edgar Shepherd, an authority on Insanity.
- Robert Greenhalgh, author of several works on Diseases of Women.
- 1860. Julius Althaus, author of "Diseases of the Nervous System," "Use of Electricity," &c.
- Sir Wm. Smart, author of many contributions on Military Medicine.

1862. Charles Robert Drysdale, author of "Syphilis," "Antecedents of Consumption," &c.
 1864. Morrell Mackenzie, a well-known authority on Diseases of the Throat.
 1865. Heywood Smith, author of several gynecological works.
 1867. William Henry Day, author of "Headaches," and "Diseases of Children."
 — Prosser James, author of works on the Throat, on Climate, and on "Mineral Waters."
 1871. Lyttleton Forbes Winalow, author of works on Insanity.
 1872. Thomas Crawford Hayes, known in connection with Diseases in Women and Children.
 — J. Milner Fothergill, author of works on Therapeutics, on the Heart, and Gout, &c.
 1874. Clement Godson, an authority on Diseases of Women.
 1875. Edward Mackey, author of works on Therapeutics, and on Climate.
 — George Ernest Herman, favourably known as an authority on Diseases of Women.
 1877. Fancourt Barnes, author on Obstetrics, and Translator of a German Lexicon.
 — Vincent Harris, joint author of well-known "Manual for the Physiological Laboratory," &c.
 — Samuel West, author of "How to Examine the Chest."

1878. George H. Savage, an authority on Insanity.

Such are some at least of the men not unknown in the medical world who have been Members of the College long enough to be eligible for the Fellowship.

It is certainly not contributions to medical science that is the test, that is evident!

It is equally clear that unprofessional conduct cannot be alleged against the bulk of the names mentioned.

Is it social position? That does not seem very clear.

Connection with a teaching hospital cannot be the requisite, that is obvious.

What, then, in the name of wonder, is the test by which this mysterious body selects from its Members for the Fellowship?

Something was said a little time ago about a new regulation by which the claims of Fellows to be elected would be enumerated when chosen: the next list will perhaps indicate some outline of the principle by which the selection is guided. The selection of its Fellows was a matter on which an ex-President was very eloquent not many years ago. If their choice could be explained to the medical world some puzzled men would be enlightened, of whom the writer is one.

Yours, &c.,

M.D.

Feb. 14, 1884.

THE EMIGRATION OF STUDENTS TO SCOTLAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—At the recent meeting of the Fellows of the College of Surgeons of Ireland the speakers against the Medical Bill, finding it necessary to their case to show that the existing system of licensing was as nearly as possible perfect and needed no change, sought to discredit the proofs offered by me as to emigration of students to Scotland. Dr. Kidd thought fit to caution the Fellows against believing my statements, and declared that "inaccurate" assertions had been knowingly made by me for the purpose of "misleading," while Dr. Molony and Mr. Stokes—without advancing any refutation of them—described my statements as "exaggerated" and "scarcely honest." Dr. Kidd assured the Fellows that, if such emigration existed, it was caused by the fact that a double diploma is granted in Scotland and not elsewhere. It is, in my opinion, quite unjustifiable that such observations should be made by speakers who had the same sources of information as I had, and did not think it worth their while to examine into the subject before making public statements so offensive to me. However, lest the Fellows of the College should be influenced by Dr. Kidd's remarks, I beg you to permit me to quote as proofs the following excerpts from the testimony given before the Royal Commission on this point:—

Sir James Paget (Question 241): And I fully believe from all I have heard—but I am bound to say that it is only by report—that they (the Scotch College examinations) are at too low a standard. Again, I have to admit reports which I am bound to believe, that in the Scotch corporations they are

admitted too low. The reports are distinct statements that the worst of the students in England go to Scotland; that the worst of the students, especially in provincial schools, do not come to the College of Surgeons of England, but go to the College of Surgeons of Edinburgh, or to the Faculty of Physicians and Surgeons in Glasgow. I have never heard any statement of that kind with regard to Ireland.

Mr. S. Gamgee: I have known many men who have been unsuccessful in the English examinations once, twice, and thrice, go across the border and come back with the double qualification from the Edinburgh or the Glasgow Colleges. With regard to the Colleges of Physicians and Surgeons of Edinburgh and the Faculty of Physicians and Surgeons of Glasgow, I have known men get through there who had failed in our College of Surgeons repeatedly, and I have no hesitation in saying they were men who were entirely unfit to enter the medical profession.

Dr. Semple: Many (students) consider it (the London Apothecaries' examination) too severe. There are men who regard chemistry as a kind of *pons asinorum*, and avoid it by all means in their power; but some of those men go to the College of Physicians of Edinburgh, and get over the chemistry somehow or other, or to the Faculty of Physicians and Surgeons of Glasgow.

Mr. Christopher Heath: Men who fail here (London) can go and get a diploma elsewhere. . . . Men who fail at the examination of the College of Surgeons can go and get a diploma elsewhere. They generally go to Glasgow by preference, and sometimes to Edinburgh. . . . The double licence of the College of Physicians and College of Surgeons at Glasgow is considered the easiest, and next to that is the double licence of Edinburgh. As regards the Glasgow Faculty, I only judge by the results. I know that men who go up, who failed here, come back with diplomas.

Mr. C. MacNamara: If men fail here in one examination, they pass to another and less stringent examination in some other part of the country.

Mr. H. Morris: I remember many instances of persons who could not pass the examinations here, and who went to Scotland or to Ireland; but some of the instances have not been altogether on account of the difference in the severity of the examinations of the different bodies, but for other reasons.

Mr. Thos. Cooke: I have known a great many who, having failed in London, have gone to Scotland and passed. There are a great number who do that.

I omit my own evidence to the same effect, but refer to a tabular statement (page 69) submitted by me to the Commission, which puts beyond dispute that of 2,630 qualifications granted to Irish students in 10 years (1865-74), 491 were granted in Scotland. I also refer to an analysis of the published pass lists of the Edinburgh Colleges for one year, from which it appears that, of 277 students passed, only 35 were Scotch educated, the remaining 242 being English, Irish, and chiefly Canadian.

I have found it necessary to quote these proofs in vindication of ungentlemanlike aspersions upon my truthfulness, but I regret to have to do so at this time. I think it right to express my belief that the Scotch Colleges have improved their examinations, and are willing that this condition of things shall be a "bygone," if the Medical Bill should pass, and I think that, this being so, these Colleges are entitled to a larger representation on the local Medical Board than the Bill gives them.

All other of my statements made to the Fellows of my College I am equally prepared to prove by indisputable documentary evidence.

I am, Sir, yours, &c.,

ARCHIBALD H. JACOB, M.D. Dub., F.R.C.S.L

Obituary.

DR. C. H. DIXON.

ONE of the episodes of the English military occupation of Egypt which most nearly touched the feeling of the medical officers on service there was the untimely death of Dr. Charles Hampden Dixon, who was killed by a fall from his horse, leaving behind him the universal regrets of his brother officers, combatant and non-combatant. Dr. Dixon was the son of the Rev. Robert Vickers Dixon, sometimes

Fellow of Trinity College, and now Archdeacon of Armagh, and during his studies in the Medical School of the University of Dublin he took high rank by his industry and intelligence. Having obtained the M.B. and B.Ch. in 1880, he passed at once into the Army Medical Department, and in the beginning of the Egyptian campaign took charge at Cairo. There his unwearied and conscientious performance of his duties, as well as his many attractive social qualities, gained for him the respect of his superiors, the warm friendship of his fellow-officers, and, it may be said, the love of the sick of whom he had charge. Shortly before his death he suffered from a serious attack of illness, and it was, we believe, in some measure from the weakness which resulted that the melancholy accident happened which caused his death. His funeral was an occasion of almost public mourning in Cairo, for it was attended not only by his medical brethren, but by every officer up to the General Commanding who could be spared from duty, and the warmth of affection with which he was regarded was manifested by the erection of a marble Celtic cross to his memory by his brothers.

The following is an extract from a letter subsequently written by General Stephenson, commanding the forces in Egypt, to Dr. Dixon's relatives:—

"I had special opportunities of judging of your son's good disposition as well as of his professional merits, in consequence of his being entrusted with the medical charge of the headquarter staff. His genial, pleasant manners made him a great favourite with us; his attention to his duties was untiring, especially during the trying time of the cholera epidemic, when his devotion to his patients was deserving of all praise. A high opinion was entertained of his professional abilities, and the universal feeling of regret at his premature death, which was marked by the attendance at his funeral of every available officer in the garrison, a feeling which I have never known surpassed, is a higher tribute than any which I can pay him to the respect and regard which all of us entertained towards him."

Literature.

BRAY'S SCIENCE OF MAN. (a)

MR. CHARLES BRAY is one of that small body of men who deserve to be classed as "acute" thinkers. He is known to many readers through "The Philosophy of Necessity," a work which has afforded suggestion to a considerably larger number of writers and thinkers than have cared or remembered to acknowledge the source of their inspiration; and his freshness of style and close intellectual grasp of difficult problems have been the means of opening up to others than himself a realm of speculative thought, the cultivation of which has served to enrich modern literature with much that is valuable and permanently good in itself. In "The Science of Man," Mr. Bray discusses his subject from a philosophical standpoint purely, although the first two chapters of the book are so far materially scientific that they include a physical and morphological disquisition on the telluric conditions surrounding the individual and influencing his development. Next "mortality" is considered; and this section is written in the author's happiest style. It will serve to convey an admirable conception of the originality of his labours; and though the conclusions arrived at may fail to find acceptance, nothing can be urged against the innate cleverness that pervades the reasoning and the exposition embodied in the section. "Physics and Metaphysics," "Religion and Sociology," are subjects of succeeding chapters, the work being concluded by a summary of the whole argument.

Mr. Bray has opinions of his own on the subject of Man, and opinions which do not necessarily fit exactly in agreement with those held by the foremost apostles of the scientific creed. He bases future advance on a quantitative increase of the nervous system of man, and will not accept utilitarianism in its full completeness; but in all his work there is a tacit admission, sometimes too forcibly expressed, that individual rectitude and individual happiness must be conjoined in a perfect society. Though outside the strictly technical field of a medical man's reading, "The Science of Man" is a book that it will be good for medical men to read.

(a) "The Science of Man: a Manual of Anthropology, based on Modern Research." By Charles Bray. London: Longmans & Co.

It is impossible that its perusal shall do less than stimulate a happy reflection; and it may become a profitable study, as it certainly will prove to be pleasurable. We cordially recommend it to all who can feel an interest in healthy speculation and sound philosophy.

THE ORGANS OF SPEECH AND THEIR APPLICATION IN THE FORMATION OF ARTICULATE SOUNDS. (a)

THIS book is one of the International Scientific Series, and brought out in the same style as its predecessors. The subject is discussed with special reference to the requirements of philologists, so that the author has departed a good deal from the usual method of arranging sounds in physiological works. He has constructed, as we believe, a system in which all known articulate sounds find a place, and, indeed, all with which we may hereafter become acquainted. Such a work must interest both philologists and musicians, as well as anatomists and medical men. Indeed, everyone of a liberal education might be pleased to dip into it; and the woodcuts will be of considerable assistance to the general reader in enabling him to follow the author through his technical statements. We would specially commend the account of the production of vowel sounds, and the engravings by which this is very clearly illustrated.

ROBERTS' MEDICINE. (b)

DR. ROBERTS' handbook of medicine is too well known and appreciated for any lengthy notice of a new edition of the work to be necessary. Certain changes effected in it, however, demand attention, chief among which is the return to the one-volume form of publication originally adopted by the author. Whether this is an improvement on the dual shape observed with the three editions preceding, must be determined by the success achieved by it; but for ourselves we confess to entertaining a preference for the two volumes, as being more conducive to comfort in reading.

The work has been very carefully revised throughout, and in many parts, especially that treating on diseases of the nervous system, it has been re-written, to be in conformity with latest advances. The arrangement of the articles remains as heretofore, the distinctive features of the book being preserved, so that it will retain the characteristics which have won for it so large a share of favour as a student's manual. It is an undeniably good text-book, and well deserves the popularity it enjoys.

Pass Lists.

Army Medical Service.—The following is a list of candidates who were successful for appointments as surgeons in Her Majesty's British Medical Service at the competitive examination in London on February 4th, 1884:—

	Marks.		Marks.
1 Barefoot, J. R. ..	2440	11 Doyle, J. J. F. ..	2145
2 Clement, R. H. ..	2420	12 Manders, N. ..	220
3 Hunter, G. D. ..	2335	13 Colledge, L. R. ..	2100
4 Beever, W. C. ..	2300	14 Freyer, S. F. ..	2075
5 Anderson, L. E. ..	2275	15 Birt, C. ..	2070
6 Russell, G. B. ..	2250	16 Henderson, R. S. F. ..	2020
7 Spence, A. E. C. ..	2220	17 Mitchell, H. ..	2000
8 Mallins, J. R. ..	2200	18 Butterworth, S. ..	1990
9 McCormack, R. J. ..	2180	19 Holmes, C. J. ..	1930
10 Thompson, H. N. ..	2169	20 Lane, J. R. ..	1920

Naval Medical Service.—At the competition for commissions in the Medical Service of the Royal Navy, held on the 4th February and following days, in the Hall of the University of London, Burlington Gardens, the undermentioned gentlemen were the successful candidates:—

	Marks.		Marks.
1 Puddicombe, F. M. ..	2425	7 Smith, J. L. ..	2140
2 Gunn, D. S. ..	2230	8 Thomas, J. H. ..	2130
3 Gordon, H. J. ..	2220	9 Lilly, F. J. ..	2120
4 Harries, H. ..	2200	10 Dowson, J. ..	2070
5 Corcoran, E. ..	2145	11 Dean, G. F. ..	2035
6 Thomas, J. Lloyd ..	2145	12 Welch, G. ..	2060
		13 Iliewicz, H. F. ..	2030

(a) "The Organs of Speech and their Application in the Formation of Articulate Sounds." By George Hermann von Meyer, Professor of Anatomy, Zurich. London: Kegan, Paul, Trench & Co. 1833.

(b) "A Handbook of the Theory and Practice of Medicine." By Frederick T. Roberts, M.D., B.Sc., F.R.C.P., &c. Fifth edition. London: H. K. Lewis.

Notices to Correspondents.

✂ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

WHAT COOKS DIE OF.

THE special affections of professional cooks, says the *Sanitary Engineer* in its last issue, are firstly, those due to alcoholism, then anæmia, phthisis, rheumatism, dyspepsia, diseases of the liver, and certain diseases of the skin. Consumption is not infrequently found amongst cooks, for two reasons, first, the impure air which is breathed, and second, the constant variation of temperature to which they are exposed. These same causes also produce rheumatism, which, in many cases, is distinctly due to the unsanitary state of the kitchens. Varicose veins due to prolonged standing, and hernias caused by lifting heavy weights, are frequent among cooks. Much might be done to improve their health by providing well ventilated and lighted kitchens, but the chief source of their ailments is one which they themselves must control, viz., the excessive use of wines, beer, and alcoholic liquors of all kinds.

MR. F. P. H. is thanked for the information, which he will find referred to in another column.

DR. J. S. (Liverpool).—You may safely prescribe the preparation; it is not a patent nostrum, albeit proprietary; its composition is known, and we have personally seen excellent effects from its administration.

OATMEAL PORRIDGE.

WE cordially endorse the opinion of the *Medical Times*, which asks: Why is it that that most economical and nourishing of all foods—*oatmeal porridge served with milk*—finds, in spite of all that medical precept can teach, and medical example endorse, so few advocates in this country? Children who have been brought up to make it their daily breakfast take to it naturally and easily, and thrive under its use. No hard-working adult who has proved its powers of support through a long morning of cold, exposure, and hard exercise, will allow that any other kind of food is so sustaining and so easily assimilated. Yet how rarely does it form a feature of our national breakfast table! This is chiefly, we believe, because few know how it should be prepared, in its perfection, so as to be both attractive and digestible.

AN AUTHOR.—Your book was duly received and acknowledged in these columns some months since. A lengthened criticism has more-over been written, and now awaits the exigencies of space.

AN AGGRIEVED PRACTITIONER.—A patient has a perfect right to dismiss you and call in another practitioner, or his friends may do so, and you have no legal remedy; but you can have no cause for grievance against your brother practitioner, who will probably be treated in the same uncerimonious fashion as yourself.

THE OLDER ELECTRICITY.

"PROFESSOR TYNDALL will begin a course of six lectures at the Royal Institution, On the Older Electricity: its Phenomena and Investigations, on Thursday week (February 28), illustrated by experiments. Professor Hughes will give a discourse on Friday evening, next, On Theory of Magnetism, illustrated by experiments.

N. E. R.—It is scarcely a subject that comes within the range of medical journalism to hazard an opinion upon. Our correspondent should attend the Course of Lectures at the London College of Surgeons, which commences on Monday next, when, perhaps, Prof. Flower will enlighten him as to the classification of the races of the human species.

DR. WHISTLER.—With pleasure, in an early number.

MR. L. J. M.—The person named does not appear in the official Register, or in this year's Medical Directory; beside which, we have reason to know the man to be a quack.

MR. ROBERT JOHNSON.—There was a full discussion of this question in these columns some five years since; you had better apply to the publisher. Your query is not one that can be answered in a notice to an unknown correspondent.

Meetings of the Societies.

WEDNESDAY, FEBRUARY 20TH.

BROMPTON HOSPITAL FOR CONSUMPTION.—At 4 p.m., Dr. R. Douglas Powell, On Emphysema.

THURSDAY, FEBRUARY 21ST.

HARVEIAN SOCIETY.—At 8.30 p.m., Dr. W. H. Day, On a Case of Scarlet Fever in a Boy, followed by Nephritis, Convulsions and Death; Temporary Relief by Wet Packing.—Dr. Broadbent, On Prognosis in Structural Diseases of the Heart.

FRIDAY, FEBRUARY 22ND.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—At 4 p.m., Professor Parker, On Mammalian Descent.

ROYAL INSTITUTION.—At 8 p.m., Sir F. Bramwell, On London (below bridge) North and South Communication.

CLINICAL SOCIETY OF LONDON.—At 8.30 p.m., Mr. Mansell Moullin, On a Case of Thrombosis of the Vena Cava.—Mr. E. Clement Lucas, On a Case of Charcot's Joint Disease.—Mr. Noble Smith, On a Case of Dislocation of one of the Semilunar Cartilages.—Dr. Samuel West, On a Case of Multiple Hepatic Abscesses in a Boy.—The following living specimens will be exhibited:—A Case of Excision of the Patella, by Mr. E. Clement Lucas; Anomalous Affection of certain Bones and Joints, by Mr. W. Marrant Baker; A Case of Nodules on the Finger, by Mr. Godlee; Case of Pulmonary Regurgitation, by Dr. J. Kingston Fowler.

OPERATION DAYS AT THE LONDON HOSPITALS.

MONDAY—Hospital for Women, 2 p.m.—Metropolitan Free, 2 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Orthopedic, 2 p.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. Mark's, 2 p.m.

TUESDAY—Cancer Hospital, Brompton, 3 p.m.—Guy's, 1.30 p.m.—St. Mark's, 9 a.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—Westminster, 2 p.m.—West London, 8 p.m.

WEDNESDAY—Great Northern, 2 p.m.—London, 2 p.m.—Middler, 1 p.m.—National Orthopedic, 10 a.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—Samaritan Free Hospital for Women and Children, 2.30 p.m.—St. Bartholomew's, 1.30 p.m.—St. Mary's, 1.30 p.m.—St. Peter's, 2 p.m.—St. Thomas's, 1.30 p.m.—University College, 2 p.m.

THURSDAY—Central London Ophthalmic, 1 p.m.—Charing Cross, 2 p.m.—Hospital for Diseases of the Throat, 2 p.m.—Hospital for Women, 2 p.m.—London, 2 p.m.—North-west London, 2.30 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. George's, 1 p.m.

FRIDAY—Central London Ophthalmic, 2 p.m.—East London Hospital for Children, 2 p.m.—Guy's, 1.30 p.m.—King's College, 2 p.m.—Royal London Ophthalmic, 11 a.m.—Royal South London Ophthalmic, 2 p.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. Thomas's (Ophthalmic Department), 2 p.m.

SATURDAY—King's College, 1 p.m.—London, 2 p.m.—Royal Free, 9 a.m. and 2 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. Bartholomew's, 1.30 p.m.—St. Thomas's, 1.30 p.m.

Vacancies.

Armagh Union, Richhill Dispensary.—Medical Officer. Salary, £140. Election, February 25. (See advt.)

Birmingham General Hospital.—Resident Medical Officer. Salary, £180, with board and residence. Applications to the House Governor by February 28.

Chesterfield Union.—Medical Officer for the Bolsover District. Salary and fees about £48 per annum. Applications to the Clerk by February 23.

Coombe Hospital, Dublin.—Assistant to Master. Applications to Master, or at Coombe Hospital.

Fulham Union, London.—Resident Medical Superintendent. Salary, £350. Applications (printed forms will be furnished) to be made by February 25, to the Clerk, Board Room, Hammermith.

Kent Hospital.—Physician on the Staff. Applications to the Secretary at the Hospital, Canterbury, by March 22.

Oxford, Radcliffe Infirmary.—Dispenser, non-resident. Salary, £100. Applications to the Secretary before February 27.

Royal Free Hospital, London.—Resident Medical Officer. Salary, £104, with board. Applications to the Secretary before Feb. 2. (See advt.)

Appointments.

GRAY, E. B., M.D. Oxon., M.R.C.S., Consulting Physician to the Radcliffe Infirmary, on resignation of the office of Physician.

GRIFFITH, W. S. A., F.R.C.S., M.R.C.P. Lond., Physician to Out-patients at the Samaritan Free Hospital.

GRINDON, F. J., M.R.C.S., Medical Officer and Public Vaccinator to the Olney District, Newport Pagnell Union.

GROOM, W., jun., M.R.C.S., Medical Officer to the Tenth B. District of the Wisbech Union.

LANE, W. A., M.S., F.R.C.S., Assistant Surgeon to the Hospital for Sick Children, Great Ormond Street.

ROBERTS, J. F., L.R.C.P., L.R.C.S. Ed., Medical Officer to the Ravens-stonedale District of the East Ward Union.

SAITHE, B. T., M.A. & M.B. Camb., House Surgeon to the Seamen's Hospital, Greenwich.

Births.

OWEN.—February 10, at Kent Lodge, Southsea, the wife of A. Lloyd Owen, M.D. Dub., of a son.

Marriages.

GAITSKELL-SMART.—February 12, at St. Andrew's, Fulham, Lieut. Walter J. Gaitskell, R.M., to Emily Caroline, eldest daughter of Sir William Smart, K.C.B., R.N., Honorary Physician to the Queen.

ROBERTSON-ROCHFORD.—February 14, at St. James's, Piccadilly, C. A. Lockhart Robertson, M.D. Cantab., F.R.C.P., to Mabel, only daughter of the late Colonel Rochford, Madras Army, and step-daughter of G. W. Turnbull, M.D., Exmouth.

SAUL-BROWN.—February 12, at St. John's Episcopal Church, Dumfries, Wm. Saul, M.D. of Bedford Square, London, to Mary, third surviving daughter of the late William Brown, ninth Baronet of Colstoun.

Deaths.

BEALES.—February 8, at his residence, Chapel House, Congleton, Cheshire, Robert Beales, M.D., J.P., aged 59.

MACKINNON.—February 12, at Campbelltown, Mary Stuart Mackenzie, widow of Dr. Campbell Mackinnon, C.B., Inspector General of Hospitals and Honorary Physician to the Queen.

BOY.—January 17, at Humansdorp, South Africa, John James Roy, M.R.C.S., only son of the late D. T. Roy, M.D., of Hammermith, aged 36.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 27, 1884.

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Original Communications.

ON DISEASE OF THE SHOULDER-JOINT.

By FREDERICK JAMES GANT, F.R.C.S.,
Senior Surgeon to the Royal Free Hospital.

THE shoulder-joint is rarely the seat of disease, and few cases are recorded. Omitting rare instances of morbid growths in connection with the humero-scapular articulation, and speaking from a large experience with regard to inflammatory affections of other joints, I have met with disease of the shoulder-joint in the form of caries, very seldom, and as synovitis occasionally. Of chronic rheumatic arthritis or synovitis I now and then see a case; and I have known acute synovitis of traumatic origin, proceed rapidly, within forty-eight hours, to suppuration and destruction of the joint; or again, abscess has formed in the course of six months, giving a chronic character to the disease. But the following case is perhaps unique. The synovitis was apparently of rheumatic origin, yet it proceeded slowly to suppuration, and with the formation of a very large chronic abscess, in, and around the joint; and the extra-articular portion being bilocular, lying partly under the deltoid muscle and in the axilla, and partly in the supra-scapular fossa. This suppurative synovitis resulted in complete destruction of the articular surfaces, leaving the capsule entire except an opening on the inner side, which communicated with the external abscess.

The particulars relating to the clinical history and characters of this disease are also worthy of notice. A man, æt. 43, whose father had suffered much from rheumatism, had himself experienced rheumatic pains, chiefly in the hips, loins, and back, never in the knees or ankles. A year ago he was laid up with such an attack, which lasted four months. He had never been quite free from pain since in the parts affected, and dates his present illness from that attack. At the end of nine months he first felt pains in the right shoulder, with a return of pain in the hips; this attack having

come on after straining efforts in using a chopper, which was his customary work. The shoulder pain gradually became more severe, and a month after its accession, a diffused swelling appeared all around the joint, giving some relief. Having suffered more or less in this state for two months longer, the man came under my care, in the Royal Free Hospital, November 30, 1881. The joint was then acutely painful, especially in the motion of abducting the arm, and this movement was attended with a dry creaking sound. The shoulder appeared double the size of that on the other side, owing to a considerable fulness of the deltoid muscle, and this swelling had a semi-fluid consistence, as felt through the substance of the muscle, beneath which it evidently lay. The contour of the shoulder gradually enlarged, and then a second, softer swelling appeared in the supra-scapular fossa, which seemed distinct from the former around the joint, the indistinct fluctuation of the one swelling not apparently communicating with the other. I often tried to determine this question, not only by palpation, but also by putting the joint through its various movements, but whatever altered relation the peri-articular enlargement could thus be made to assume, the supra-scapular swelling remained unaffected, whether in point of size, tension, or the transmission of any fluctuation. At length the swelling beneath the deltoid extended downwards into the axilla, and somewhat forward to about one inch under the clavicle. The whole appearance, so far as it could be included in one aspect, is represented on next page. Starting pains now occurred at night, and when the man attempted to raise the arm he felt a "clic" in the joint. The general health remained undisturbed by pyrexia; but marked albuminuria made me unwilling to subject the joint condition to any operative interference. Aspiration was resorted to, partly with the view of determining the diagnosis as to the presence of a large chronic abscess, or a soft fast-growing sarcoma. The supra-clavicular swelling was first appealed to; it yielded a fluid too thick to pass through a large-sized aspirating needle. About a drachm having been withdrawn, it was found to consist of pus, with a large

admixture of fatty cells. Aspiration of the axillary portion of the joint swelling gave issue to a similar fluid. Another attack of severe pains in nearly all the joints was followed by a notable enlargement of the shoulder. But the proportion of albumen in the urine diminished from a fourth to one-eighth, the specific gravity remaining at the same point, 1005, and the reaction acid. The general rheumatic attack seemed, however, to concentrate at length in the right hip.



which became exceedingly painful, with some swelling round the great trochanter.

Choosing the best opportunity for operation, I opened the axillary tumour by incision; only a small quantity of pus escaped, and then a drainage tube was inserted. My usual dressing, dry lint and tenax was applied. The discharge from the axilla continued, and certainly brought relief. But the shoulder remained full and tense. It was, therefore, deemed desirable to repeat the operation over the joint. A longitudinal incision, from the acromion downwards, to the extent of four inches, gave free and dependent exit to a quantity of sanious pus, and allowed also of the introduction of the finger, so as to explore in all directions. The swelling around the joint evidently did not communicate with the supra-scapular swelling, the abscess was bilocular. The capsule of the joint was found to be entire, except a small opening on the inner side; and as the articular movements were perfect, and without any grating sensation, the articular surfaces were unaffected at this period of the case. A second incision was made in the supra-scapular swelling, and that cavity emptied. A drainage tube inserted into either cavity, that around the joint, and that which lay above the scapula, provided a free exit for any discharge from both. A third drainage tube in the previous axillary opening prevented any bagging in that direction. The wounds were otherwise closed, united with silver wire, and dressed with dry lint and tenax pads.

These procedures proved to be very salutary. The discharge continued, but of a fairly healthy character, and daily diminishing in quantity. On the sixth day very little was found on the dressings. The temperature, which before opening the abscess, had been 101.2, fell to 99. The general health rallied, the patient feeling stronger and taking more nourishment. But after a few days further improvement, albuminuria prevailed to an overwhelming degree, and the man daily succumbed.

Post-mortem examination revealed nothing beyond the usual appearances of old standing disease of the kidneys, and concomitant changes in other organs. The shoulder-joint had undergone complete destruction of the articular cartilages, exposing two or three patches of caries on the head of the humerus, and the glenoid cavity being also completely denuded. The capsular ligament remained entire, except on the inner side, a small opening there communicating with the large extra-articular bilocular abscess.

The whole case is anomalous and instructive in its exceptional character among diseases of the joints.

GANGRENE (a)

By JONATHAN HUTCHINSON, F.R.C.S., F.R.S.,

Emeritus Professor of Clinical Surgery at the London Hospital.
Consulting Surgeon to the London Hospital, and to the Royal London Ophthalmic Hospital.

MR. HUTCHINSON commenced his clinical lecture on Gangrene by narrating the histories of a number of illustrative cases, as follows:—

CASE I.—An elderly gentleman, residing at Reading, when on his way to church, slipped, and fell to the ground, and sustained a compound fracture of the thumb of one hand. The wound subsequently became gangrenous, and during the patient's illness a rash made its appearance on his body, the gangrene at the same time spreading, and ultimately causing death. Mr. Hutchinson was not consulted until after the fatal issue of the case, when it was contended on behalf of an insurance company that death was due to scarlet fever, the rash observed ante-mortem being appealed to as evidence of the fact. This, however, was, in Mr. Hutchinson's opinion, undoubtedly caused by the septicæmia set up by contamination of the blood by the gangrene, which was of the spreading kind, and to the effects of which, and the accident which originated it, the death of the patient was attributable.

CASE II.—In this case the subject was a surgeon and a friend of Mr. Hutchinson's, who, while performing an operation on a diseased hip-joint, scratched one of his fingers, the injury at the time being regarded as one of very slight character. The next night, however, intense pain was experienced in the injured finger, followed by inflammation, which rapidly increased in severity until, four or five days after the accident, the whole finger had assumed a gangrenous condition. The patient was a man in the enjoyment of excellent health, without any evidence of arterial disease, and amputation of the affected finger was resolved upon and performed, the absence of any disease above the seat of gangrene being first clearly established. This occurred ten or twelve years ago, and the patient has been well ever since, the wound having healed up quickly and perfectly. In this case a very trifling initial wound sufficed to set up changes resulting in gangrene of the tissues, and the supposition at once presented itself that an introduction of poisonous material from the diseased joint on which the gentleman was operating when his finger was scratched, this being, in the lecturer's opinion, a reasonable explanation of the circumstances.

CASE III.—A young woman, in good health, by trade a sempstress, pricked her finger with a clean needle while sewing, and the injury was succeeded by inflammation of the finger, passing on to gangrene, and necessitating the eventual amputation of the digit. The stump healed without difficulty, and no bad symptoms marked the progress of recovery after the operation. In this instance no explanation of the gangrene is afforded by the immediate circumstances of the case.

CASE IV.—A lad, æt. 18, was admitted into the London Hospital about twelve months ago for gangrene

(a) Abstract of a Lecture delivered on Wednesday, Feb. 13th, at the London Hospital.

of the hand. He had been a butler in the country, and placed amid surroundings very favourable to good health, and seemed to be in the enjoyment of it. He was of florid complexion, temperate in habits, well nourished, and well cared for in all respects. He accidentally pricked one of his fingers, and soon afterwards, during cold weather, but not intensely so, he carried a luncheon basket out to his master who was shooting. While so engaged the injured finger was exposed to the cold, and this so affected it that it speedily inflamed and became black and gangrenous. The gangrene, however, was not of the spreading kind, and was limited above by normal healthy tissues, and offering a favourable subject for amputation of the finger, this was performed.

This group of cases was interesting, said Mr. Hutchinson, from offering examples of the most varied circumstances under which one form of the disease he was discussing presented itself. The patients were of very different ages, and otherwise most unlike one another; and he adduced them in proof of the fact that it is in the power of inflammatory changes to induce a local gangrene in persons who are otherwise in a quite healthy state, and who may recover from the affection and once more return to a permanently healthy condition. Such instances could only be regarded in the light of accidents.

As examples of a different class of cases, the following were next recorded:—

CASE V.—About two or three years ago, a man was admitted into the London Hospital with the ends of all his fingers gangrenous at the tips, the rest of the digits being in a red and swollen condition. The patient had always possessed a feeble circulation and had throughout life been constantly subject to chilblains. One night, through the occurrence of a railway accident, he had been compelled to spend many hours in working under exposure to the cold, and during this time he had to handle a quantity of iron. He did not suffer from frost-bite in any way, the degree of cold not being sufficiently intense to produce it; but notwithstanding, he was attacked with inflammation of the fingers, which passed on into the gangrenous state observed on his admission into hospital.

CASE VI.—A little girl, *æt.* 12, came under Mr. Hutchinson's care with her right arm, from the elbow down, dusky, livid, and seemingly on the point of becoming gangrenous. The other hand was slightly affected in the same way. This congestion had been induced as the result of long exposure to cold at a boarding school, where fires were not regularly maintained in the rooms inhabited by the pupils. The child was one of a family distinguished for its feebleness of circulation, and her system was consequently in a state to be readily depressed by exposure to a degree of cold which would in others of robust frames be unattended by any ill consequences, on which account the case excited a good deal of anxiety in those who had it in charge. It was even feared that some, at least, of the fingers of one hand would be ultimately lost by gangrene, but this catastrophe was averted by the treatment pursued. This consisted in wrapping the arm in cotton-wool, and keeping the patient in a room of a warm, even temperature, and later on slight friction of the hand and arm, followed by application of a bandage; recovery finally taking place.

It has long been known to comparative pathologists that cold exerts a definite influence on domestic animals submitted to it soon after birth; and one familiar fact in this connection is afforded by the condition of the tails of young pigs, which are occasionally absent in all the members of the same family. When this peculiarity is observed it may be taken as evidence that the animals were littered during the prevalence of cold weather, for it is only at such times that the loss referred to occurs; and then it is not an infrequent event. In the vegetable kingdom, also, a similar state

of things obtains, for we find that during frosts it is the extreme shoots and terminal buds of plants that become dry and shrivelled up, these parts being those farthest removed from the vital centres of the plant, and least subject to the preserving effects of the sap circulation.

In that form of gangrene of the extremities which assumes a symmetrical character and which is known as Raynaud's disease, the conditions obtaining in the affected individual are of the kind already referred to and illustrated above. The circulatory process is maintained in a feeble inefficient fashion, the constitution thereby suffering, and being less robust, while the arterial vessels very readily contract on exposure to cold, and do not, without much difficulty, recover their normal calibre. The case of the little school-girl already narrated affords an admirable example of this class of patients.

In some instances, however, the disease fails to follow the symmetrical distribution described by Raynaud, and regarded as a typical characteristic; and careful examination of these cases assists us to understand the causes which give rise to the symmetrical disease. Such an example was recently recorded at a meeting of the Clinical Society of London by Mr. A. Pearce Gould. (a) It was that of a young man in whom pressure on the subclavian artery had been set up by an exostosis developed on the first rib, and which irritation resulted in gangrene of the limb with obliteration of the arteries commencing at the finger tips and spreading gradually towards the axilla. At one time, was probably the bony mass near the shoulder was much bigger than when the patient came under treatment, and consequently the pressure it produced on the artery more considerable. The first stage of the affection was inflammation of the fingers with impeded circulation from pressure above, this last factor being absent in the cases hitherto recorded in the lecture, and leading to thrombosis or inflammation of the arteries, which gradually advanced up the limb until all but the axillary trunk failed to yield any evidence of pulsation. Explanation of the impossibility of recovery of the case is at once found in this character of the injury which occurred, and which is found in the worst cases of gangrene—that is, the plugging of peripheral vessels and extension of the process thence upwards into main trunks leading from the heart.

Frost-bite is that form of gangrene which results when the tissues are directly exposed to severe cold, without immediate restoration of circulation through the part. In such cases operative interference is not advisable because the condition of the structures surrounding the injury, as a rule, quickly reverts the normal; and it is not, therefore, a common occurrence for gangrene of this nature to spread indefinitely. Generally, within a few days the extent of the gangrene is well circumscribed, and if due provision be taken for protecting the limb sufficiently, only that portion of it will be lost which chanced to be the seat of primary injury, *i.e.*, the part most exposed at the time. Such injuries are not followed by septicæmia.

(To be continued.)

THE Fellows and Members of the Academy of Medicine of Ireland have agreed to entertain its President, Dr. Banks, at a dinner, which is to take place in the College of Physicians on the 6th of March next. The hon. secs. to the banquet are Drs. Kidd and Henry Kennedy, and we understand that a large number of the Fellows have already sent in their names.

(a) See *Medical Press*, Feb. 13.

Attention is drawn to these by loss of voice. Tubercle and perichondritis are rare, compared with the catarrhal form, and are never present without the catarrhal form.

As a very important point in diagnosing tubercular from syphilitic forms of laryngitis I would have you bear in mind that syphilis is confined to the larynx, but tubercle never, and consequently sputum is not thrown off in syphilis, unless there is ulceration, but is so invariably in tubercle.

In all cases of phthisis there is more or less tumefaction of the larynx, and since the mucous membrane is more loosely attached at the upper point of the larynx than at the lower, there is always a bulging at, and above, the level of the false cords. When the condition is severe enough to affect the voice, the hoarseness would be that of catarrh with discoloration of the true cords. It is not uncommon for this condition to attract the attention of the patient before any signs of chest disease present themselves, and I have frequently been able to anticipate the diagnosis of consumption by the examination of the larynx.

The diagnosis of this disease is not very difficult. It is said by the patient to have commenced as a common cold with hoarseness of voice, cough, and the throwing off of sputum. Treatment which would be that of catarrhal laryngitis has but little effect upon it, though slight relief is obtained by staying in the house, and in an even temperature for a few days. The disease is very soon recognised as a chronic form. Now, among the chronic forms of laryngitis we have only syphilitic, tubercular, and a form of chronic laryngitis kept up by a persistent cause. If we can, by symptoms or their absence, exclude the syphilitic and the third form, we negatively prove the presence of the tubercular variety, and if, in addition, the tumefaction over the false cords is at all marked, the disease is almost positively proved. This form does not run on to ulceration without the development of tubercle in the mucous membrane. In such cases little points of tubercular matter may be seen in the membrane, and perhaps, also, in the epiglottis, which very soon become cast off, leaving small ulcerations behind.

It is not often that these ulcers become cured. I do not doubt that were the tubercular disease limited, the ulcers would heal, but I consider tubercular disease of the larynx incurable, inasmuch as it is a disease not confined to the larynx.

The third form of tubercular, or strumous laryngitis, if you look to our table of diseases, is that in which the cartilages necrose.

If you ask what treatment I advise in tubercular laryngitis, I can only say disregard the larynx and treat it entirely as a case of tubercular consumption.

(To be continued.)

NOTE ON THE USE OF APOMORPHIA IN INFANTILE CONVULSIONS.

By EDWARD COTTERELL, M.R.C.S.Eng., L.R.C.P.Lond.

On Nov. 11th, 1883, I received a summons requesting my immediate presence to a child in a fit. Upon my arrival I found the patient, a child, *æt.* 18 months, suffering from typical infantile convulsions. The mother stated that the child was attacked about half-an-hour after its dinner, which upon inquiry I found consisted principally of greens and potatoes. The attack was preceded by vomiting. There was great congestion of the veins of the neck, and the breathing was stertorous. I immediately proceeded to use artificial respiration by the Marshall Hall method, and after about five minutes the breathing became less stertorous, and the cyanosis less. I thought it would be a good plan to evacuate the contents of the stomach, in spite of the mother's assurance that the child had returned all its dinner, and, failing to produce reflex vomiting by irritation of the

fauces, I procured some apomorphia. I administered two minims of a two per cent. solution of this drug subcutaneously, and in one hundred seconds the stomach evacuated its contents—a prodigious quantity—with hardly any effort.

Immediately after this the convulsions ceased, and the child became quite conscious, nor has it subsequently had any attacks of a like nature.

I am not aware of apomorphia having been used before in the treatment of infantile convulsions, and my experience of this treatment up to the present rests upon this single case, but the result was so gratifying that I am persuaded to publish it, being confident that in apomorphia we have a drug capable of controlling the fits when these are due to gastric irritation; and I am sure that a very large percentage of infantile convulsions—at any rate, those occurring amongst the children of the poor—are due to injudicious feeding. Another recommendation in favour of the use of a hypodermic injection of apomorphia in this disease is the ease with which it can be administered.

Bicester.

Clinical Records.

ST. BARTHOLOMEW'S HOSPITAL.

Case of Acute Cerebral Meningitis.

Under the care of Dr. REGINALD SOUTHBY.

(We are indebted to Mr. ALBERT GRESSWELL, B.A. Oxon., M.R.C.S., for this Report.)

E. W., *æt.* 24, single, by occupation a cook, was admitted May 24, 1882, into Faith Ward, and died on the following day at 8 a.m. When first seen she lay on her back comatose, with the eyes closed and directed to her right. The pupils were equal, circular, and reacted to light. At intervals she moved different parts of her body and limbs. The arms and legs were natural. The pulse was 118, soft. The respirations, 30, were somewhat stertorous. The heart and lungs presented no abnormal signs. The abdomen was occupied by a prominent hard swelling in the hypogastric and left inguinal regions. On vaginal examination the os uteri was found to be directed forwards. Catheterisation did not effect any reduction of size of the swelling in the abdomen. The legs did not pit on pressure. The history as given by the relatives was as follows:—When three years old the patient had "low fever." When four and a-half she suffered greatly from vomiting for six months. About three years ago she fell from a third-floor window a distance of forty feet on to a stone pavement below, rending the skin of the forehead and crushing the left wrist and the right hand, and greatly bruising the skin of the left groin. She did not regain consciousness for a week, and is said to have had much discharge from her nose, but none from her ears. She recovered under Mr. Baker in this hospital, but had a very bad memory ever after this occurrence. She stayed at home for a year after leaving the hospital, and then, about two years ago, she resumed work as a cook and continued to enjoy fairly good health. She had, however, frequent fainting fits, in which she never completely lost her senses. A year ago she first told her friends that her stomach was painful. Has always been regular in the recurrence of the catamenia. Each monthly period since her fall has been attended by great pain in the left lumbar and left inguinal regions, and by severe pain during defecation and micturition. During the last six months the catamenia have been extremely painful, so much so that she has been unable to stand, and micturition and defecation have been exceptionally distressing. The doctor to whom she applied is said to have attributed these symptoms to inflammation of the womb, owing to too long standing at her work during the catamenial periods. Her last menstruation was about five days ago, and she was obliged then to give up work entirely and rest in bed for a day or two. Her present illness commenced apparently on May 22. In the morning she showed no signs of ill health, but towards evening she complained of "dreadful headache." At 1 a.m. on the 23rd she roused her sister, saying, "Do get up at once, as I feel that I am going mad."

Soon afterwards she became extremely sick, the vomit being like jelly and of a greenish colour. The sickness ceased about 8 p.m. the same day. Soon afterwards she raved and shouted, and frequently said that her head was on fire, and the friends were obliged to call in a policeman to keep her quiet. She has gradually been losing her senses from the first onset of the present attack, and has lain wholly unconscious, with twitchings of the muscles of the face, legs, and arms, since the morning of the 23rd. She has passed her water under her since the evening of the 22nd, but has had no motion since the 22nd. The urine drawn off by catheter on admission was acid, specific gravity 1030, and had about 5 per cent. of albumen, but no sugar. She lived only a few hours after admission. She was ordered—D. L. Beef tea, four eggs, and extra milk one pint. Also—

Pulv. jalapæ co., ʒss;
Mucilaginis, ʒj;
Ex aquâ, statim.

Her progress after admission is summed up in the note of the following day.

May 25th.—At 11.30 p.m. last night her temperature was 104°·6°. She was then sponged, after which the temperature fell to 103°·4°. At 2 a.m. this morning her breathing at times stopped, apparently for a few minutes at a time, and her temperature rose to 103°·8°. She was again sponged. Her pulse was extremely hypercrotic, varying from 140 to 160 per minute. Two drachms of pure ether were injected subcutaneously, and she was fed through a nose-catheter with milk, eggs, and brandy, ʒij. The respirations became more hurried (54 per minute), and also more markedly stertorous. The bowels were opened, and her water was passed freely under her. The pulse gradually became more rapid, and even still more soft, and she died at 8 a.m.

Post-mortem Examination by Dr. Moore, May 26th, 1882.

Body.—Has traces of a fracture of the left arm and fingers. Lean. No dropsy.

Head.—Calvaria, nil. Dura mater, nil. Brain: Beneath the pia mater the whole upper surface was smeared with purulent lymph, and there was a little on the base. None around the roots of the nerves or in the ventricles. The vessels of the whole brain were fuller than natural.

Chest.—Lungs: Some adhesions between the layers of the pleura; otherwise normal.

Heart.—Weight, 7½ oz. Valves nil.

Abdomen.—Liver, nil. Spleen soft and enlarged. Stomach and intestines, nil. Kidneys engorged. Capsule readily stripped off the surfaces, which are smooth. Pelves engorged, and containing large blood-clots. Ureter and bladder, nil.

Remarks.—This case presented many points of interest. The sudden accession of severe headache, the violent vomiting, the rapid intensification of the headache, the rapid onset of delirium and coma, the apparent interruption of the respiration, for a few minutes at a time, were among the chief symptoms which were suggestive of cerebral meningitis. Prior to hearing the history of the patient from the friends, the question as to whether the case might be one of diabetic coma presented itself, but on examination the urine was found to contain no sugar, and the account given showing that previously to May 22nd the patient was well in every respect, gave no support to this view. This patient presented no premonitory symptoms; on the contrary, the illness was ushered in suddenly by intense and persistent headache. In cases of tubercular meningitis, on the other hand, especially in children, premonitory symptoms are usually present. The age of the patient, which was 24, favoured also the diagnosis of simple cerebral meningitis, as opposed to tubercular meningitis; the lungs, moreover, presented no abnormal signs, as they often do in the latter disease. The short duration of this case, from the evening of May 22nd to 8 a.m. on the 25th, is noteworthy. The question in such a case, as to the cause of the attack, is full of interest. Was the attack here due to the fall 4½ years ago, or was it due to some other cause? Several similar cases have been recorded by Dr. Southey in the *Lancet*. In these cases Dr. Southey attributed the acute attacks of meningitis to the injury to the head received a considerable time previously. There was no trace of tubercle in any part of the body.

Among the fishes most commonly eaten, the cod is poorest in total solid matter, in albuminous compounds, and in fat.

Transactions of Societies.

ACADEMY OF MEDICINE IN IRELAND. PATHOLOGICAL SECTION.

A MEETING of the Pathological Section was held on Friday evening, Feb. 1st, at the Royal College of Surgeons, Dr. A. H. CORLEY, President of the Section, in the Chair.

Dr. E. H. BENNETT, Hon Sec., read the minutes of the previous meeting, which were confirmed.

SPONTANEOUS RUPTURE OF THE FEMORAL ARTERY.

The PRESIDENT detailed the history of a case in which rupture of the femoral artery had been the cause of death, and he exhibited the illustrative specimen. On the evening of Dec. 20th, 1883, A. B., æt. 56, a labourer, an inmate of the North Dublin Union Workhouse, was observed to be limping, and on being questioned complained of pain in the thigh, which was seen to be swollen. He was examined by Dr. R. Kenny the same evening, and rupture of the femoral artery was diagnosed; but the swelling had increased to such a degree, and the signs of collapse were so marked, that surgical interference was out of the question. There was no attempt at rallying, and he died next morning. A post-mortem examination was made under very unfavourable circumstances. All that could be done was to examine the limb and remove the diseased artery. There was enormous swelling, extending from Poupart's ligament to the knee, and obstruction to venous return had produced considerable oedema of the leg. A quantity of blood, partly fluid and partly coagulated, roughly estimated at nearly two quarts, was found diffused under the fascia lata. An examination of the artery showed a fusiform thickening of about three quarters of an inch in greatest diameter, and three inches long, extending from the apex of Scarpa's angle into Hunter's canal, and an opening somewhat funnel-shaped was seen in the anterior aspect of the vessel, the coats being unequally destroyed. The artery was pervious both above and below the rent, but for the whole extent of the dilatation was occupied by a soft reddened clot. On slitting up the vessel, it was perceived that there were three slight saccular dilations existing in the fusiform portion of the artery, and that it was the highest of those that gave way. Although the history was necessarily so meagre, it seemed evident that some obstruction to the current through the superficial femoral must have been of considerable duration, as the trunks of the profundus femoris and its branches were all considerably enlarged.

ELEPHANTIASIS OF THE SCROTUM.

The SECRETARY exhibited for Dr. W. H. HART, of Sierra Leone, an example of elephantiasis of the scrotum, removed by him from a Negro chief, æt. 56. In its shrunken condition, after preservation in strong spirit, the tumour weighed 14lbs. 5ozs.; weighed immediately after removal, it was 31lbs. The patient was in fair health, but affected by pityriasis. He had no fistula or urinary trouble, and had been tapped for hydrocele. On his admission no fluctuation could be detected in the tumour. He spoke no English, and his history was learned with difficulty. The tumour had been growing for ten years. His youngest son is 18 years old. He had come down from the country for operation, being willing to take any risk. On March 28th, 1883, Dr. Hart operated antiseptically, and with Esmarch's bandage. Both spermatic cords were ligatured, and lateral and a mesial flap saved. The testes were removed. Two veins were tied on removal of the Esmarch band. Considerable shock followed the operation, but the temperature on reaction rose only to 101°·2. On March 3rd the temperature, &c., were normal. On April 20th he was discharged with only a small portion of the surface of the penis being as yet uncicatrised. The examination of the tumour showed a vast hypertrophy of all the structures of the scrotum, amongst which the testes were, after a patient search, found, without serous envelope, the tunica vaginalis being obliterated, but the glands appeared healthy.

TWO CASES OF EPITHELIOMA FROM LOCAL IRRITATION.

Dr. BALL showed two specimens of epithelioma. The first was from the front of the scrotum of a man, æt. 40, who had worked as a distiller of crude carbolic acid from tar for nine years previous to admission to Sir P. Dun's Hospital. The

larger tumour was two inches long, and one and a-half inches broad, and beside it was a smaller wart, to which was adherent a well-marked horn. These growths were removed, and two years subsequently another small tumour was removed from the side of the scrotum. This was not connected with the cicatrix, and the author considered that it was attributable rather to a continuance of the original irritation than to an infection of the tissues by the previous growth. The glands in the groin, which were somewhat enlarged and hard before the first operation, had decreased markedly after the removal of the scrotal disease. A microscopic examination, which was made by Dr. Abraham, showed the appearances of ordinary epithelioma. Inquiries were made as to the health of the other operatives at the works where this man was employed. One man was seen with a large number of small epitheliomatous warts over the body, and Dr. Ball was informed that two men who recently worked there had horns, followed by open sores on the face, but he was unable to trace these cases. As only sixteen men were employed, it would appear that the fumes given off in the destructive distillation of tar produce an irritation peculiarly liable to originate epithelioma of a chronic form and in all respects similar to the chimney-sweep's cancer, as described by Pott. The second case was from the nose and upper lip of a man, *æt.* 49, who had suffered from lupus of the face and nose for many years. He had been under treatment by Dr. Walter Smith for lupus, and was transferred to Dr. Ball's care for removal of the tumour. There was a fungating mass of nearly black colour, and great vascularity involving the tip of the nose, the alae septum, and extending down into the upper lip. The sub-maxillary glands were not enlarged. The patient positively stated that this growth had only commenced three months previously. It was removed freely; but when the patient was seen three months after the operation a number of glands evidently carcinomatous were to be felt deep in the sub-maxillary space, the cicatrix appearing quite healthy. The intense malignity of this case formed a marked contrast with the former, and Dr. Ball suggested as an explanation of this fact the great vascularity of the tissues induced by the lupus before the commencement of the carcinoma. Dr. Abraham reported the case as distinctly one of epithelioma. In the deeper portions were to be found a very large number of small round cells, as usually found in lupus. The author alluded to a recent communication made to the Berlin Medical Society by Dr. Lewin, on "Carcinoma Developing on a Basis of Lupus," in which he reviewed the published cases of this condition stated to number about twenty.

NOTE ON TUMOUR OF THE NOSE.

Dr. ABRAHAM communicated a note on the tumour of the nose discussed by Dr. Ball. The deeper parts of the sections were chiefly made up of a more or less round-celled growth, much infiltrated with other small darkly-staining cells and nuclei. The texture was often loose and oedematous, and the lymph channels and spaces were well marked. Some of the latter contained finely granular and occasionally fibrous coagula. Protoplasmic masses were also to be sometimes found in various parts of the tissue. Towards the surface of the growth the larger cell-elements could be traced into prolongations from the epidermis, and in this situation numerous epithelial cell-nests were developed.

FRACTURE OF THE UPPER EXTREMITY OF THE HUMERUS.

Dr. E. H. BENNETT exhibited an example of fracture of the upper extremity of the humerus, which was, in his opinion, consecutive to dislocation. Having referred to his communication on this subject made at the Cambridge meeting of the British Medical Association, and to the paper by Mr. Eve, published in the *Medico-Chirurgical Transactions*, he expressed his opinion that this new example agreed with the five specimens already described by him in its general characters, the head of the bone being only slightly differently placed. It was united by ligament both to the scapula and to the humerus. It projected into the axilla, beneath the vessels, and had pierced the sub-scapular muscle at its lower border. It retained a great part of the sub-scapular attachment—*i.e.*, of the lesser tunicle of the humerus attached to it. The long head of the biceps was united to the bone in the fibrous tissue between the fragments. The specimen, unfortunately, was without life history.

The Section then adjourned.

SURGICAL SECTION.

At a meeting of the Surgical Section held in the Royal College of Surgeons, Mr. WHEELER, President, occupied the chair.

Mr. WILLIAM STOKES, Hon. Sec., read the minutes which were signed.

LIVING SPECIMENS.

The PRESIDENT.—A young girl, *æt.* 18, after removal of enormously hypertrophied breasts, the largest weighed 20lbs. 2. Excision of knee in a boy, *æt.* 11, for caries. 3. Child a year after harelip operation by exhibitor's method.

Mr. STOKES.—Case showing result of excision of the upper jaw for fibro-sarcomatous tumour, originating probably in the antrum.

Mr. LAMBERT H. ORMSBY.—Case of excision of knee-joint.

Dr. ARTHUR H. BENSON.—Primary lupus conjunctiva.

SPECIMENS EXHIBITED BY CARD.

The PRESIDENT.—Vesical calculi removed by lateral lithotomy.

Mr. STOKES.—1. Amputation at hip-joint, parts removed on account of a rapidly growing sarcomatous tumour on inside of thigh. 2. Cast of the thigh showing size and position of the tumour. 3. Multilocular ovarian cyst recently removed from a patient, *æt.* 17.

Mr. LAMBERT H. ORMSBY.—Amputation of the thigh (upper third) for large sarcomatous tumour of thigh.

Dr. J. HAWTREY BENSON.—Viscera of a woman who died of purpura hæmorrhagica.

THE RADICAL CURE OF HERNIA—THREE PAPERS.

Mr. WILLIAM STOKES, (Professor of Surgery, Royal College of Surgeons) read a paper on

THE RADICAL CURE OF HERNIA BY PERITONEAL AND INTER-COLUMNAR SUTURE.

Having alluded to the fact that the subject of the radical cure of hernia, had from remote antiquity to the present engaged attention, he mentioned, although it could not be said definitely, that the wished-for goal had been attained, still, thanks to Listerism, much had been gained. In proof of the fact that the feasibility of obtaining radical cures by operation, is a question *sub judice*, he referred to the writings of various eminent surgical authorities, some of whom are opposed to, and others in favour of, such attempts being made. The object of the various operations hitherto performed, viz., obliteration of the neck of the sac, with approximation and union of the tendinous structures about the hernial passages, also the methods of "dissection" were discussed. The author believed that the method recently adopted by himself and his colleagues, was simpler and more efficacious than any of those he mentioned. It consists in the insertion through the open neck of the sac and close up to the external abdominal ring of a deeply indented carbolised catgut suture or sutures according to the size, width, and depth of the neck, and this is followed by the approximation or closing of the canal and pillars of the ring, by the insertion of two or more sutures of a stronger or more durable material, such as chromicised catgut, gilt or silver wire. In fact, it was a dual system of suture, one being peritoneal and the other inter-columnar. Four cases were recorded in which this plan was adopted. In three of these successful results were obtained. The unsuccessful case was one of congenital inguino-scrotal hernia. The hernia reappeared three months after the operation. The failure was probably due to not having used a sufficiently durable material for closing the pillars of the ring, that which the author employed being chromicised catgut. In future he would employ in similar operations either carbolised silk or silver wire.

Mr. BARTON also read a paper on the radical cure of hernia. At the outset he laid down the principle of treatment, viz., that the internal ring should be so effectually closed as to prevent the hernia coming down into the canal at all. He described Wood's operation as a combination of this and of the old plan of invagination, which latter should be discarded, and the closure of the rings perfected. The direct operation was recommended, refreshing the edges of the ring as recommended by Gross, or cutting away the sac, as practised by Czerny. Three cases were related, 1, that of a boy *æt.* 3, who had a hernia as big as a cocoa-nut, and which could not be held up. 2. That of a young man who had been rejected at the physical examina-

tion at Sandhurst, for a small inguinal hernia. 3. A child three years old. In all three the internal ring was closed with silver wire, which was left in, but in the first case it had to be removed, subsequently, as the wound re-opened. The result was that in the first case the child left the hospital with a truss, but the hernia again came down. In the second case the result was satisfactory, and the gentleman was admitted to Sandhurst. In the third case the child was exhibited, but sufficient time had not elapsed to pronounce upon the result. The cases proved, first that the operation was readily performed, secondly, that (with antiseptic precautions) it was safe, and thirdly, that it was advisable, if not directly necessary to retain the wire sutures *in situ*.

Mr. KENDAL FRANKS read a paper on the

RADICAL CURE OF HERNIA BY THE METHOD OF DISSECTION.

This paper appeared in our issues for Jan. 23 and 30.

Mr. W. THORLEY STOKER said there were two distinct classes of cases, the class in which the operation was compulsory where strangulation existed, and the class where operation was a matter of election to promote the patient's convenience rather than to save his life. In nearly all cases of operation for femoral hernia, a permanent cure had been effected, but in large inguinal ruptures a radical cure was not so frequent, and in such cases the peritoneum should be sutured. In the second class of cases, he advocated Wood's operation. He did not think it mattered much whether the pillars of the ring were drawn together or not. A cure was effected by the inflammation exciting exudation of coagulum and lymph, which drew the parts together, thereby closing the opening as with a cork. He protested against leaving in the wire suture where the ring was sutured in inguinal hernia, as most unscientific and unsurgical-like, and a possible source of future trouble.

The PRESIDENT mentioned the result of nine cases in which he had operated by different methods. In a case of inguinal hernia on the left side, he exposed the neck of the sac, he then drew it down and applied a ligature, divided the neck and removed the sac below the ligature. This case was successful when seen two years afterwards. He performed a similar operation in the case of a female suffering from a small inguinal hernia in the centre and above Poupart's ligament, which became strangulated, and she was perfectly cured, having been seen five years afterwards. In a femoral hernia on the left side in a female, *æt.* 18, he opened the sac, pulled down, excised, and closed the edges, and the result eighteen months afterwards was most satisfactory. He adopted the dissection method in other cases, but without improving the hernia. In cases where the canal was greatly distended by a large hernia, it would be almost impossible to have a radical cure follow any radical measure, and the most likely was by excision of the sac.

Dr. MCARDLE observed that it was almost impossible to bring the edges sufficiently close together to keep behind the sac, and that the irritation of the veins was likely to produce phlebitis.

Having regard to the lateness of the hour, the further discussion was, on the motion of Mr. Ormsby, seconded by Dr. McArdle, adjourned to a special meeting.

GLASGOW PATHOLOGICAL AND CLINICAL SOCIETY.

THE ADJOURNED DEBATE ON ALBUMINURIA.

This important debate was resumed on the 19th inst.

Dr. MACCALL ANDERSON Presided.

There was a good attendance of members of the profession, especially juniors.

Professor GAIRDNER opened the proceedings with a judiciously conceived address, in which difference of opinion from previous speakers was very notable. At the outset, Dr. Gairdner referred to Bright's opinions at considerable length, and then referred to Dr. Roberts' address on the first night of the debate. Dr. Gairdner differed from Dr. Roberts in believing that there is such a thing as normal or physiological albuminuria. He characterised the case mentioned by Dr. Roberts of cure of albuminuria, with hypertrophy of the left ventricle, as very unusual, though within the range of possibility. Dr. Gairdner inculcated the taking of a more hopeful prognosis in cases of albuminuria.

Dr. MORTIMER GRANVILLE restricted his remarks to "the

clinical significance of albuminuria," and amusingly ignored and flatly contradicted Dr. Gairdner's views. He dwelt on albuminuria as associated with nervous disturbances. He believed that albumen is always present in the urine; and directed special attention to two not generally recognised groups of albuminuria in which albumen occurred in the urine without renal organic change, viz., in young men in whom the genito-spinal centre had been debilitated and rendered preternaturally excitable, not necessarily by sexual excess, but by the struggle to repress and restrain the passions, a mental and nerve-centre excitement which might be so brought up as to prove as mischievous in its effects as excess or abuse. He said that these cases were frequent, and were often confounded with kidney disease as there were frequently pains in the region of the kidney. In the second class of cases to which he directed attention the patients suffered from mental depression or "nervousness," with perhaps "agoraphobia" or "claustrophobia," and were men of studious or sedentary habits at middle life. In these cases albumen was found in the urine, in some instances alternating with the presence of sugar. He held it unscientific and pernicious to regard these cases as due to renal origin. He denounced picric acid as an unreliable test.

Dr. MAHOMED read a lengthy paper which he, however, curtailed. In its entirety, the paper will doubtless be read with interest, but under the circumstances it appeared diffuse and disconnected. He criticised the theory propounded by Professor Hamilton that the increase of arterial pressure was due to the diminished specific gravity of the serum, and pointed out that the specific gravity of the serum was not usually decreased to any considerable extent in Bright's disease, quoting Quincke in support of this.

Dr. JAMES FINLAYSON also spoke.

The debate will be resumed on another night.

INCUBATION OF INFANTS.

THE results obtained by the aid of an incubator for rearing infants have just been published by M. Anvard, resident at the Maternity Hospital, in his *Archives de Tocologie*. The first incubator was used in Paris by M. Tarnier, and consists of a large wooden case divided into two portions, the lower of which contains warm water, while the infant is placed in the upper one.

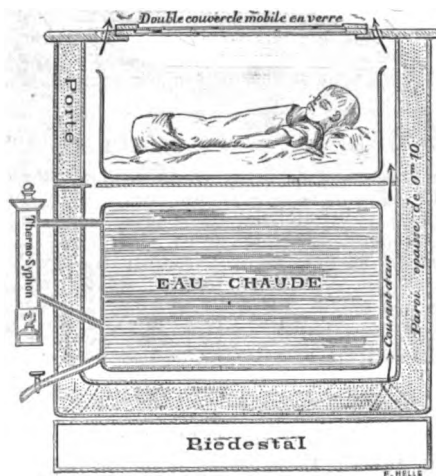


Fig. 1.

At first the incubator was heated by means of a thermosyphon, but his system has been abandoned, fearing that through the negligence of the attendants the lamp would be left alight too long. The apparatus is now heated by filling the reservoir with boiling water both morning and evening, and thus a mean temperature of 80–82° C. is kept up. The child is clothed in the usual garments, because, if the skin was in contact with the air at a temperature of 32° C., it would lose some of its animal heat, and when taking out the infant to feed it, the danger of cold would be very great, were it unclothed. Among the different cases (151 in number) in which the incubator was used there were 98 infants which were born prematurely. Of these 81 died.

M. Anvard based his statistics on the weight of the children, and discovered that among those who weighed less than 2,000 grammes the death-rate was at the "Maternité," 66 per cent., at that of Paris, 65 per cent., while in those places where the incubator was used it was only 38 per cent. In the treatment of oedema, which is a serous infiltration of the tissues caused by the bad state of the infant when born, and the rigours of the exterior temperature, and in which as a rule 16 out of every 20 cases die, when the incubator was employed only 4 of the 25 placed in it failed to recover. It has been said that children brought up in this way die when exposed to the outer air, but such is not the case, as M. Anvard conclusively proves. It has also been stated that immature children placed in the incubator only live one or two months, viz., until the time arrives in which they ought to have come into the world; but this objection is not founded on any scientific basis, and is therefore not of any value. M. Winckel, of Dresden, has started a new theory of permanent baths, but we have not investigated it sufficiently to form any opinion. The accompanying cuts (Figs. 2. and 3.) show the new incubator brought

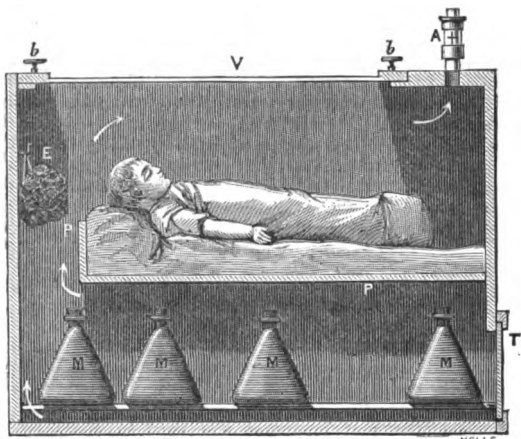


Fig. 2. Section of Incubator.

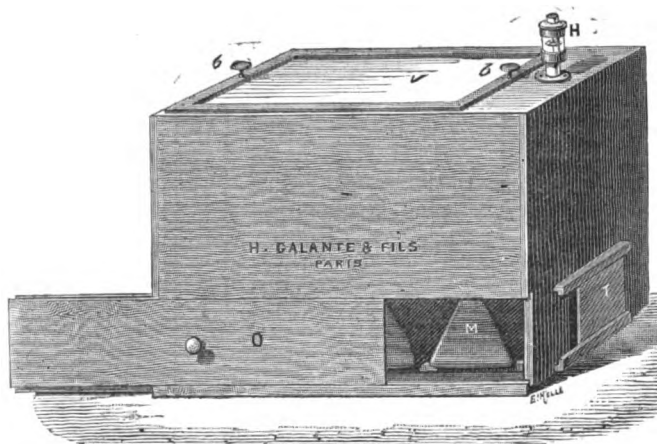


Fig. 3. Exterior of Incubator.

out by M. Anvard. In the lower part the stone bottles (Fig. 4.)

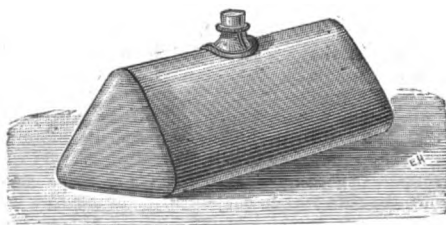


Fig. 4.

with filled hot water are placed, and the child is in the upper portion. They are replaced at the door O, which can be moved

to left or right. The air comes in at T, and passing over the water, becomes heated, and ascends through a wet sponge E. It goes out at A, where a little wind gauge is adapted to show the current. A thermometer is hung in the upper portion of the incubator. In the coldest weather, by changing the water every two hours, and putting the fresh in boiling, a temperature of 31° C. to 33° C. is kept up.

AIDS TO HYPODERMIC INJECTION.

WITHIN the past few years, medication by means of hypodermic injection has become much more general, and there are many circumstances in which this form of treatment is of signal value. In an especial manner does this obtain in cases of localised pain of a neuralgic nature, and where it is important to cause emesis when the patient is unable to swallow from disease or otherwise. While the first attempts at hypodermic injection date back to 1845 (it is even contended that they were employed in America in 1839), it is mainly to the late Dr. Andrew Wood, of Edinburgh, that their popularity has been due, and the agent chiefly employed has been some form of morphia. Since 1855, numerous other medicaments have been subcutaneously introduced into the system in certain cases with undoubted benefit.

Dealing in such cases with minute doses of strong alkaloids, it is of much consequence that the quantity thus employed be accurately gauged. The employment of ordinary solutions is not only troublesome, but without scrupulous care accurate dosage is difficult to ensure. In Wyeth's Tablets, now placed before the profession by Messrs. Burroughs & Wellcome, of London, these objections are satisfactorily obviated. The tablets, which are flattened convex discs, contain varying doses of the alkaloids or other active principles which it is desired to employ, combined with sufficient sulphate of soda to ensure consistency and to facilitate solution. These discs dissolve quickly in cold water; but warm water or gently heating by holding the spoon containing the fluid over a candle or spirit lamp ensures complete and speedier solution. For the sake of portability and general convenience, Messrs. Burroughs & Wellcome have just issued a neat pocket-case containing sixteen tubes filled with the most useful of Wyeth's tablets, an improved hypodermic syringe, and the requisite needles.



This case must prove a boon to active members of the profession, and will, we believe, become indispensable to the general practitioner's armamentaria. Of the alkaloid doses so contained we may mention sulphate of morphia, in $\frac{1}{4}$, $\frac{1}{2}$, and $\frac{3}{4}$ -grain doses, and we can personally testify to its efficacy; pilocarpine, in $\frac{1}{4}$ -grain doses, so valuable in causing diaphoresis and salivation; and atropia, in usual doses, which acts as a speedy antidote to the pilocarpine. Apomorphia is presented in 1-10-grain doses, a quantity sufficient to cause abundant vomiting in from three to four minutes—a property which can be taken advantage of in various forms of poisoning, pneumonia, tonsillitis, &c. Finally, we may mention aconitia, which, in 1-260-grain doses, affords marked relief in neuralgia. D. C. B.

THE Annual Metropolitan Dinner of the Irish Graduates' Association will be held at the Holborn Restaurant, on St. Patrick's Day, Prof. G. F. Yeo in the chair.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 27, 1884.

INDIVIDUALISM IN DISEASE.

MODERN conceptions of diseased conditions are in many respects of a different kind to those which were formulated at a time when the factors determining the onset and progress of illness were less definitely comprehended, and studied, than is the case in the present age. This difference needs to be carefully borne in mind, moreover, whenever an attempt is made to compare the state of knowledge possessed at successive periods in the history of medicine; and it would be manifestly unfair to charge to ignorance on the part of previous inquirers, the perpetration of errors against the commission of which we ourselves are protected, by reason of an increase in positive information at our disposal. Within recent years, too, there has been introduced an object of study to which the existing generation owes more than is perhaps generally understood; but the influence of which, great as it is in the present, is calculated to effect immeasurably larger advances in the future. It is difficult to assign an appropriate and sufficiently descriptive name to that of which we speak, but sooner or later some term indicative of it must be commonly adopted, and until a better has been suggested, it may be safe to use the word "individualism." The study of individualism as a factor in disease has for many of our ablest and most enthusiastic investigators an attraction which they find it impossible to resist; and to which, it must be added, they owe no small part of the success their labours have achieved. Slowly but surely the deeply suggestive meaning of diathesis, temperament, and idiosyncrasy

has forced its way to appreciation; and the crude ideas which formerly were entertained in this connection have yielded to clear and certain evidences of the intimate relations, subtle though they often, nay, nearly always, are, which exist between the two bodily states of health and non-health.

Innumerable records of cases could be quoted to prove that something above and beyond the visible signs of injury co-operate to determine the course it shall pursue in different subjects of the same disease. In one, it may be that a steady downward tendency to death will characterise the same affection which in another patient, situated possibly in close contiguity to the first, and submitted to exactly the same local surroundings, will pursue a course of comparative harmlessness, and leave the sufferer finally to enjoy a quick recovery. Possibly, also, both patients may at the outset have been in a condition of health in no wise inferior to that it had been usual for them to experience; and yet, as is well known in clinical work, the ultimate results of the illness will in the two cases be diametrically opposite. Whatever the causes leading to such diverse consequences are, they are intrinsically individual in their nature; and for an explanation of them we have to appeal to that factor in diagnosis to which we have referred under the title "individualism." It is in effect a compound of personal peculiarities, and includes, in addition to the specialities already named, those molecular and tissue characteristics that defy every attempt of the most perfect instruments of precision to elucidate their essential features.

It necessarily follows from this explanation that all attempt to unravel the mystery involved in this connection must be to a great degree purely speculative; and it is sometimes urged as a reproach against modern scientific medicine and surgery that this is a ruling defect in its method of research. But the charge is a most unmerited one in the face of all that has been accomplished hitherto; and it would be a grievous loss indeed should encouragement of the merely practical modes of advance lead to neglect of those which seem to lead to no immediate goal of finality. There are still encountered in the wards of hospitals and in private practice, a formidable array of diseases that too often prove intractable of cure, and that provoke the practitioner's despair. Not one of these but well deserves to be perpetually studied from every side, and under every auspice, until such time as means shall have been found to arrest the tribute of human life exacted as a consequence of the inability of science to combat their ravages. Not one of them, either, but is admittedly dependent in an infinite degree for its manifestations, on attributes of individualism which primarily determined its appearance in the subject of it rather than in any one of a hundred others similarly circumstanced. Cancer, rabies, phthisis, and tetanus may be taken as examples in point; and though the three first may justly be regarded as having greater dependence on structural properties of tissues, this, in the way that is of gross appearances, is inadmissible in respect of the last instanced, tetanus.

There are many facts connected with this affection that seem to surround it with a vague but terrible interest. It is an unmistakeable entity in clinical experience; it

cannot be confounded with anything else when once it has fairly established its hold upon its victim ; and in its acute form it offers the smallest chances of successful treatment. Its occasional occurrence in hospital practice is not unreasonably regarded with most anxious feelings by surgeons in charge ; and it is not a little peculiar that single cases are rare, although very long intervals may elapse between their appearance. Recently, a case occurred in the male accident ward of the London Hospital ; and within a few days a second case, being that of a woman in quite a different part of the building, terminated, like the first, fatally. It is not, of course, to be supposed that any direct connection between the two cases can be traced ; but it is quite possible to conceive that the individualism of these two patients predisposed them to react to whatever influences—climatic, atmospheric, telluric, or otherwise—combine to bring about changes that have for a result the production of tetanic convulsions.

The case of the man mentioned above possessed many points of interest in connection with the study of tetanus. He was but a little over twenty years old, and had been admitted after an accident through which the right hand had been crushed and lacerated, the thumb particularly being involved. The injury was not in any way one of excessive severity, and seemed to progress favourably ; but on the eighth day from the accident tetanic symptoms supervened, and death occurred within fourteen hours. In what way could the result have been brought about here, as in many similar cases ? We know that injury to nerves is usually regarded as the exciting cause ; but appreciable injury is by no means always present. Nor can this, of itself, be adduced as sufficient, for else we must look for tetanus as attendant on every wound in which nerve structures have been implicated ; whereas such consequences are, fortunately, rare exceptions. Irritation of nerves, whether direct or secondary to chemical changes of decomposition in the wound, is, however, an undoubted essential factor in the etiology of the disease ; and the transmission to, and possible exaltation of the irritation at, the reflex centres, constitute indispensable elements in it. Speedy removal of the local source of irritation, therefore, occasionally has checked the advance of the tetanus to uncontrollable stages ; but it is more than doubtful whether this plan of procedure is feasible in the majority of acute cases in which the course of the disease is rapid from the outset.

We have taken tetanus as an example of those diseases in consideration of which individualism must occupy an important place, because it is a typical instance of the class we are dealing with. It may very well be, however, that the principle we have endeavoured to enunciate must ultimately obtain a much broader application than even its advocates would elect to give it at present ; and that we shall be able to indicate the cause of every bodily affection with an exactitude in every particular case to which it now seems presumptuous to aspire. In surgery especially, is the field widest for its application ; for it is in the treatment of surgical diseases and injuries that the influences of individualism exert most marked differences of effect. What is required beyond all things is the power to recognise their presence by external signs before their

effects have been demonstrated by the progress of the case ; and especially do we look for and aim at, the acquisition of a power to direct, and if need be modify, the influences when they have been recognised. To this we would fain hope we are tending ; and every step that brings us nearer to such an end is one more triumph of science over disease, another trophy wrested from the hand of death.

ALCOHOLISM AND ITS REMEDY.

It is not such a great number of years since the first public outcry was heard against the abuse of alcoholic liquors, but since then it cannot be denied that great and important steps have been taken, and especially in one direction, towards remedying this great evil. The work has been carried on in the main by amateurs and quasi-scientists, and has principally consisted in a great and widespread endeavour to unite in large societies all such as shall promise to take a pledge not to use alcoholic liquors as a beverage. These gigantic strivings have been, however, materially aided by scientists, though these in their turn may have been pressed on to the work by the public outcry, who have satisfactorily shown that to persons in health alcohol in any ordinary and recognised shape or form is not a necessity. They have also shown that except in very small quantities the regular use of it is not only unnecessary, but harmful. With regard to this limited and very small quantity, however, the scientist and the average total abstainer are not at one. The scientist says that, in regard to this limited and very small quantity *per diem*, it is a matter of indifference whether a healthy adult takes it or not ; whilst the average total and aggressive abstainer says that alcohol is a poison that ought on all hands to be avoided.

Looking at our temperance and total abstinence societies, one would be tempted to say that an immense deal of good had already been done ; but looking, on the other hand, at our excise, revenue, and criminal returns, one would be almost tempted to despair of any good ever being or likely to be accomplished, so little influence has the great movement apparently had during the last half century in reducing the quantity of alcohol consumed per head of population and in improving criminal statistics. What is to be done to stem the torrent of drunkenness is still the great question of the day. Many people think that the present generation is past praying for ; that habits once formed will not be altered by much preaching and entreaty ; that the compulsory virtue that would be brought about by prohibition of the liquor traffic would be no virtue at all—it would simply be like the continence of the eunuch ; and that the only hope lies in healthy opinions and clear knowledge instilled into the minds of those whose habits are yet unformed—*i.e.*, the young.

Drunkenness appears to be the special vice of cold countries, and yet all cold countries have not a drunken population. Take Germany for instance. Continental winters are much colder than ours ; yet, notwithstanding their rigorous winters, Germans may be rightly called a sober people. A great deal of beer is drunk in

the German countries, and quite recently temperance societies have been formed there. They have, however, not owed their existence to attempts to put a stop to beer-drinking, but to curtail a spreading tendency to indulgence in schnapps or spirits. Beer drinkers are not supposed to require reformation, and it is only those who indulge in more potent beverages who are responsible for the introduction into Germany of the *Mäßigkeitsverein*, or Moderation Society.

For this class of dram drinkers, then, the temperance cause has been taken up in the Empire. There is one difference, however, between German and British temperance societies: the German article is a temperance or moderation society, whilst the British is in most cases a total abstinence society, and therefore in no sense but a nominal one a temperance society.

A German pastor named Georg Friedrich Fuchs has recently published a small *brochure* on "Alcoholism and its Remedy," that has been somewhat of a surprise to medical readers, for the reason that it does not discuss the subject so much from a theological as from a scientific and common-sense standpoint. Herr Fuchs has studied his subject long, and has made himself completely master of the literature of it. Going back to the year 1839 for his statistics, he depicts the effects of the abuse of alcohol on the person of the victim, upon his offspring, on the tendency to crime, and on the suicidal tendency in colours a little, perhaps, too lurid. This part of the subject is treated rather with the unconscious bias of the advocate than with the unprejudiced calmness of the judge. A man not trained in the study of general diseases must follow some medical guide or guides; his own limited knowledge of medicine will not always lead him to choose a safe one. He cannot check the teaching of another by his own observations, for he has not been trained to observe, so that the colouring of the picture he gives us is to some extent excusable.

On the other part of the subject, however—that treating of the remedy for the abuse of alcohol—his views will meet with the approbation of all who have studied the subject dispassionately. He does not demand that alcohol shall be absolutely banished—that its sale shall be prohibited. He does not recommend "local option," a measure which means that two men shall have the power of dictating to the third what he shall drink—a monstrous piece of legislation, if ever it come to pass. He places his hopes, not on one panacea, but on the dissemination of a healthy public opinion by means of moderation societies (*Mäßigkeits-vereine*)—not total abstinence societies; on the founding of asylums for drunkards, and on the establishment of people's coffee-taverns and wagons. We in Great Britain know that these coffee-taverns, when properly conducted, not only supply a great want, but may be made profitable to the shareholders. One such company known to us, taking in its numerous branch establishments about £1,000 weekly, has for years paid 10 per cent. He thinks, further, that alcoholic liquors should be highly taxed, although he acknowledges that this in itself is not sufficient to prevent the immoderate consumption of alcohol, and as proof of this he points to Sweden, where, notwithstanding high taxation, the

most rigorous conduct and supervision of the drink traffic, and notwithstanding all the repressive legislation against drunkenness that Sweden has seen fit to enact, the consumption of alcoholic liquors has again increased during the last few years. The Dutch laws, which prohibit the sale of spirituous liquors to youths under 16 years of age, he thinks worthy of consideration. We believe there is some such law in this country—a useful law, no doubt, but not nearly so much so as a more wide-reaching and practicable one in the same direction might be made to become. Who has seen children of tender years emerging from the public-house, bearing home the paternal or maternal beer, and has not been struck by the thought that legislation ought to step in and with a stern front forbid these infants to enter public-houses altogether unless accompanied by their proper guardians? Here is surely a blot. Let children be prohibited from entering these places, let publicans be prohibited from serving any one under 16 years of age with any intoxicating liquor whatever, and the legislature will do more at one stroke towards preventing the present familiarity of our youth, and in time of our adults, with these dangerous and demoralising places than all our local option dreamers will be able to accomplish in a lifetime. This legislation is practicable, and it would bear directly on those who are properly under tutors and governors, and not on grown men and women. In this country the law does not allow that drunkenness is any mitigation of the heinousness of crime. The German law on this point, in our author's opinion, should be altered, not in the direction of lengthening the punishment, but in that of sharpening it. He would order certain fast days, in which the only food of those in jail for drunkenness should be bread, and water the only drink, and this in the face of his acquaintance with the edict of George the 2nd of Hanover, of the year 1736, in which it was decreed that if a drunkard were not to some extent visibly improved in his vicious propensities after three days' incarceration on a bread-and-water diet, he should be held to be a criminal and punished accordingly. His proposal to limit the number of licensed houses to one in all villages of less than 1,500 inhabitants, with an additional licence for each additional 1,000 of population, would, in our opinion, benefit the holders of such licences as were granted much more than the cause of temperance.

THE IRISH CONJOINT EXAMINATION.

WE learn that the Irish College of Physicians has peremptorily, and without entering on the other propositions submitted by the College of Surgeons, rejected the amended scheme for a conjoint examination between the two Colleges, because of the opinion expressed by the College of Surgeons that the Apothecaries' Company should take part in the proposed examination.

The College of Physicians, we understand, arrived at this decision notwithstanding the utmost efforts of the Reverend Dr. Haughton to bring the Fellows to agree to the proposal, and we quite expected that they would do so.

It is necessary here for us to enlighten our readers

respecting misrepresentations which were made at the recent meeting of the Irish College of Surgeons respecting the views of those who have opposed this scheme.

The Irish conjoint examination project was got up avowedly for the purpose of defeating the Medical Reform Bill by effecting voluntarily, in a slipshod way, and to a limited extent, that which the Bill proposes to effect compulsorily, completely, and universally. This conjoint examination scheme contained two propositions—*First*: That the Colleges should combine to hold an all-round qualifying examination for Ireland at a fee of £31 10s., instead of £42, the aggregate of the present diploma fees. *Second*: That, therefore, each College should cease to grant its licence separately or to any claimant who had not passed the other College or some body approved by the other College. It has been publicly stated that we opposed conjoint examination for Ireland, and we take this opportunity to say that such an assertion is totally false. On the contrary—as the authors of this statement well know—we approved of the conjoint examination in the interest of the Irish student, and would have supported it in these columns if it had been put forward uncomplicated by the second of the two propositions. But we condemned and will continue to oppose the suggestion that the Colleges—especially the College of Surgeons—should be precluded from granting their licences, in future, to such students as prefer to take them separately or in conjunction with the licence of some body other than the College of Physicians. We believe that the Colleges have no legal power to divest themselves of their separate licence-granting functions, that if they had such power the Act would be suicidal, and that no reason whatever has been shown why Ireland should not do as Scotland has done—i.e., hold a conjoint examination without forcing any student into it, and without abandoning the right to licence separately those who desire to qualify themselves in this way.

We advise those who try to make capital out of a printer's error in our columns to apply to themselves their oburgation against "inaccuracy" of statement, and to abstain from making assertions as to our policy which anyone who chooses to refer back to our pages will find to be untrue.

Appropriately to the discussion of the Irish conjoint examination we may point out the utter inconsistency of those who are trying to run this conjoint examination against the Medical Reform Bill. They denounce the latter measure because it deprives the Colleges of their separate licensing powers, while, at the same moment, they advocate a scheme which produces the same result without securing thereby the benefits derivable from the Medical Bill. They try to get up a howl as to the financial loss which the Colleges would sustain from compulsory and universal conjoint examination, while they urge the Fellows of the College of Surgeons to regard with serenity the minimum loss of £1,100 a year, which, it has been proved, will result to the College from their own voluntary combination scheme. Was ever a policy so contradictory and ridiculous?

But, in truth, we do not believe that these considerations have much weight with those who use them so freely

to influence others. They resist medical reform because they like the *status quo*, and mean to keep it alive as long as they can, and whether it is kept alive with loss to the Colleges of privileges or of money does not make much difference: if the public suffer, so much the worse for the public.

Notes on Current Topics.

Quis Custodiet Custodes Ipsos.

MR. CLEMENT LUCAS has afforded an instructive illustration of the snares which candidates for surgical diplomas are sometimes called upon to avoid, and from the toils of which it is not easy to understand how escape is to be arranged. Mr. Lucas had been describing a case of Charcot's joint disease; and in commenting on the peculiarities of the affection, he referred to the fact that examples of it had been submitted to candidates at a certain examination in surgery conducted under the auspices of a well-known corporation, and that the examiners had chosen the patients for testing the knowledge of candidates in respect to *chronic rheumatic arthritis*. We are not informed whether this incident is of recent date, and the imagination is left to perform the not difficult task of supplying the name of the corporation in question; but the inference which Mr. Lucas and Dr. Buzzard—who, also, mentioned the fact—would draw from it is sufficiently obvious. It is quite possible that a candidate who recognised the real nature of the disease, and whose diagnosis must, therefore, be essentially unlike that arrived at by his examiner, would on this account suffer rejection as a consequence of his better knowledge, and though it is very unlikely either that many examiners could be guilty of so extreme an error of judgment, or that the occurrence could be frequently repeated, still the question irresistibly suggests itself whether the interests of surgery and of candidates for surgical qualifications do not demand a more generous use of skilled supervision in relation to the details of examinations than is always the case at present.

Grog.

SOME very shocking details of the way in which publicans treat their customers were recently brought to light at an inquest held on the body of an unfortunate woman whose death was attributed to over-indulgence in a villainous compound known as "grog." This horrible concoction was stated by a witness, to whom, also, its qualities as a beverage had commended it, to consist of an admixture of drippings and overflow from all the taps in a public-house bar. These, it appears, are all gathered together in one vessel, and then sold at sixpence a quart to whoever is weak enough—or mad enough—to ask for it. It is terrible to conceive the effects such a mixture must produce on those who habitually drink it; and how seriously it can undermine the health is proved by the statement of the coroner who conducted the inquiry already referred to, and who declared that this was the fourth victim of "grog" in connection with whose decease he had, within a short period, been called on to hold an investigation. The existence of an adulteration Act probably influences the

ale of this mixture thus charged with so heavy a bill of death in no prohibitive manner; but it is quite clear from the nature of the evidence that means ought to be taken to prevent the indiscriminate purchase of so hurtful a compound by the habitual inebriates who seem to be its chief patrons. It will probably be news to many that such stuff is a regular article of sale in public-houses, but there will arise no possible doubt of the necessity for interfering with the practice if it can be done. Brandy, whisky, beer, and gin, in varying proportions, and in association, are wholly unsuited to become an article of general consumption, however moderate may be the price at which the mixture is retailed.

M. de Lesseps' Fracture.

THE *Times*, in a recent issue, contained an account of the habits and character of the eminent creator of the Suez Canal; and among other personal anecdotes the article narrates that M. de Lesseps insisted on adopting his own form of treatment when he was so unlucky as to sustain a fracture of the arm. Instead of submitting to have the limb dressed in the ordinary way, and supported in a splint, he elected to do entirely without such assistance, and the only apparatus employed by him consisted of a handkerchief for a couple of days, after which time the hand was kept supported in the waistcoat until union and recovery were complete. This mode of procedure, though probably M. de Lesseps was unconscious of the coincidence, is exactly that which not a few authorities in surgery regard as the most scientific way of treating fractures. In a recent clinical lecture, Mr. Hutchinson, for instance, strongly advocated treatment of broken bones without submitting the injured limbs to the pressure and fixation incident to use of splints and strapping. In a majority of cases, moreover, such a course is not only possible, but probably, also, preferable. The ends of the bones, when once placed in apposition, have a tendency to preserve this position, and only in exceptional instances is there any danger of secondary displacement; such cases, of course, being of a kind to demand artificial support and fixture. M. de Lesseps thus, and in all likelihood unconsciously, pursued the course which improved surgery would have followed in treating his fractured arm. His indomitable strength of will and power of endurance, by the exercise of which alone, the writer in the *Times* seems to think, could he so treat himself, were useful and important assistants towards his early and easy recovery from the results of his accident.

Dr. Beaney.

THIS very well-known Melbourne practitioner has, we understand, succeeded in forcing himself into the Irish Academy of Medicine. Having been some years ago elected a member of the Dublin Pathological Society, he was entitled thereby to be a member of the Academy without ballot on the absorption of the Society into that organisation and on payment of the subscription. The subscription was paid, not by Dr. Beaney, but for him, and no direct application for co-option to the Academy was made by him, and the General Council, therefore, declined to receive his money or recognise his status as a member until they were advised by counsel that they

could not avoid doing so. They, therefore, took legal advice as to (1) whether the circumstances made him a member without ballot; (2) whether, being a member, they could expel him for some act done before the constitution of the Academy; and we hear that they have been informed that in law Dr. Beaney is a member, and that he cannot be got rid of unless he does something more to justify his expulsion.

No doubt the Reverend Dr. Haughton, who, notwithstanding a warning to be cautious how he identified the University with this gentleman, acted as Dr. Beaney's sponsor in Dublin, and thus, indirectly, made him a member of the Pathological Society and of the Academy, will be proud of the distinction thus achieved by his *protégé*. Considering that neither the General Council nor the Fellows of the Academy are consenting parties to the grant of the Fellowship to Dr. Beaney, we hope that no Fellow will think himself called upon to dissociate himself with the Academy because that gentleman has thus forced himself into it.

The Notification of Infectious Diseases.

WE understand that Mr. Hastings, M.P., will not this year introduce the Bill for compulsory notification by the medical attendant, which heretofore he has taken charge of for the Social Science Association, nor will Government touch the question. Mr. Meldou's Bill for Ireland, for notification primarily by the householder and secondarily and voluntarily by the physician, will be introduced if the progress of the session gives any promise of its passing; but the "Vigilance Committee," who are anti-vaccination, anti-vivisection, and anti-everything, and who are represented in the House by Mr. Hopwood, Mr. Burt, and one or two other Radical members, will block and oppose any such Bill.

Meanwhile the Brighton Town Council is trying to force the compulsory notification system on the physicians of that town, who are fighting for their freedom. If the Town Council should succeed, no doubt their Bill will be sent to the same committee which last year refused to hear any evidence on behalf of the medical profession, in which case, no doubt, the obnoxious system will be extended to Brighton.

Housing the Poor.

THE long debated question of housing the poor of large towns is now to become a question for consideration by a Royal Commission specially appointed for the purpose, and on which His Royal Highness the Prince of Wales will have a place. The direct interest taken by the Prince in this matter was very practically demonstrated last week, when he paid a personal visit of inspection with Lord Carington and Dr. Buchanan to some of the poorest and worst courts about Holborn and St. Pancras. It is quite possible to hope that some tangible result will after all be obtained from the public agitation recently provoked over the dwellings of the poor; and if this should really be the case it will be easy enough to forget the vast amount of false sympathy that has been expressed, and the paltry sentimentalism exhausted on the subject. What is wanted is less talk and more action; and this at last we seem to be on the eve of having. The

work before the Commission is heavy, and in much of its details probably wearisome; but that it will be thoroughly and earnestly performed we cannot fail to be convinced. As Chairman of the Commission, Sir Charles Dilke, whom report speaks of in this connection, will be able to render invaluable service, and to assist the deliberations that will ensue by providing the members of the Commission with his accumulated experiences of the necessities that call for such action as will ensue. It would be impolitic to anticipate that the committee can report in time for any legislative interference during the current session of Parliament, even supposing such a step should be recommended; and it is likely that with abundant time for subsequent public discussion of what has been accomplished during the sittings of the Commissioners a better and more enduring set of benefits will be conferred upon the classes to be assisted.

The Liverpool Poisoning Case.

FROM a local paper we learn that a confession is alleged to have been made by one of the women now under sentence of death in her Majesty's prison, Kirkdale, to the effect that the poison employed was obtained by soaking arsenical fly papers, of which sixteen can be procured for a shilling, in water. The papers, it is said, were allowed to stand for a few hours, and were then taken out singly, each one being well squeezed, so as to extract all the moisture therefrom. The liquid remaining, which was almost colourless, but which probably contained from eight to twelve, or even sixteen, grains of arsenic, was poured into a bottle, and the mixture was then ready for its diabolical use.

It is now stated that the local police will for the future forbid the sale of these papers, except under the conditions imposed by the Sale of Poisons Act. The ease with which poisons can be procured in this country by all classes of persons, in spite of Acts of Parliament, is a constant ground of complaint. The authorities must have been aware long before the occurrence of this tragedy, or rather, series of tragedies, that many so-called fly papers contained arsenic, and arsenic is one of the poisons the sale of which is prohibited, except under restrictions, and yet no obstacles have been placed to the purchase by any child or adult ignoramus or criminal of these dangerous articles. Probably no restrictions would have been placed on their sale but for this rude awakening of the official mind from slumber. In Prussia, on the contrary, no such rude awakening has been necessary. Arsenical fly papers were placed last year, as noted in these columns, amongst the list of dangerous articles, and their sale was prohibited, except under the conditions applicable in the case of other well-known poisons. We venture to express the hope that what should have been done before will be done forthwith, not in one locality, but throughout the country, and that these papers, saturated with deadly poison, will not for the future be so easily procurable.

THE Princess Louise, Marchioness of Lorne, on Saturday afternoon visited the Westminster Hospital, and was conducted through the wards by Dr. Allchin. Her Royal Highness expressed much interest in her visit.

The Profession at the Levee.

ON Thursday last a Levée was held at St. James's Palace by His Royal Highness the Prince of Wales, on behalf of Her Majesty the Queen, the presentation to this court being, by Her Majesty's pleasure, equivalent to presentation to the Sovereign. The following members of the profession had the honour of presentation:—Sir William Bowman, M.D., F.R.S., by the First Lord of the Treasury, on being created a baronet. Sir Prescott Hewett, F.R.C.S., by the Earl of Kenmare, on being created a baronet. Deputy Inspector-General Belgrave Ninnis, M.D., on promotion, and Surgeon-Major T. H. Hendley, by the Secretary of State. Dr. George Fleming, President of the Royal College of Veterinary Surgeons, also had the honour of presentation by the Duke of Cambridge, on being appointed head of the Army Veterinary Department.

Pallida Mars.

WE have, we fear, added a new marvel to the wonderful celestial phenomena of this season, by introducing to our readers a Pallida Mars. We hasten to explain, however, that we have no reason to believe that the fiery planet has been "sicklied o'er" by volcanic dust, or that the War God has come amongst us, and like "an apothecary on a white horse" has ridden forth "on his vocation," calling to mind that ancient prototype "Death in the Revelation." The fact is, that, by the curious blunder of a printer, steeped perhaps like Keats to the very lips in Lemprière and Took's Pantheon, Pallida Mars has been substituted for Pallida Mora, just as "The Child of Harrow's Pilgrimage" was substituted for "Childe Harold's Pilgrimage," on the title page of the first edition of Byron's great poem. The error does not discompose us, for the capital R in regumque which should have begun a new line, will show the initiated that the quotation was not repeated parrot-wise, but came straight from the *Ars Poetica*.

Workhouse Surgeons as Coroners.

IN the House of Commons last week Mr. Sexton asked the Chief Secretary to the Lord Lieutenant of Ireland whether Dr. Parke, the coroner for the northern division of the County Down, is also medical officer of the Newtownards (County Down) Union Workhouse; whether on the 17th ult. an inquest was held on the body of an inmate of the Newtownards Workhouse, and it became necessary for two justices of the peace to hold the inquest, as Dr. Parke, in his capacity of workhouse medical officer, had to appear as a witness in the case; and whether Dr. Parke would continue to hold the offices of coroner and workhouse medical officer, with the result that he never can act as coroner whenever it may be needful to hold an inquest on the body of an inmate of the workhouse? Mr. Trevelyan said the facts were as stated in the question. The Local Government Board had under consideration the question whether Dr. Parke should continue to hold the office of medical officer to the workhouse if he retained the position of coroner to which he had been elected. Mr. Sexton gave notice of a further question on the subject next Thursday.

It is a question whether the rare necessity for holding

an inquest on a workhouse patient would be a legitimate reason why the Local Government Board should "deem" the medical officer of the Union Hospital "unfit" to continue in office. In our opinion it would be totally unjustifiable to remove a workhouse medical officer for such cause, and we are confident that if one were so deprived of office a court of law would reinstate him. However it may be contended that it is inconvenient for such officer to be a coroner, it could not be for a moment maintained that his duties in the workhouse are materially interfered with by his holding the second office, and, in any case, the Local Government Board could not reasonably "deem" him "unfit," or call on him to cease from being coroner until some occasion arose in which his medical duties were interfered with by his coronership. If anyone has a right to object to the plurality of offices it is those who pay the coroner, and it appears by their election of him that these are quite content with the arrangement. We need hardly observe that Mr. Sexton's question is not prompted by any consideration of this sort, but is simply politico-religious.

The German Congress for Medicine.

THE third Congress for Medicine will be held in Berlin from the 21st to the 24th of April. The President, as usual, will be Professor Frerichs. A large part of the programme has already been arranged. There will be, 1st day, a discussion on "Genuine Pneumonia," introduced by Herren Jürgensen of Tübingen, and Fräkel of Berlin; 2nd day, one on "Poliomyelitis and Neuritis," introduced by Herren Leyden of Berlin and Schultze of Heidelberg; 3rd day, one on "Nervous Dyspepsia," introduced by Herren Leube of Erlangen and Ewald of Berlin. A number of other papers are already announced, and amongst them one by Dr. Hermann Weber of London, on "School Hygiene in England, particularly in regard to Infectious Diseases."

Poor-law Superannuation.

WE are asked to announce that at a meeting of the Council of the Poor-law Medical Officers Association held at their rooms, 3 Bolt Court, on the 19th of February, it was resolved, "That a Memorial should be addressed to the President and Fellows of the Royal College of Physicians; the President and Council of the Royal College of Surgeons; the Master and Wardens of the Society of Apothecaries, praying that they will severally memorialise Her Majesty's Government in favour of an amendment of the Poor-law Medical Officers' Superannuation Act, whereby its present permissive clauses may be made compulsory."

Solidified Creosote for Toothache.

CREOSOTE is a popular remedy used for the pains caused by caries of the teeth. The *Revue de Thérapeutique* says that as its excessive fluidity frequently occasions bad accidents in the mouth of the persons that use it, it can be solidified by the addition of a certain quantity of collodion, 0 grams to 13 grams of creosote. This mixture is more manageable than the simple creosote, and forms a varnish which closes the orifice of the tooth and prevents the air from influencing the dental nerve.

Recent Analysis of Human Milk.

IN an article in the *Jahrbuch für Kinderheilkunde*, Bd. xx., Heft 4, Dr. Emil Pfeiffer, of Wiesbaden, records the results of his recent investigations into the composition of this, the most important article of diet for children. The analyses performed were very numerous (109), and were made to include the most varied kinds of milk, from an early to a late period of lactation, milk from primiparæ and from multiparæ, and lastly, milk from women in the various grades of society. After showing that analysts, with the exception of Vernois and Becquerel, have relied on too small a number of samples, and that the methods of analysis made use of by these are unreliable, and that they have been improved upon, he proceeds to give his own results.

He first shows the ever varying proportion of colostrum in milk, that on the first day after delivery it is 8.6 per cent.; from the third to seventh, 3.4 per cent.; in the second week, 2.28 per cent.; in the second month 1.84 per cent.; in the seventh month, 1.52 per cent.; that thus, in the early period of lactation the proportion of albumen is high, and that the sinking is very gradual. The proportion of fat is a varying one, but it usually increases in the later periods. The quantity of sugar is at first very small, it then increases very rapidly, and later on more slowly. The specific gravity and the quantity of solids vary with the varying proportion of fat.

According to our author, the characteristic of a young milk is that it contains a greater proportion of albumen and salts; and of an old, that it contains a lesser proportion of albumen and salts, and a higher of sugar.

By carefully measuring the daily quantity of milk given in a large number of cases and for long periods, he has arrived at the conclusion that the quantity constantly increases up to the 28th week of lactation, and then diminishes. Reckoned according to the weight of the child, the infant takes in an increasing quantity, especially from the fifth to the tenth week, and after this period the increase is smaller. The increase in weight of the infant is also greatest in the period of corresponding greatest increase in the quantity of milk. The milk of older nurses contains less fat and more albumen, sugar, and salts than that of younger women. Abundant and wholesome food improves both the quantity and the quality of the milk; food rich in albumen increases the proportions of albumen and fat, and diminishes those of sugar and salts, whilst a vegetable diet poor in albumen has the contrary effect.

The influence of menstruation varies with the period of lactation in which the menses appear. When they first return towards the end of the period of lactation, the quantity of milk supplied diminishes considerably, and undergoes no increase later on, and with the exception of lessened increase in weight of the infant no disturbances are noted. In those cases in which the menses return early there is also a diminution in the quantity of milk, but the diminution in this case is only transitory, after the period is over the supply again increases. Many children show no disturbance whatever at these times, but the majority become restless, and cry a good deal, the motions become frequent and liquid, green and

lumpy. In one case examined Dr. Pfeiffer noted an increase in the quantity of milk, and of contained sugar, with diminution of albumen, in other cases increase of the salts, and diminution of albumen and sugar. The changes, however, are not constant nor uniform, and this explains why some children do not suffer at the menstrual periods of their nurses whilst others do.

In agreement with many other observers he found that the milk first drawn from the breast is blue, watery, and poor in fats; whilst that which appears later is yellower, thicker, and more creamy. In testing the milk of a wet nurse, therefore, it should be borne in mind that that which is first drawn is not a fair sample, and probably the condition of the woman's own child will give better evidence of her fitness for fulfilling the duties of a wet nurse than any examination of the milk by an expert.

The German Congress for Surgery.

THIS Congress will be held in Berlin from the 16th to the 19th of April. The scientific general meetings will take place in the Aula of the Royal University in the afternoon of each day, and the mornings will be devoted to demonstrations of cases and preparations in the University clinics and in the Royal Charité. Intending visitors are requested to address themselves up to the 15th of March to the President, B. von Langenbeck, Wiesbaden, and after that date to the same gentleman, Berlin W., Hôtel du Nord.

Jamaica Dogwood.

DR. H. K. WELLS, Erie, Illinois, reports most favourably upon the use of the fluid extract of "pescidia erythrina" in $\frac{1}{2}$ j. doses in syrup, at bed time, in the treatment of a case of hysterical mania, where all other treatment had failed. The dose was ordered to be repeated every four hours until quietude or sleep ensued. The treatment was commenced on the 2nd of October (*The Therapeutic Gazette*), two doses being given that night. On the 5th of October a vast improvement in the patient's condition was noticed, and by the 7th Dr. Wells' services were dispensed with.

Dr. Elmore Palmer, of Boulder, Colorado, in the same Journal notes the results obtained in the case of his own wife, who suffered from most obstinate attacks of nervous headache, a legacy inherited from her father. Treatment of every description had failed to give relief. The effect of the fluid extract of Jamaica dogwood was immediate, given in a tea-spoonful dose. Whenever she is now troubled with a tendency to the recurrence of one of these attacks, a dose of the extract at once disposes of it, and peace and happiness reigns in the Doctor's household.

With regard to the introduction of "new remedies," disappointment is too frequently experienced, when these, which are highly vaunted by others, are put to the test of clinical experience in one's own practice. Yielding to this sense of disappointment, we are always liable to look with incredulous eyes upon the claims of new drugs, and consequently, deprive ourselves of many a useful addition to our therapeutical resources. This is a danger to be guarded against. Failure may possibly

be due to a faulty selection of suitable cases on our own part, to idiosyncrasy on the part of the patient, or to some error in the proper method of administration, or in the proper dosage. We ought, therefore, to give the drug a fair and impartial trial, and to judge of the results with unbiassed minds. We certainly have not, as yet, exhausted the secrets of nature, and, as of late years many new and most useful drugs have been brought into use for the benefit of suffering humanity, so we know not what great and important discoveries may be made in the future. We may often be deceived, but not always; and one good remedy may readily stand sponsor for the time we have given to demonstrating the shortcomings of many useless ones. Even one useful addition to our armamentarium out of a hundred useless ones may be reckoned as good work done for the cause of medicine. What might, as far as previous knowledge and means of treatment are concerned, have proved an intractable or even hopeless case, may, by the good effects of the new and useful remedy, be brought to a favourable issue.

The Third International Otological Congress

THIS Congress is announced to be held in Basle from the 1st to the 4th of September of the present year. It is requested that gentlemen intending to read papers, &c., and those even who simply intend to be present, will signify their intention not later than May 15th to some member of the committee or to the President, Professor Burckhardt-Merian, Basle.

Iodoform Plaster.

DR. POPE recommends the use of this plaster in cases of glandular enlargement, bursitis prepatellaris, pleuritic effusion, and chronic epididymitis. In the cases in which he has tried it (*Wiener Med. Blätter*) there was a marked diminution in the size of the tumour, or the amount of effused fluid, in what may be considered a short time, i.e., ten days.

The formulas he uses are 1st. R Emplastrum iodoformi fortius, one part iodoform to two parts emplastrum adhesive and emplastrum plumb.

2nd. R Emplast. iodoformi to six parts of the plasters named. The plaster is spread on leather, and is left to remain *in situ* for six days. The strong preparation is recommended in glandular enlargements, &c. The weaker proves useful in the case of boils, minor injuries, &c. The great drawback to the use of iodoform is its inconceivable odour. One must feel thoroughly assured of the benefits to be derived from its use to put up with it.

THE creation of Surgeon-General William Guyer Hunter, M.D., to Knighthood of the Order of Saint Michael and Saint George, "in recognition of services rendered during the recent outbreak of cholera in Egypt," was officially gazetted on Friday last.

A LITTLE boy, *set.* 11, died at Tottenham last week from hydrophobia occasioned by the bite of a dog in October last. The wound, which was in the thumb, healed quickly after it had been poulticed, and no untoward sym-

ptoms manifested themselves until a day or two before the boy's death, nearly five months after the occurrence.

A SHOCKING tragedy was perpetrated at the West Derby Union Hospital on Sunday, when a patient, who had been recently discharged from the hospital cured, made his way into the nurses' room, and almost severed the head from the body of a nurse named Groves, 50 years of age, and then cut his own throat. No motive can be assigned for the crime.

TO-MORROW (Thursday), at 8 p.m., Dr. Neale, editor of the *Medical Digest*, is announced to deliver a lecture at Dr. Parke's Museum of Hygiene, explaining the action of the "Chemical Lung" in supplying fresh, pure air, independent of ventilation, as adapted to sick rooms, hospital wards, and theatres, or other public buildings. Dr. B. W. Richardson, F.R.S., has promised to preside.

TOOTHACHE is treated by Dr. Kirchbauer by the internal administration hourly until relief commences to be effected of tablespoonful doses of a mixture consisting of—chloral, butyl, 5·0; glycerin, 30·0; aq. dest., 100·0; syr. cort. aur., 20·0; ol. foniculi, gtt. 5 (*Pharm. Post.*, xvi., 537). He also uses what he calls "chloral-carbol wadding." A small plug of the medicated wadding is placed in the aching tooth.

In the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follow:—Bombay 29, Madras 65, Paris 24, Geneva 29, Brussels 22, Amsterdam 28, Rotterdam 25, The Hague 24, Copenhagen 22, Stockholm 22, Christiania 23, St. Petersburg 38, Berlin 22, Hamburg 24, Dresden 30, Breslau 27, Munich 28, Vienna 28, Prague 38, Buda-Pesth 27, Rome 35, Turin 32, Venice 33, Lisbon 41, Philadelphia 25, and Baltimore 22.

THE deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 20·1 per 1,000 of their aggregate population. The death-rates in the several towns were:—Portsmouth 11; Wolverhampton 14; Cardiff 15; Halifax, Leicester 16; Oldham, Leeds, Birmingham, Blackburn, Norwich 17; Edinburgh, Brighton 18; Bristol, Derby, Bradford, Nottingham, London; Plymouth, Hull 20; Birkenhead, Salford, Sheffield, Huddersfield 21; Bolton, Manchester 22; Newcastle-on-Tyne 23; Preston, Liverpool 24; Sunderland, Glasgow 25; Dublin 31.

THE highest annual death-rates in the large towns last week from diseases of the zymotic class were—From whooping-cough, 2·4 in Bolton, and 1·2 in Huddersfield; from scarlet fever, 2·9 in Leeds, and 1·7 both in Sheffield and Newcastle-upon-Tyne; and from measles, 2·4 in Derby, 1·9 in Salford, and 1·3 in Oldham. The 48 deaths from diphtheria included 26 in London, 8 in Glasgow, 5 in Hull, 2 in Liverpool, and 2 in Leeds. Small-pox caused 10 deaths in Sunderland, 3 in Birmingham, 2 in London, and 1 in Liverpool.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

ARBROATH.—INFIRMARY APPOINTMENT.—A meeting of the Directors of the Arbroath Infirmary was held on the 20th inst., the President, Mr. Muir, of Abbey Bank, presiding, to appoint a lady superintendent of the infirmary in room of Miss Liberty, who has resigned. The Committee submitted the names of three ladies, all of whom they reported were well qualified for the appointment. Miss Francis E. Kay, of the Western Infirmary, Glasgow, was unanimously appointed on the recommendation of the Committee.

THE INTERNATIONAL HEALTH EXHIBITION.—The Lord Provost of Glasgow has issued a circular drawing attention to the International Health Exhibition to be held in London during the ensuing summer, under the patronage of the Queen and the presidency of the Prince of Wales, and inviting the attendance of those in Glasgow able and willing to take part in the exhibition at a conference to be held within the council chambers shortly. By this exhibition it is proposed to illustrate chiefly food, dress, the dwelling, the school, and the workshop, as affecting the conditions of healthful life, and the most recent appliances for elementary school teaching and instructions in applied science, art, and handicrafts.

KIRKWALL.—DEATH OF DR. McROBERT, WESTRAY.—This gentleman died suddenly in that island on the 21st inst. Dr. McRobert was a native of Aberdeenshire, and practised in Ross before receiving his appointment in Westray. He was in the prime of life.

HEALTH OF EDINBURGH.—For the week ending with Saturday, the 16th inst., the mortality in Edinburgh was 79, and the death-rate 17 per 1,000. There were 13 deaths under 1 year, and 17 above 60, of which 2 were above 80 and 1 above 90 years. Diseases of the chest accounted for 40 deaths and zymotic causes for 11, of which 1 was due to diphtheria, 3 to scarlatina, and 3 to measles, the intimations of these diseases for the week being 0, 42, and 157.

MORTALITY IN GLASGOW.—The deaths in Glasgow for the week ending with Saturday, the 16th inst., were at the rate of 25 per 1,000 per annum of the population, as compared with 27 in the previous week, and 29, 28, and 29 in the corresponding weeks of 1883, 1882, and 1881 respectively.

AN ADULTERATION CASE AT GLASGOW.—Before Sheriff Balfour, Glasgow, last Thursday, Duncan Brown, grocer, was charged with having sold $\frac{1}{2}$ lb. of black pepper which contained about 20 per cent. of added starch. The Sheriff, after Dr. Tatlock and Professor Dittmar, analysts, had been examined, said the prosecution was the first of the kind he had heard of in Glasgow. The evidence of the analysts was that the effect of the added starch was not injurious to the pepper in any way, but only reduced its strength. It might be said for the respondent that he bought the pepper in the ordinary way from a wholesale merchant, and he was not aware of the inferiority of it. At the same time, under the Act he was liable for the sale. The evidence of the chemists practically was the same, and established the addition of the 20 per cent. of foreign starch. In the whole circumstances, seeing that it was the first prosecution of the kind, he inflicted the mitigated penalty of 10s.

SCOTCH VITAL STATISTICS.—From the official returns of the Registrar-General for the week ending the 16th inst. we learn that the death-rate in the eight principal towns of Scotland was 20·9 per 1,000 of estimated population. This rate is

4.9 below that for the corresponding week of last year, and 3.8 below that for the previous week of the present year. The lowest mortality was recorded in Leith, viz., 14.1 per 1,000; and the highest in Glasgow, viz., 25.3 per 1,000. The mortality from the seven most familiar zymotic diseases was at the rate of 3.0 per 1,000, being 1.0 below the rate for last week. Acute diseases of the chest caused 113 deaths, or 4 more than the number recorded during the previous week.

GLASGOW PATHOLOGICAL AND CLINICAL SOCIETY.—The important debate on "Albuminuria," which was referred to in our last, was resumed on Tuesday, under the presidency of Professor McCall Anderson. Professor Gairdner opened the proceedings with a well-considered address, and was followed by Dr. Mortimer Granville, of London, in a highly-coloured and one-sided argument, which, if followed out to its logical conclusion, would be fraught with considerable danger, and would meet with strong opposition from Sir James Paget, Dr. Dickinson, and other thoughtful men on the same side. Dr. Granville was followed by Dr. Mahomed, of Guy's Hospital, with a paper on the subject, after which the debate was again adjourned. A *résumé* of this debate will be found in another column, but we purpose reverting to the whole debate in detail at its conclusion.

DONATIONS TO EDINBURGH CHARITIES.—We understand that Mr. William Renton Clapperton, Edinburgh, as executor for a gentleman deceased, has, from the funds placed at his disposal by will, made payment of the following donations free of Government duty:—To the Edinburgh Royal Infirmary, £500; Convalescent House, £100; Royal Edinburgh Hospital for Sick Children, £50; Institution for Relief of Incurables, £25.

Correspondence.

THE FELLOWSHIP OF THE LONDON COLLEGE OF PHYSICIANS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR.—"M.D." has done good service in calling the attention of the profession to the gross wrong done to many who have reason to complain of their being so continuously passed over by the powers that be in the College in their yearly selection of Fellows. The College has become a "cliquey" body where the staff, of some hospital, have their own way, and where personal feeling is allowed to have full swing. In the "good old times," an Oxford or Cambridge graduate was sure of his Fellowship sooner or later. I know of one man, one of your list of 25, who felt himself much and rightly aggrieved when a man, many years his junior, a specialist in the same line, and that speciality one not in favour at the College, was made a Fellow over the heads of many of his seniors because he was put forward by the clique party of his own hospital, on whose staff he held a recent appointment. The College is losing its prestige and its Fellowships, therefore, their value.

I am, &c.,

ONE OF THE TWENTY-FIVE.

Feb. 21, 1884.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have noticed a letter in your issue of the 20th inst. headed "The Fellowship of the London College of Physicians," in which M.D. has done me the compliment of placing my name amongst those of the Members whom he deems worthy of election to the Fellowship. In his effort "to remove the mystery as to the line of action of the College in the selection of its Fellows," which, as I think, requires no further elucidation than that it acts on the principle actuating very generally the privileged bodies of London, M.D. does not suggest any positive reason, and none of those are satisfactory of the series he proposes in an ironically inquiring style, as if he considers them outside

the bounds of possibility. Perhaps it may not have occurred to him that, of the Members whose names he has flatteringly recorded, there may be several who have not accepted the College invitation.

For myself, I have felt it to be a favour twice conferred on me within the last twelve years, in official proposals of nomination for election, which offers I have considered to be equal to an election on two occasions, from which I have recoiled, and therefore it becomes my duty to remove imputations from the College so far as concerns my own case. It may occur to inquirers that there must have been special reasons for this abnegation of professional position, so justly coveted by many of its members. Such reasons do exist, which I have assigned, to the effect that, in my opinion, M.D.'s in the public services who receive decorations from the State for professional services rendered bring honour to our profession, and more particularly to the Colleges of which they are members, and that those bodies act creditably to themselves which recognise the honours won by their own members.

I believe there were such instances by our College in the last century, but I am not aware of any in my own time, when other medical corporations of both Scotland and Ireland have afforded them with prompt enthusiasm. My hope is that, in the near future, the Royal College of Physicians of London may become alive to its reputation for professional *esprit de corps*, and may, likewise, show promptitude in backing up any recognition of meritorious services made by the Government, and that those coming after me, being in my circumstances, may find their names published in a list of Honorary Fellows.

I am, Sir, yours, &c.,

WILLIAM R. E. SMART, M.D., R.N., K.C.B., K.L.H.,
Honorary Physician to the Queen; ex-President of the
Epidemiological Society.

February 23rd.

BICHLORIDE OF MERCURY INJECTIONS IN GLEET.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Allow me to point out with reference to your article on this subject in your last impression, that my original paper, in which this treatment was recommended was published in the *British Medical Journal*, of 23rd April, 1870, thus many years before the recent recommendations on the continent and America. Of course, I exclude from this treatment cases of gleet due to stricture. The strength of the solution which I found to be most beneficial was from gr. j. to gr. ij., to ʒviij. of water. I quote the following from the paper in question:—"I need not say that this is an agent that ought not to be tampered with, nor indiscriminately employed. . . . The pain occasioned by the application of the bichloride is at first somewhat more severe than that produced by the nitrate of silver, but not nearly so permanent. Frequently one injection is found to arrest the discharge. Should one application not suffice to arrest the discharge it must be repeated, not, however, within a week or ten days."

I am, &c.,

D. CAMPBELL BLACK.

Glasgow, Feb. 22nd.

THE MEDICAL ACTS AMENDMENT BILL

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In the leading article of your last issue you take exception to a term employed by me during the recent debate at the Royal College of Surgeons on the Medical Acts Amendment Bill in reference to certain statements that have been repeatedly made by promoters of the Bill, namely, that many of them (the statements) are "scarcely honest." Be assured I am very sensible of your kindness in being magnanimously disposed to excuse my having used the term as being a probable result of my "effervescence of rhetoric" and "agonies of oratorical parturition." You suggest, however, that as the expression may have been the result of a "slip" that prompt *amende* should be made. I may state that nothing could be further from my intention at any time than to say anything personally offensive to you, nor on the occasion above referred to were any observations of mine directed to you individually. I regret, however, that I find myself unable to withdraw the expression complained of, and I

venture to repeat again that many of the statements that have on various occasions been made in reference to the reasons for passing the Bill and its probable results when passed, deserve to be stigmatised as "scarcely honest." These may be briefly summarised:—

1. That there exists an ignoble traffic in the sale of diplomas, notably in the Scottish Corporations.

2. That examinational defects formerly observed in these and other licensing bodies are still to be found.

3. That the Bill is the result of a demand made by the "voice of the profession."

4. That after the Bill is passed the existing medical and surgical corporations will not be losers either as regards finance or prestige.

5. That those who are not favourable to the Bill in its present form are *ipso facto* "enemies of reform."

The expression I made use of—deliberately, I may add, and not in any haphazard way—may not have been, as you say, "worth notice" on your part. However that may be, I feel confident that anyone possessing a knowledge of the character of the examinations in the various medical and surgical licensing bodies of the United Kingdom, and who regards the subject calmly, dispassionately, and free from bias, will admit that the term "scarcely honest" is not too strong a one to apply to the above five statements, which have been so persistently, pertinaciously, and obstinately thrust upon a bewildered, befooled, and ignorant public.

Yours, &c.,

5 Merrion Square, Dublin.

WILLIAM STOKES.

Feb. 23, 1884.

[If all the statements referred to by Mr. Stokes were incorrect that fact would not justify an imputation on the "honesty" of motive of those who put them forward. It would be quite possible to believe that they were the result of erroneous information or of misconception, not of dishonesty; the language used by him is, therefore, quite unjustifiable. But, as a fact (notwithstanding what Mr. Stokes says), the statements to which he refers are true, and proved to be so. The evidence as to the Scotch emigration and the causes of it supplied by a correspondent to our pages last week did not, as Mr. Stokes would lead us to believe, refer to bygone times. It was given two years and a-half ago by men most of whom were then, and are now, in daily observation of the Scotch traffic. That that traffic has not now ceased is proved by the pass-list published in our issue of only two weeks ago (Feb. 13, page 151), from which it will be seen that of 74 examinations passed for the Edinburgh double diploma 24 were by Englishmen, 26 by Irish, 15 by foreigners, and only 9 by Scotchmen.]

With evidence such as this before us we are in a position to assess the value of Mr. Stokes's five pronouncements. The only proof which he attempts to put against the facts, figures, and testimony quoted in our columns is the observation by himself and two other visitors of one single examination for the double diploma; and knowing what we do of the value of such isolated means of observation and of the verdict given by gentlemen who accorded high praise to examinations which are notoriously contemptible, we certainly prefer to depend on the evidence of facts and figures which Mr. Stokes well knows that he cannot question. We shall be in a better position to judge how far that gentleman is an "enemy to reform" when he refers us to the speeches made, letters written, and suggestions offered (if any) in advancing of reform, or we should rather say, not in hostility to it. We have never heard of him distinguishing himself in this way.—ED.]

A PRIZE, or prizes, is to be offered for a cheap and palatable non-intoxicating beverage. It is hoped that funds will be provided sufficient to offer two handsome prizes of £700 and £300 respectively. A well-known analyst has been consulted, and has reported favourably on the conditions to be fulfilled by each competing beverage.

Literary Notes and Gossip.

THE decision of the judges respecting the essays for the Warren Prize on the subject of Cancer has been announced. Six essays were presented, but none were deemed worthy of the prize.

AMONGST journalistic changes we may mention that the sub-editor of the defunct *Medical Examiner* succeeds Dr. Cholmeley as Editor of the *Medical Times*; and that Mr. Kenneth Millican has resigned the Editorship of the *Midland Medical Miscellany*.

A ROYAL Commission is to report on the whole question of the dwellings of the poor, and the composition of the commission will include among others His Royal Highness the Prince of Wales. Sir Charles Dilke will act as chairman, and an exhaustive inquiry is to be instituted.

DR. WICKHAM LEGGE's Bradshawe Lecture on Cardiac Aneurysms has at length assumed a printed form, having just been issued as a pamphlet by Messrs. Churchill. Unlike the other lectures delivered under the same auspices this had not hitherto been made accessible by publication in the medical journals. A copious bibliography is appended to the work, which has made of it a very useful contribution to medical literature.

"A WAREHOUSE wanted for the library of a medical man," will be a common heading for advertisements in the future, if an American contemporary's prediction is verified. Commenting upon a recently issued English work of large dimensions, the writer says: "The result of the combined efforts of writer and publisher of this literary balloon, is a volume which, if it should be the beginning of a fashion, would soon make it necessary for every doctor to rent a warehouse for the accommodation of his library."

IT is worthy of record, as a sign of the spirit animating modern conceptions of scientific merit, how the name of Darwin has been honoured in Paris in a way that our French neighbours may be deservedly complimented on. A proposal having been made to name a principal street in the French capital after the immortal evolutionist, it was met with immediate approval by the authorities, and henceforth the Rue de Darwin will testify to foreigners that appreciation of merit can be extended in France even to those who are not claimed as sons of the soil on which the memorials to them have been raised.

THE author of the Fothergillian Prize Essay for 1883, Mr. Norman Porritt, L.R.C.P. Lond., &c., has recently issued the work, for which the gold medal was awarded to him, in the shape of a handy and tastefully got up volume. Special value attaches to it on account of the large number of cases included in it, and illustrations of the efficacy of operative interference in treatment of diseases of the chest with effusion, the full title of the work being "The Operative Treatment of Intra-Thoracic Effusion." Messrs. Churchill are the publishers.

BEASLEY'S "Book of Prescriptions" has recently made its appearance for the sixth time as a new edition, and has undergone very careful revision with the effect of preserving the usefulness it possesses for the practitioner and student. A good many of the prescriptions which seemed out of place in a modern work of the kind, and were retained in the fifth issue of the work, have now been discarded, while all necessary additions have been introduced as required. The volume deserves all the success it has achieved in the past, and in a great number of instances it will prove a valuable assistant to the busy practitioner.

AMONG the more important new works issued during the present month, may be mentioned Dr. Thudichum's "Treatise on the Chemical Composition of the Brain," a work that is destined to take an important part in future medico-legal trials, Daniell's "Text-book of the Principles of Physics," and Heitzmann's "Microscopical Morphology of the Animal Body." Of new editions of established

works, the following are before us: Whittle's "Manual of Practical Materia Medica," Parrish's "Treatise on Practical Pharmacy," (5th), Fothergill's "Physiological Factor in Diagnosis," (2nd), and Warren's "Treatise on Hernia," (2nd).

A NEW monthly periodical with the title of *Flame*, has been started in Berlin, the object of which is to further the cause of Cremation. *Flame* edited by Julius Stein, Second President of the Berlin Cremation Society, will give information concerning the history, objects, and usefulness of the movement, and will publish communications from the various societies formed to promote it. It will also contain papers on kindred subjects, cemetery affairs, inspection of bodies, prevention of the dangers of apparent death, prolongation of the period allowed for disposal of the dead, erection of mortuaries, &c. The movement will not be permitted to die out, and it has already found supporters, especially among the physicians. The price will be four marks yearly.

LITERARY necessities are to be freely provided for in connection with the forthcoming Health Exhibition at South Kensington, and we learn that an exhaustive series of explanatory and scientific manuals will be issued in the shape of guides to the various sections of the exhibition. Pictorial illustrations, too, will be freely introduced, and the authors entrusted with the production of the handbooks are all gentlemen specially fitted by their researches and inquiries to achieve the labour confided to them. In the Dress section an especially elaborate guide is to be forthcoming, in which the history of clothing from the earliest times down to the present will be described, and pictures will be presented to illustrate the gradual growth of civilised excesses in the form of necessary decoration. Other subjects also will be similarly exhaustively dealt with, and a really valuable library of reference books is likely to be the result.

A DICTIONARY of Surgery written in accordance with modern views and discoveries has long been felt by surgeons to be a want of the time, and it is satisfactory, therefore, to learn that such a work has at length been projected by Messrs. Smith, Elder and Co. The editorial duties in connection with it have been undertaken by Mr. Christopher Heath, than whom no one more thoroughly well qualified to fill this difficult post could have been selected. It is confidently assumed that two years will see the completion of the book; which is to be cast on lines somewhat similar to those pursued in the construction of Quain's "Dictionary of Medicine." The surgery, however, will probably be somewhat less bulky in form, all the articles will be signed, and several of the best known and most eminent authorities on special subjects have already promised to contribute articles.

Two Medical Directories have been issued during the past few days, "The Irish Medical Directory," edited by Dr. Jacob, of Dublin, and the "Australian Medical Directory," edited by Mr. Ludwig Bruck. The former has done good service to the profession for many years past, and is too well known to need more than a passing reference. The Australian on the other hand is a new venture, and betokens the rapidly increasing importance of our Australian, New Zealand, and Tasmanian Colonies, and the prominent position the medical profession must necessarily occupy wherever British enterprise opens up ground for our overgrown population. Beside the Directory proper, there is a *résumé* of all the laws relating to the Colonies; the prospectuses of the Colonial Universities, and a "Short History of 130 Universities and Medical Colleges in all parts of the World." Considering the difficulties which such a first undertaking involves the editor must be congratulated on his work. The price, however, fifteen shillings, is absurdly high, and almost prohibitive for a work of 200 pages.

DR. OLIVER, of Harrogate, has brought out a useful little book on "Bedside Urine Testing." The object of the work is to introduce the testing of urine by test papers instead of by the usual chemicals and re-agents hitherto employed. There can be little doubt that physicians will be glad to exchange caustic and corrosive solutions which

they are now obliged to carry about with them for the simple little pocket book of test papers which Dr. Oliver has been so instrumental in bringing forward. These urine test papers are very simple, and, as a rule, give a correct indication of the condition of the urine, but they are very little known, comparatively speaking, and consequently very little used. They are probably not altogether quite so reliable as the former method of urine testing, but we doubt not that the author of this little work will not remain idle in the matter, but will endeavour to, and will probably be successful in, bringing the testing of urine by papers to perfection.

ONE of the first and most obvious results of growth of population is the starting of literary ventures in the shape of newspapers and periodicals. We recently referred to this fact as connected with medical journalism in Australia. This week, the first number of a medical journal has reached us from another of our dependencies, South Africa. Like all beginnings, it is a small one, but it is nevertheless an evidence of enterprise among colonial brethren which affords us pleasure to notice and to encourage. Dr. Hartley, the editor, has launched his bantling with the usual discouragements, in consequence of which he begs that the first number may not be taken as a fair specimen, the reason for which he thus epitomises:—"In some cases our friends did not promise, in a few they did not reply, and in others they have promised but have not performed." It may afford our *confrères* a crumb of consolation if we assure him that before the end of a year he will have become as accustomed to them as to the payment of his printer's bill.

We congratulate Dr. Graham Brown on the appearance of a second edition of his "Medical Diagnosis" (Edinburgh: Bell and Bradfute), in about a year after the issue of the first. Short as this time is, the author has found it desirable to make a few changes, and he has added a considerable amount of new material. The additions relate to the general state of the patient—the symptomatology—the diseases of the alimentary system, and instrumental diagnosis. The engravings of Ziemssen's motor points now becoming familiar are inserted, and there are two photographs of drawings of ophthalmoscopic images. The laryngoscopic section is perhaps the weakest, being compiled almost entirely from a single writer—woodcuts included. The significance of pepton and the mode of its separation from albumen are briefly and clearly stated, as are a number of other points in this department. For the estimation of hæmoglobin Dr. Brown prefers Gower's method, gives an engraving of the instrument required, and directions for its use. The bacillus of anthrax is figured after Koch, and we suppose in a future edition he may add that of tubercle.

THE first edition of Martindale and Westcott's Extra Pharmacopœia having been exhausted in a few weeks, the second edition has now made its appearance without great loss of time. In addition to the matter contained in the first edition, the present issue contains accounts of a number of new drugs and preparations, a therapeutic index, and a number of references to current literature. We note but few omissions in the main body of the work. Ichthyol, however, a new preparation introduced by Unna, of Hamburg, as a remedy of value in rheumatism and skin diseases, finds no place in the list. Perchloride of mercury, although an official preparation, has, by the labours of Koch, had a new place assigned to it, viz.—that of the most powerful antiseptic, and should have been mentioned, to say nothing of ethereal oil of mustard (Koch), turpentine, atropia, &c. (Rossbach). The references to current literature are meagre, and are mainly confined to a few British weeklies. This is really the weakest part of the work. Notwithstanding the minor deficiencies the work is well worthy of the success it has attained, and is indispensable to anyone who is desirous of keeping up to the times.

THE fourth volume of the Index Catalogue of the United States Surgeon-General's Library has just reached Europe, and it includes all subjects, from the beginning of letter E to "Fizes." This magnificent work—probably the greatest medico-literary undertaking of any nation, or in any language—represents the analysis of 1,926 volumes, 3,885 pamphlets, 12,861 subject titles, and nearly 50,000 articles

in periodicals. Selecting a few headings from a multitude, we find in this volume an exhaustive catalogue of the literature of the ear, the eye, fever, education (medical), excisions, electricity (medical), extremities (diseases and injuries), embryology; and we find great difficulty in conceiving how the work of tabulation of the literature of these subjects alone could have been performed within any reasonable period by any organisation. Dr. Billings—the distinguished head of the Libraries Department—will achieve literary immortality for his labours in connection with this work, for it is very unlikely that any other nation will seek to compete with the United States in the publication of a rival work of this class, and still more unlikely that—if it did—any nation would produce so splendid a monument of literary research. The four volumes now published contain reference to 25,000 volumes, 27,500 pamphlets, and 150,000 journal articles. It is needless to say that any public library in the world which lacks the Index Catalogue is imperfect in an important respect.

THE author of "Hints on Sickness," will certainly not enhance his reputation by the issue of such works as this. Mr. Burdett has for some time past been honourably known as an enthusiast in the cause of Hospital Reform, and it is but fair to assume that many of the improvements in this direction, which have been steadily taking place of late, are the indirect results of his energetic advocacy and trenchant exposures. We understand, however, that his books were not a commercial success, and for this reason we presume he has gone in for a new departure in his "Hints on Sickness," and has allowed advertisers to puff their own goods in author's type, "out of their fulness of knowledge" (Burdett), one of them even has been good enough of his fulness to state that they "are sold by patent medicine dealers in all parts of the world." The author has, moreover, an appendix of a few Hospital advertisements, which he prefaces with a most objectionable note, to the effect that "whereas absence from this appendix conveys no reflection upon a charity; yet to his best knowledge and belief, funds entrusted to the managers of those institutions which do appear therein (i.e., those who were found willing to pay for the statement), will be laid out to the best advantage." The logic may be worth so much £ s. d. to Mr. Burdett, but is scarcely worthy so staunch a reformer as the "Founder of the Home Hospitals Association."

NEW BOOKS AND NEW EDITIONS.—The following have been received for review since the publication of our last list, January 23rd:—St. Bartholomew's Hospital Reports, Vol. XIX. On Bedside Urine Testing, by G. Oliver, M.D. (2nd edit.). The Parents' Medical Note-book, by A. D. Walker, M.D. Refraction of the Eye, by G. Hartridge, F.R.C.S. The Pedigree of Disease, by Jonathan Hutchinson, F.R.C.S. *The Liverpool Medico-Chirurgical Journal*, Vol. VI. Manual of Practical Materia Medica and Pharmacy, by W. Whittle, M.D. Microscopical Morphology of the Animal Body in Health and Disease, by C. Heitzmann, M.D. The Different Aspects of Family Phthisis, by R. E. Thompson, M.D. A Text-book of the Principles of Physics, by G. Jaeger, M.D. Medical Fashions, by E. T. Tibbits, M.D. The Bladder during Parturition, by J. Halliday Croom, M.D. Porro's Operation, by Clement Godson, M.D.

Medico-Parliamentary.

HOUSE OF COMMONS.—FRIDAY, FEB. 22ND.

THE MEDICAL SERVICE IN EGYPT.

In reply to Sir H. Verney, Lord Hartington stated that the medical service for the expedition had been locally arranged. The Army Medical Corps in Egypt had been strengthened by a battalion of sixteen non-commissioned officers and men.

THE PATHOLOGY OF CHOLERA.

Dr. Cameron asked the President of the Local Government Board whether, in consideration of the exceptional importance of accurate knowledge as to the nature and causes of cholera, he would communicate with the Foreign Office as to the possibility of presenting to Parliament

translations of the Reports of the Commissions recently sent out by M. Pasteur and Dr. Koch to Egypt and India to investigate the pathology of that disease.

Mr. G. Russell said that the Local Government Board had communicated with the Foreign Office, and the Reports referred to would be printed and laid on the table.

HOUSE OF COMMONS.—MONDAY, FEB. 25TH.

CASTOR OIL AS A PUNISHMENT.

Dr. Cameron asked the Vice-President of the Council whether it was a fact that in Lochgoilhead Public School, castor oil poured down the throat, unmeasured, from a bottle, had habitually been administered to children as a punishment; and whether, in the interests of public education, he would order an investigation into the administration and discipline of the school.

Mr. Mundella said it was a fact that castor oil had been used in this school; not, however, as a punishment, but as a deterrent (much laughter). He could only say that he regarded its use, on any pretext, as wholly unwarrantable and reprehensible.

Lord R. Churchill.—Not under any pretext? (Renewed laughter.)

Indian Medical Service.—The following is a list of successful candidates at the competitive examinations during the present month:—

	Marks.		Marks.
1 Walsh, J. H. T.	2564	4 Fink, G. H.	2071
2 Hendley, H.	2110	5 Alpin, W. G. P.	2040
3 Banatvala, H. G.	2102		

Twenty-one candidates competed for five appointments; all were reported qualified.

College of Physicians in Ireland.—At the February examinations the following gentlemen obtained the licences in Medicine and Midwifery of this College:—

Medicine.

Delahunt, William Patrick.	Peet, Francis Fitzmaurice.
Finlay, Sinclair.	Price, William Thomas.
Hazleton, Edward Benjamin.	Roe, Francis Christian.
Manning, Nathaniel S.	Smith, Ventry Alexander John.

Midwifery.

Brown, Henry Edward.	Manning, Nathaniel S.
Digby, Cecil Arthur.	Peet, Francis Fitzmaurice.
Finlay, Sinclair.	Smith, Ventry Alexander John.
Hazleton, Edward Benjamin.	

The undermentioned has been admitted a Member:—

Bourke, George Dean.

St. Thomas's Hospital.—The following appointments have been made at this hospital:—House Physicians: Green, C. D., M.R.C.S., L.R.C.P.; Hull, Walter, M.B., M.R.C.S., L.R.C.P. Non-resident House Physician (re-appointed): Orford John M.R.C.S., L.R.C.P. Assistant House Physician: Tomson, W. B., M.B., M.R.C.S., L.R.C.P. House Surgeons: Caiger, F. F., M.B. B.S., M.R.C.S., L.R.C.P.; Johnston G. D., M.R.C.S., L.R.C.P. Assistant House Surgeon: Sheppard, W. J., M.B., M.S., M.R.C.S., L.R.C.P. Resident Accoucheur: Jones, W. Wansbrough, M.A., M.B., M.R.C.S. Clinical Assistant in the Special Department for Diseases, of the Skin: Robinson, H. B., M.R.C.S., L.R.C.P.

Notices to Correspondents.

65 CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a distinctive signature or initials, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

LEAVE OF ABSENCE FROM DISPENSARY.

MEDICUS asks whether an dispensary medical officer can leave his district for a day or two in charge of a thoroughly qualified medical man without first obtaining permission from the dispensary committee? Does he incur any risk in doing so?

[Strictly speaking, he cannot absent himself for an hour under any circumstances without leave previously obtained, but it is quite usual to take brief leave, care being taken to notify departure to the Hon. Sec. of Committee, and to make proper provision for performance of duty during absence.—ED.]

DR. TRAVERS.—Should the same principles be observed in this

instance as were taken to direct the authorities the last time the subject was discussed, the result will necessarily be disastrous to the wishes of a large majority. There is, however, no certainty of anything of the kind. The Secretary will be present.

NO CURE, NO PAY.

WE were irresistibly reminded of the trade-mark of certain sweeps and chimney-pot professors who stick outside of their houses "No cure, no pay," on receiving a few days ago the following advertisement for insertion in our columns:—

"The Radical Cure of Epilepsy. No fee whatever is charged in case of non-success. For particulars apply to —."

Although our publisher, by virtue of his superior judgment, declined the cash proffered, we give the above portion of said advertisement gratuitously, simply substituting for the part deleted that the epileptic curer's intentions are only equalled by his impudence.

MR. SHUTTLEWORTH.—Bebertia is obtained by a somewhat complicated process from the powdered bark of bebeeru, the *Nectandra Rodiazi*. "The sulphate of beberia" is not very soluble; it requires about 80 parts of water for solution.

S. E.—A moderately strong purgative seems to be required; but if this should not be resorted to with success, care should be taken against any attempts to force matters for a time.

ARMY MEDICAL EXAMINATIONS.

INQUIRER asks: (1) If any medical paper publishes the questions given on paper at the last Army Medical Examinations; (2) If we are aware of the number of candidates who competed for appointments; and (3) If it is a fact that Irish candidates are unfairly treated at the Army Examinations?

[1. The papers are generally to be found in one or other of the medical weeklies; sometimes (if we can find room) in this Journal. The questions set at each examination for the last few years are also given in a little book by Dr. Leask, entitled "Examination Questions." 2. The number of competitors is not given in the published returns, but can be found subsequently in the reports of the examiners to the General Medical Council. 3. We have no sufficient reason at present to make such a charge.—ED.]

MR. SYLVESTER.—It is not at all a usual occurrence for one practitioner to seek the privilege of attending a patient whom he knows to be under the care of a neighbouring medical man. We should prefer to think you must be in some way mistaken as to the facts; but if they are really as you state them there is absolutely no excuse for the conduct you complain of.

NITRO-GLYCERINE.

J. F. S. asks: How is nitro-glycerine used in angina pectoris; and is it prescribed in spasm after extreme nervous exhaustion, and how and where he can procure it? Where can he get the best account of its administration and curative effects?

[Nitro-glycerine is best administered in Martindale's tablets, which can be obtained at any respectable chemist's. Each tablet or lozenge contains 0.01 of a minim; and it is believed that they relieve cardiac spasm by relaxing the muscular coats of the capillaries. One should be taken every twenty minutes until relief be obtained. If taken too frequently they are apt to cause headache from relaxation of the cerebral vessels. Murrell's essay gives a good account of the matter.—ED.]

ATTENDANCE ON CONSTABULARY (IRELAND).

P. McN. asks whether he is bound to attend the family of a constable under the following circumstances: The constable lives at a protection post in the district of which he is the medical attendant. He keeps his wife and family at a town six miles distant and not in his district. Querist was sent for, a few days ago, to see the child in whooping-cough, but though it was explained to the messenger that querist did not consider himself bound to attend, he nevertheless telegraphed to one of the medical men in the town where the child lived to look after it for him. Querist was subsequently telegraphed for, and on this occasion wrote to the constable stating that he was advised he had no claim on his attendance, unless his family lived with him in barracks or within the limits of his district. "1. Was I correct in this? 2. Have I any redress against this constable for the services rendered by neighbouring medical practitioner at my expense."

[1. Quite correct. You are not liable under any circumstances to attend outside your district. 2. You might recover the fee, but we doubt that it is worth your while.—ED.]

DR. J. H. C.—Too late for present issue.

MR. T. C. C.—See reply to Dr. J. H. C.

PAYMENT OF DISPENSARY SUBSTITUTES.

T. G. B. H.—Boards of guardians are to determine the amount of remuneration, if any, to be paid to a temporary substitute, therefore may refuse to pay such substitute, no matter what the cause of absence of medical officer may be; but if the substitute has been retained by the honorary secretary of the dispensary committee, or if his appointment as *locum tenens* has been recognised or confirmed by the committee or its responsible officer, then the committee is liable to pay as a matter of simple contract, even though the board of guardians should refuse to do so. The substitute must be paid if the "medical officer be temporarily incapacitated by illness or other cause," so that a summons to assizes would be a good and sufficient reason for his absence, and for appointment of a *locum tenens*. See Article 22, Dispensary Regulations, page 262, Irish Medical Directory. Of course there can be no claim for payment unless the *locum tenens* has been appointed, or his appointment confirmed by the dispensary committee.

Meetings of the Societies.

WEDNESDAY, FEBRUARY 27TH.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—At 4 p.m., Professor Flower, On the Principal Types of the Human Species.

HUNTERIAN SOCIETY.—At 8 p.m., Mr. Clement Lucas, On Injuries to the Kidney.—Mr. Poland, On a Case of Acute Suppuration of the Hip and Elbow Joints.

THURSDAY, FEBRUARY 28TH.

ROYAL INSTITUTION.—At 3 p.m., Professor Tyndall, On the Older Electricity.

FRIDAY, FEBRUARY 29TH.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—At 4 p.m., Professor Flower, On the Principal Types of the Human Species.

ROYAL INSTITUTION.—At 8 p.m., Professor Hughes On the Theory of Magnetism.

CHARING CROSS HOSPITAL MEDICAL SOCIETY.—At 8 p.m., Mr. H. Montague Murray, On the Value of Phrenological Theories.

MEDICAL TEMPERANCE ASSOCIATION.—At 4 p.m., in the rooms of the Medical Society of London, Dr. Norman Kerr, On the Dalrymple Home.—Specimens of Non-Alcoholic Tinctures will be exhibited.

Vacancies.

Birmingham General Hospital.—Resident Medical Officer. Salary, £180, with board and residence. Applications to the House Governor by February 28.

Coombe Hospital, Dublin.—Assistant to Master. Applications to Master, or at Coombe Hospital.

Kent Hospital.—Physician on the Staff. Applications to the Secretary at the Hospital, Canterbury, y March 22.

Appointments.

FINLAY, the Rev. H., M.D., Health and Government Medical Officer for the District of Ravenswood, Queensland. Also a J. P. for the Colony of Queensland.

ILMS, A. E., L.R.C.P. Ed., M.R.C.S., Medical Officer to the Workhouse, Taunton Union.

LOCKWOOD, H., M.R.C.S., Assistant House Surgeon to the Public Hospital and Dispensary, Sheffield.

MADDISON, W. T., M.B., Assistant Medical Officer at the Darenth Asylum for Imbecile Children.

MAQUIER, E., M.D. Lond., M.R.C.P., Demonstrator and Assistant Lecturer on Pathology in the Owens College, Victoria University.

NEVILLE, M. O'B., L.R.C.P. Ed., L.R.C.S. Ed., Medical Officer to Ballineen Dispensary District, Co. Cork.

SCOT-SKIRVING, R. M.B., M.Ch. Ed., Resident Medical Superintendent to Prince Alfred Hospital, Sydney.

TOMKINS, A. W., M.D. T.C.D., L.R.C.S. Ed., Medical Officer for the Leamington District of the Warwick Union.

VIOLETTE, W. B., M.B., M.Ch. Glas., Resident Medical Officer to the Sydney Hospital.

WILSON, J. S., M.D. M.Ch. Glas., Government Medical Officer for the District of Wilcaunia, New South Wales.

Births.

HARRISON.—February 23, at Hastings, the wife of R. Charlton Harrison, L.R.C.P., M.R.C.S., of a son.

WARD.—February 17, at 1 Eblana Terrace, Dublin, the wife of Surgeon-Major E. C. B. Ward, F.R.C.S.I., A.M.D., of a son.

WYSE.—February 17, at 10 Goldsmith Terrace, Bray, the wife of George H. Wyse, L.R.C.S., L.R.C.P., of a daughter.

Marriages.

GOOD—BOWER.—February 23, at the parish church, St. Neots, Hunts, D'Arcy Frederick T. Good, F.R.C.S., of St. Neots, to Mary, younger daughter of the Rev. A. Bower, of Calster, Lincolnshire.

TOWNSEND—MAC MULLEN.—February 21, at St. Nicholas Church, Cork, Edmund Townsend, Surgeon-Major A.M.D., to Frances Josephine, youngest daughter of J. W. Mac Mullen, Clontymon, Cork.

Deaths.

BULL.—February 13, at Shenley House, Louisa Jane, the beloved wife of William H. Bull, Surgeon, St. Oswald's House, Stony Stratford, aged 27.

BUSHNAN.—February 17, after a lingering illness, John Stevenson Bushnan, M.D., &c., aged 78.

CARMICHAEL.—February 17, at Mentone, William Carmichael, M.D., late Staff-Surgeon R.N., aged 47.

GOLDSBRO.—December 20, at Parnell, New Zealand, Charles Field Goldsbro', M.D. & J.P., late of Trelystan, Montgomeryshire.

HICKINBOTHAM.—February 22, at 26 Broad Street, Birmingham, James Hickinbotham, M.D., aged 44.

MALASSEZ.—February 21, at 1 Bloomfield Terrace, Dundrum, Sebastian Malassez, Esq., Surgeon.

SCOTT.—February 10, at Shrewsbury, Ebenezer Samuel Scott, M.B. C.M. Ed., aged 31.

SEATON.—February 19, at Oxford Street, Nottingham, after a short illness, Florence Ann, wife of Dr. Seaton, aged 34.

TAYLER.—February 21, at Lovemead House, Trowbridge, Sarah Elizabeth (Beale) Tayler, the wife of G. C. Tayler, M.D., aged 54.

THOMPSON.—February 20, at York House, Chelsea Road, Clapham, Zoe Gertrude, the only child of the late Alfred F. Thompson, of Hull, aged 7.

TONNERRE.—February 20, at Camden, Sidmouth, Dr. Charles Fabre Tonnerre, late of Calcutta.

BAILLIÈRE, TINDALL, & COX'S BOOKS.

* Any of the Books in this List can be obtained in Australia of their Agent, Mr. L. BRUCK, 35 Castlereagh Street, Sydney.

Anatomy. Text-book of Anatomical Plates, designed under the direction of Professor MASSE, with descriptive Text. By E. BELLAMY, F.R.C.S., Surgeon to Charing Cross Hospital; Examiner in Anatomy, Royal College of Surgeons. New edition, Steel Plates, price 25s., or hand-coloured, 50s.

"Undeniably the most beautiful plates we have."—*Lancet*.

"With these plates the student will be able to read up his anatomy almost as readily as with a recent dissection before him."—*Students' Journal*.

Anatomy. A Series of Movable Atlases of the Human Body, showing the relative positions of the several parts, by means of Superposed Coloured Plates, from the designs of Prof. G. J. WITKOWSKI, M.D.

* A Treatise accompanies each part by leading physicians and surgeons attached to the London Hospitals.

PART I.—Neck and Trunk. Price 7s. 6d.

PART II.—Throat and Tongue, showing the Mechanism of Voice, Speech, and Taste. Price 7s. 6d.

PART III.—The Female Organs of Generation and Reproduction. Price 7s. 6d.

PART IV.—The Eye and the Apparatus of Vision. Price 7s. 6d.

PART V.—The Ear and Teeth. The Mechanism of Hearing and of Mastication. Price 7s. 6d.

PART VI.—The Brain (Cerebrum, Cerebellum, and Medulla Oblongata) and Skull. Price 7s. 6d.

PART VII.—The Male Organs of Generation. Price 7s. 6d.

PART VIII.—The Skeleton and its Articulations, showing the Bones and Ligaments of the Human Body and Limbs. Price 7s. 6d.

PART IX.—The Hand (Bones and Muscles). Price 7s. 6d.

* No such simple, reliable, and comprehensive method of learning the several parts, positions, and functions of the body has hitherto been attempted; the entire Series being unique, will be most valuable to the Teacher, the Student, and to all who wish to become acquainted with the anatomy and physiology of the human economy.

Anatomy. The Pocket Gray, or Anatomist's Vademecum. Compiled specially for Students from the works of Gray, Ellis, Holden, and Leonard. Fourth thousand. Price 2s. 6d.

"A marvellous amount of information has been condensed into a remarkably small space."—*Medical Press*

Anatomy. Schematic Anatomy; a new, easy, and more certain method of treating the Association and Schematic Arrangement of Structural Details of Human Anatomy. By WILLIAM P. MEARS, M.B., Professor of Anatomy at the University of Durham. Profusely illustrated. Price 7s. 6d.

"The aim of the work is decidedly good. . . . It is evidently the result of much trouble and thought."—*Lancet*.

Artistic Anatomy. Anatomy of the External

Forms of Man, designed for the use of Artists, Sculptors, &c. By Dr. J. FAU. Used at the Government School of Art, South Kensington. Twenty-nine plates. Folio; price, plain 21s., coloured 42s.

Artistic Anatomy. Elementary Artistic Anatomy of the Human Body. From the French of Dr. FAU. With English Text. Used at the Government School of Art, South Kensington. Price 5s.

Brain. The Brain and Diseases of the Nervous System. 2 vols. By T. STREICH DOWSE, M.D., F.R.C.P. Ed., formerly Medical Superintendent of the Central London Sick Asylum.

VOL. I.—Syphilis of the Brain and Spinal Cord, showing the part which this agent plays in the production of Paralysis, Epilepsy, Insanity, Headache, Neuralgia, Hysteria, and other Mental and Nervous Derangements. Second edition, illustrated, price 7s. 6d.

VOL. II.—Neuralgia: its Nature and Curative Treatment. Price 7s. 6d.

Burmah. Our Trip to Burmah, with Notes on the Ethnology, Geography, Botany, Habits, and Customs of that Country. By Surgeon-General GORDON, C.B., M.D., Physician to the Queen. Illustrated with numerous Photographs, Maps, Coloured Plates, and Sketches in gold by Native Artists. Price 21s.

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Clinical Lectures

ON

HOARSENESS AND LOSS OF VOICE. (a)

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(Continued from page 118.)

Hoarseness, or Aphonia, due to a fault of the muscles.—The muscles may be strained or fatigued, and unable to carry out their functions correctly, as in hoarseness from a high elevation of the voice in singing, or in loud public speaking; or in commanding, as officers upon a field day. Further, the muscles may be infiltrated by contiguous inflammations, or they may be the subject of rheumatism. By the history of the case we readily gather whether or not the muscles have been fatigued or strained, and the cause of the condition being removed, that is to say rest being employed, the voice will be soon recovered.

Infiltration of some of the muscles may be suspected when, after recovery from inflammation of any sort, the larynx is seen to be normal, but voice remains hoarse. The application of a blister the size of a two shilling piece to the region of the thyroid cartilage, and the use of galvanism, will prove curative very quickly.

Rheumatism of the intrinsic muscles of the larynx is very little understood; yet, I believe it to be of very common occurrence. I find it in persons who live on clay soils and damp districts, and who exhibit rheumatic pains in joints and other parts of the body. It may be best explained by the following cases:—A gentleman in the War Office was sent to me by Mr. Drew. He resided near Windsor. For six months his voice had a deep hoarseness, and it was a great trouble to him to speak; latterly he had become aphonic. The laryngoscope exhibited a normal larynx; there was no discoloration nor hypertrophy of the true cords. I applied the intermittent current to the neck in the neighbourhood of the

larynx. I never apply the current within the mouth or larynx, because I find it absolutely unnecessary. After two applications, with three days interim, a voice was produced, though very deep and hoarse. Mr. Drew, at my advice continued the treatment of galvanism, and the patient rapidly recovered.

Another case very similar you have recently had the opportunity of seeing in the throat department here. A man was sent to us by Mr. Parsons, of Wimbledon. His voice had been deeply hoarse for a year and a half, and when he came to the hospital he could scarcely produce any sound, so he spoke in a whisper. The larynx might be said to be normal. There was the barest discoloration of the true cords near the tubercle of the arytenoid cartilages. There was no evidence of an inflammatory condition of the larynx; there was no evidence of syphilis. He had been treated for syphilis; and for chronic catarrh with the usual inhalations, &c. He was completely cured by some half dozen applications of galvanism to the neck. A third case is one commonly met with in middle and upper class life. A lady from Surbiton, who suffered from rheumatism in the wrists, had lost her singing voice for the production of upper notes. Being a good singer she was in great distress. The larynx was quite normal. The singing voice was quite restored by some dozen applications of the battery. From time to time it fails, but one or two applications of galvanism are now sufficient.

Loss of Voice due to Some Fault in the Nerve Supply.—The laryngeal nerves may be affected through the centre, as in bulbar paralysis; or locally, through compression by inflammatory exudations; or by aneurism; or by cancerous or other growths in the immediate neighbourhood, such as those involving the œsophagus, thyroid body, glands of the neck, or mediastinum.

Bulbar Paralysis.—There is at the present time attending the Throat Department of the hospital, a man of about 65 years of age, suffering from this form of paralysis, or as it is called, labio-glosso-laryngeal paralysis. It is a disease affecting the nuclei of the hypoglossal, facial, spinal accessory, and pneumogastric nerves and from thence often spreading down the cord. The

(a) Delivered at St. Mary's Hospital, London.

tongue being affected, there is labour in its movements, and difficulty in the production of labial and dental consonants. Often difficulty in swallowing, the morsel being forced from the pharynx again into the mouth, or into the nose; dribbling of the saliva, which is increased in quantity. The larynx being affected, it is labour to speak, and as both sides of the larynx gradually become paralysed, inspiration becomes noisy from obstruction, in some cases requiring tracheotomy. If the disease extends down the cord there is diminution of power in arms, and then in other parts. Regardless of treatment this disease terminates fatally, though it may last over many years.

Local paralysis is almost invariably unilateral, and it is generally the recurrent laryngeal nerve which is affected. The symptoms are precisely the same, whether that nerve is compressed by exudation or aneurism or by cancerous or other growths, though the prognosis is different. The recurrent laryngeal nerve supplies all the intrinsic muscles of the larynx, except the cricothyroid, and partly the arytenoideus. If then, the recurrent laryngeal be affected, those two muscles will be able to act. The cricothyroid is the tensor of the vocal cord, and therefore the cord of the affected side is always held in a state of tension. The arytenoid partly dilates the glottis, and therefore the cord of the affected side is not straight, but slightly curved away from the central line.

The voice is hoarse because the two cords are not adapted for the same pitch, and it is uncertain, though many words may be produced in the natural voice. Respiration is normal, unless excited by exertion, when inspiration is accompanied by stridor.

When, by means of the laryngoscope, this condition of the cords is detected, the diagnosis of unilateral paralysis is clear, and it remains to find out only the cause. Should it be contiguous inflammation, there will be a history, and other signs readily distinguished, and the prognosis is that the paralysis will disappear as the inflammatory exudation becomes absorbed.

If cancer or tumour in the region of the neck be the cause, the growth will, in all probability, be recognised by manipulation. If in the glands of the mediastinum there is generally some constitutional sign of the disease, and if aneurism, the signs of aneurism may be there.

It is not uncommon that the alteration of the voice is the first sign pointing to the presence of an aneurism, and at a time when signs of aneurism are insufficient to be confidently detected. Aneurism is proved negatively by the exclusion of all other causes of compression of the recurrent laryngeal nerve.

Aphonia a Mental Condition, or Hysterical Aphonia.—Hysterical aphonia is unaccompanied by any local change or disease, and is diagnosed by the laryngoscope without any difficulty. Among the causes are constitutional debility, circumstances of marriage, sterility, disorders of menstruation, and other circumstances conducive to emotion.

I have never seen a case in a male, but have met with it in all ages in the female, even up to 70 years.

Symptoms.—The aphonia is always complete. Never hoarseness; because it is impossible to simulate hoarseness. It comes quite suddenly without any history or recognised cause, though, if in a young female, it is generally associated with abnormal catamenia. There is no sign or symptom of laryngeal disease; the laryngoscope generally exhibits an anæmic larynx; other signs of hysteria may or may not be present. It is commonly the case that patients with hysterical aphonia occupy themselves in their ordinary way with their usual vigour, and perhaps talk a great deal more than is their custom, though in a whisper.

If, when examining with the laryngoscope, the patient is told to make the sound Ah! Ah! the true cords will probably not be moved, and sounds will be whispered. Sometimes the patient will actually sound the expression ignoring the fact that the sound made is a veritable

proof of ability to talk out loud. In such a case the hysteria is unmistakably diagnosed.

Another proof of hysteria is this, if when, with a healthy larynx, the patient endeavours to make the sound the true cords do not come into contact, it is not paralysis, but the will of the patient that they should not approach, for no form of paralysis occurs in which the cords are widely separated and cannot approach each other.

Another proof of hysteria is the existence of complete aphonia with no evident disease within the larynx, for any cause of complete aphonia, with the exception of a fault of the nerves must be accompanied by marked change within the larynx.

Treatment.—Search out and remedy the cause. If the catamenia be wrong, regulate it. Local treatment is unnecessary, but it is a good plan to employ galvanism—firstly, with the object of making the patient believe that some effort is being made to restore the voice; and secondly, with the object of giving the patient a fair excuse for recovering her voice. Further, galvanism is often a further proof of the case being one of hysteria.

Some of you may recollect a patient under my care whom, a short time ago, I galvanised; she was requested to say immediately she felt the current. For some few minutes she held the handles without the current being allowed to pass, and was then questioned as to whether she yet felt it, to which she whispered No. Suddenly, a rather strong current was switched on, when the patient called out "Oh! I feel it!" She was then informed that galvanism had quickly returned to her her voice.

Galvanism applied to the neck in these cases as a direct local treatment is useless, because there is no local disease, and I may remark that some patients would bear any pain rather than speak, no matter how cruelly applied.

TUMOURS OF THE LARYNX.

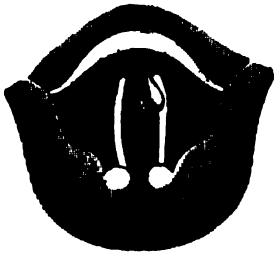
Tumours are malignant and non-malignant, and affect the voice by obstructing the action of the cords, the breathing by decreasing the calibre of the breathing space. They can of course be at once recognised by the laryngoscope. By the stethoscope they may be sometimes heard to move, and they often produce a dry cough by irritating the larynx. The tumour may be sometimes grasped by the cords, and sometimes avoided, in which case the voice may be irregular, normal, or absent, a whisper or a dry hoarseness being produced when attempting to speak. The tumour may be large enough to interfere with the breathing, in which case dyspnoea is the result, and when it occupies the space between the cords it not only causes aphonia, but also dyspnoea, because the space at that spot is narrow. There is of course a marked difference in the dyspnoea when the patient is still, compared with when exerting himself or engaged in active exercise.

Treatment.—If growing, or if affecting the breathing, operative interference becomes necessary. If the tumour be malignant it is unsurgical to attempt its removal by way of the mouth, and it then becomes a question for the patient to decide whether he will have it removed from without, an operation necessitating usually the removal of the larynx. If the tumour be benign it is probably syphilitic wart, or papilloma, or fibro-mucous polyp.

I have come to the conclusion that syphilitic growths are very rare, and are rather simulated by mucous patches upon the cords which yield readily to the treatment of large doses of iodide of potassium. A papilloma may be removed by way of the mouth, but this growth is usually multiple, and may require external incision for its removal. A polyp may, as a rule, be removed through the mouth.

The diagram represents a fibro-mucous polyp, which owing to its position between the cords I was unable

either to grasp or to injure sufficiently to cause its atrophy, and I ultimately removed it from below, after performing the operation of laryngotomy.



DIAGNOSIS OF THE CAUSE OF HOARSENESS AND LOSS OF VOICE.

First Question.—How long has the voice been affected?

I usually gather from this whether an acute or chronic condition, and I hear the sound of the voice. If an affection of the mucous membrane, a breaking voice; fibrous bands dry, deep, gruff or whistling; muscle deep, but regular; nerve, bulbar or bilateral paralysis—inspiratory effort; unilateral paralysis; spasmodic voice with some sounds clear. Hysteria—complete aphonia. Tumours—very variable.

By Laryngoscopic Examination may be detected redness of catarrh, or affection of mucous membrane. Swelling of laryngitis, with, perhaps, ulceration if syphilis, or tubercle. Diminished action of cords, if bilateral or bulbar paralysis. Central position of one cord, if unilateral paralysis. Usually anæmia, if hysteria. Nothing, if muscular. Tumour, if present.

If I conclude that it is *Chronic Catarrh*, I must carefully diagnose that it is not chronic catarrh of phthisis, the objective sign of which is swelling of false cords, because there is always in these cases a true laryngitis in addition. The subjective symptoms of tubercle in other parts must be weighed.

If *Laryngitis*, diagnosis between syphilitic and tubercular must be made, which, as a rule, is an easy matter, because of the history and other signs of syphilis, or of the history and other signs of tubercle. One must, however, be certain that it is laryngitis, and not a severe form of chronic laryngeal catarrh.

If *Bilateral Paralysis*, ascertain that it is not due to destruction of the fixed points of muscles, such as necrosis of cricoid, without difficulty recognised by odour of breath other signs of syphilis or tubercle—then it is proved to be a central paralysis.

If *Unilateral Paralysis*, diagnosis is not difficult between the three forms—Inflammation, Aneurism, Malignant or other Growths.

If *no Change* in larynx, the condition is due to muscular fault, or mental (hysteria)—if *Muscular*, gruff voice; if *Mental*, complete aphonia.

If *Tumour*, the laryngoscope alone can make the diagnosis certain.

Having proved a disease negatively by exclusion of all others, it must be then proved positively by its own particular signs and symptoms.

GANGRENE. (a)

By JONATHAN HUTCHINSON, F.R.C.S., F.R.S.,
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Consulting Surgeon to the London Hospital, and to the Royal
London Ophthalmic Hospital.

(Continued from page 177).

CASE VII.—An old gentleman, æt. 63, came under treatment for popliteal aneurism, which, after compression, became quite solid. The limb then became much colder, and anæsthesia was apparent in it, on account of the defective circulation taking place through it and consequent deficient blood supply to the nerves. It

was carefully wrapped in cotton-wool, but, spite of all precautions, it continued livid for several days, and ultimately gangrene, not of the whole foot, but only of the great toe, supervened, the disease being of the dry mummified variety. Nothing was done to this for a month, and then, sufficient delay having taken place to admit of any further development of the gangrene if it was to occur, the toe was amputated, though, even then, Mr. Hutchinson said, he performed the operation somewhat unwillingly. Good recovery, however, ensued, and the case afforded a good example of the kind of gangrene induced by occlusion of the main trunk of a limb. It ordinarily occurs in such cases that collateral circulation is established with sufficient rapidity to ensure preservation of the whole member; but sometimes, as in the case just described, the rigid and unyielding state of the degenerated arterial walls may seriously interfere to prevent so desirable a consequence.

CASE VIII.—A young girl, æt. 10, who had been under treatment for rheumatism, and who was the subject of mitral, tricuspid, and aortic valve lesions, was transferred to the surgical side of the hospital because of gangrene which had attacked one extremity; and subsequently the other also was involved. In this patient, plugging of the arteries had taken place by means of vegetations detached from the cardiac valves, and thence hurried into the circulation. In a long period no line of demarcation made its appearance, and at no time could the idea of amputation be entertained, the feeble constitutional state of the patient affording a plain contra-indication to it. Her urine was loaded with albumen, and in other ways she was far too ill to be submitted to interference with a view to removing the gangrenous members. She lived about a month after the disease first showed itself, and there was no evidence of septicæmia.

CASE IX.—A farm labourer was seen, in 1874, by Mr. Hutchinson at Maldon. He had been previously healthy until attacked by rheumatic fever, which left him with cardiac disease, and a liability to embolism. He became suddenly ill; had a rigor; and grew very depressed in spirits. On examination, it was found that the femoral artery on one side was quite pulseless; and the foot below it became rapidly gangrenous. Amputation had been urged by the local surgeon, but a definite line of demarcation having formed when Mr. Hutchinson was called to see the patient, division of the tissues having taken place almost to the bone, he advised against it, being convinced that spontaneous separation might be expected. Two or three months later, the same patient presented himself at the London Hospital because of protrusion of the ends of the bones through the stump after the foot had separated; and these being trimmed, good recovery took place.

This case affords another example of the fact that plugging of the femoral artery may induce gangrene of the parts below it.

CASE X.—About ten or eleven years ago, a man, æt. 30, was admitted into the London Hospital, for gangrene. He had been a soldier in the Crimea, where he suffered from frost-bite of a toe, but recovered. Later, he was engaged on military duty in Canada, also; and there, as well, he was exposed to cold, but was not again frost-bitten. Slowly, however, one foot became gangrenous, and he was invalided home. On admission to the hospital, he came under Mr. Hutchinson's care, and amputation was delayed for the purpose of watching what the progress of events would be in this case. In the absence of the surgeon, however, a colleague took upon himself to remove the foot; the flaps sloughed, and the gangrene extended upwards; and on his return, Mr. Hutchinson decided to amputate the limb at a much higher situation. It was only when this had been done that the femoral artery was found to be occluded, the cause of obliteration being probably an arteritis originating below as a consequence of the frost-

(a) Abstract of a Lecture delivered on Wednesday, Feb. 13th, at the London Hospital.

bite, and spreading thence up the limb. The first amputation was performed at a point fifteen inches removed from the seat of the disease; but notwithstanding, within twenty-four hours sloughing of the flaps had commenced; the pulse rose to 160 beats per minute; and the patient was delirious and vomiting. The second amputation, below the hip-joint, was done within three days from the first, and the result was a very satisfactory recovery.

This case offers a very good example of the injurious influence exerted on the general health by spreading gangrene, the vomiting and fever, induced by septicaemia, being well marked, and ceasing as soon as the exciting cause was removed, the contamination of the blood being accounted for by its circulation through tissues laden with the elements of decomposing and dead structures.

CASE XI.—A man, æt. between 60 and 70, burnt his hand, but not in any way severely, and was admitted into hospital with the member in a state of gangrene, which was gradually extending up the forearm. The patient was very ill; weak pulse, high temperature, furred tongue, &c., and at the same time with these symptoms there was going on progressive plugging of the arteries of the limb, as in Mr. Gould's case; and also, as in that case, involving all the vessels on to the axillary. Amputation at the shoulder-joint was performed, and there was no bleeding during the operation, the main artery being as thick as the forefinger, and solid from presence of clot in it. The arteries, notwithstanding the senility of the patient, were not calcareous; but they were extremely tortuous, and throughout the whole limb they were much dilated and thrombosed from the site of injury upwards.

CASE XII.—A gentleman came under treatment for gangrene of one foot which had followed exposure to cold during snowy weather. He had possessed a feeble and peculiar circulation throughout his whole life; his ears became livid on the least exposure to cold, and his cheeks always presented a flushed appearance, these being symptoms of a debilitated arterial system, which also was affected by calcareous degeneration of the walls of the vessels. He had been accustomed to free indulgence in spirituous liquors; suffered from diabetes with albuminuria; and the pulse beat at the wrist was very feebly developed. The gangrene of the foot progressed so far that sloughing of the toes ensued, and exfoliation of their bones; and the question of amputation had to be considered. The patient was, by virtue of the enfeebled state of his system, an unfavourable subject for operation, and Mr. Hutchinson was somewhat unwilling to submit him to the risks it would necessarily incur; but as the gangrene continued to spread up the limb, amputation was at length resorted to, through the thigh. On dressing the stump subsequently, it was found that the femoral artery formed a dense solid rod, having very much the appearance of a cedar pencil. The patient made a good recovery.

The group of cases narrated thus far illustrates all the conditions under which gangrene of the limbs takes place; and although it is not possible to separate them into exclusive or abruptly marked classes, they may nevertheless be broadly classified under two prominent heads. It must be understood, always, that complications may, and do, arise to modify the course pursued in particular instances of injury, and that very various influences will serve to produce such modifications; but with these reservations the disease under notice may be grouped thus:—

A. Gangrene due to peripheral lesion.

B. Gangrene due to arterial lesion.

The first four cases recorded above will fall under the division A; and this must be made to include also those which are commonly described as "traumatic" gangrene, many of which latter owe their origin to injuries of a most severe character. Under B will be included those examples of gangrene which are caused by occlusion of a main artery at a point above the seat of development of

the disease; e.g., in those unfortunate cases where gangrene results after attempts to cure aneurism by means of ligature of the supply artery; or, as in cases like Mr. Gould's and others, where a tumour of some description presses on a main arterial trunk. Embolism, also, forms another example of the influences which suffice for the production of injuries of this nature.

There are other cases, again, in which there may be no actual occlusion of the artery, but in which arterial disease is of so pronounced a character as to lead to defective circulation through the vessels, and to which it may be owing that collateral circulation sufficient for the maintenance of tissue vitality ceases to be possible. This class of cases includes those which are termed instances of senile gangrene, and which name is not to be regarded as synonymous with "dry gangrene," the occurrence of which is not essentially determined by the factor of age alone. Typical dry or mummifying gangrene, indeed, is only rarely encountered, whereas the moist variety of the disease is common; as also are numerous half-way forms and intermediate varieties of the disease. In elderly people even, the majority of cases are of the moist kind, and only those subjects exhibit the mummifying description in whom the tissues are naturally dry and skiny, and slightly or not at all clothed with fat. Temperature and period of the year likewise influence the character of the resulting gangrene; and calcareous degeneration of the general arterial system is undoubtedly an efficient agent in inducing the senile variety of gangrene.

The disease known as arteritis obliterans is but ill understood; it is a mixed condition in which inflammation of the arterial structures plays a part, and is usually secondary to exposure to cold.

In respect to rules for practice in treatment of gangrene, Mr. Hutchinson insisted on the necessity for amputation in cases where death is threatened from the influence of the gangrene, and whenever the removal of a limb or part of a limb appears desirable, and can be undertaken without risk. Whenever, however, a well-marked line of demarcation is apparent, and reasonable expectation of recovery can be entertained, and no fear of spreading is felt, then amputation is uncalled for and unnecessary. Formerly the evidence of demarcation was taken to indicate that the time for amputation had arrived; and in this respect modern procedure exactly reverses older rules.

Should the main artery above the gangrenous part be occluded, then it is absolutely necessary to amputate high up; and this rule is a very important one to observe. On the other hand, when the whole arterial system is diseased, it is desirable, but not imperative, to amputate high up.

OLD AGE. (a)

By JOHN FOSTER, M.D., F.R.C.S. Eng.,
Bradford.

OLD age has formed the subject of thought and of writing among poets, philosophers, and physicians, in all ages, because it is the goal to which all life tends; and because it is necessarily associated with thoughts of that great problem—life, and that equally great problem—death. It would be impossible for so interesting a subject to have escaped such great observers as Shakespeare and Addison, and we accordingly find allusions to old age scattered through their works.

The late Dr. Farr, in his classical description of the march through life of a million children, has given, among others, the following results. These results are somewhat modified by subsequent calculations, but they answer my purpose for the present:—

Of a million children nearly 150,000 will die in the first year; 53,000 in the second year; 28,000 in the third year; and less than 4,000 in the thirteenth year.

(a) Read at the February meeting of the Sheffield Medico-Chirurgical Society.

At the end of forty-five years one half the million will have died. At the beginning of sixty years, 370,000 will still be living. At the beginning of seventy years, 238,000 will be living. At the beginning of eighty years, 90,000. At the beginning of eighty-five, 38,000. At the beginning of ninety-five, 2,100. At the beginning of one hundred, 223. At one-hundred-and-eight, 1.

From the Census of 1871, Dr. Farr calculated the mean life-time of both sexes in England to be 40·858, or nearly forty-one years.

Mr. H. Humphreys has shown, however, that in the five years 1876 to 1880 the mean age at death was 43·56 years; females, 45·3; being a gain of nearly two years and three-quarters. Thus within twenty years—withstanding the increased density of the population, notwithstanding the unsanitary condition of large towns suddenly grown large, and the increased birth-rate—more than two and a-half years have been added to the life of every inhabitant of England. He also shows that more than 2,000 years have been added to the lives of every 1,000 males by the reduction of the death-rate in 1876-80.

Many of you will remember that Dr. Rabagliati read a paper in this room which led to an interesting discussion, which was afterwards continued in the *Medical Press*, and made some sensation in the country. He stated that while fewer lives were lost in the earlier years fewer lived to old age, and there was no saving of life at the more useful ages. I am not going into this question now. I admit that such a thing is logically possible, because if all died at the same age nobody would die before or live longer than 43½ years; instead of, at any age from a moment to a hundred years.

This view was forcibly put in the *Spectator* in these terms, "What is the kind of life which is increasing, whether it is young life or mature life or aged life which is being enlarged? Are we young longer or mature longer, or old longer?" Do we live longer or are we only a little slower in dying? And here I am bound to admit that some of the gain in early life is lost in middle life. In other words that while the expectation of life at birth is 2½ years more than it was, the expectation of life from 35 to 60 is somewhat less—a mere fraction.

"Notwithstanding the slight increase of mortality among males aged 35 and upwards, a large portion of the additional survivors live on to the higher ages. Of a thousand born the additional number of survivors is 35 at the age of forty-five, 26 at the age of fifty-five, 9 at sixty-five, 3 at seventy-five, and 1 at eighty-five. The increase in the number of survivors to adult and middle ages is much greater among females." By far the larger proportion of the increased duration of human life in England is lived between 20 and 60.

The object of medical science is to prolong human life to its longest term, and it therefore becomes an interesting question to ascertain what is the natural limit of existence. It is an impossible task to do this with accuracy, and fix a limit beyond which human life cannot pass. Dr. Farr says the natural life time of man is a century. The complete cycle of physiological life is a hundred years. That is the length of time the body will live under the most favourable conditions. Another most interesting question is "When does old age commence?"

Dr. Farr has divided life into stages as follows:—Boyhood, age 10 to 15 years; youth, 15 to 25 years; manhood, 25 to 55 years; maturity, 55 to 75 years; ripeness, 75 to 85 years; old age, 85 and upwards. I should take exception to this division, Oliver Wendell Holmes makes old age to commence at 47, which is as much too early as Dr. Farr's is too late. Old age really begins in certain pathological changes which take place at different ages. It is interesting to learn what are the conditions which hasten or hinder these pathological changes.

It is held that all life begins in a homogeneous or form-

less fluid, and from this develops into the varied forms of living beings. There is a life force, inherited from a pre-existing life, which builds up matter into living tissue and holds it together for a time; and the tenacity with which this force holds organised matter together does not depend on size, or strength, or muscular development altogether, but rather probably on an even balance between the several parts, and on something more. There is an axiom in mechanics that the strength of a chain is equal to the weakest link; so the vital strength of the body is equal to the weakest organ. We all do wax old as a garment—the tissues lose their elasticity, become brittle, and in some cases rotten. After the middle arch of life is passed, these changes become commoner, and there is danger if we continue to put the same pressure on a weakened vessel, that it may burst. In the hurry and strife of life men, and especially medical men, too often forget this truth, and pay the penalty. After the age of fifty or fifty-five a good deal more rest and a good deal more sleep are required than in earlier manhood. The physical powers have begun to fail; the mental powers should be at their best. It is probable that some of the greatest literary productions have been the work of men between fifty and seventy. Living public men in every department of literature, science, art, and politics may be cited in proof.

For many years after the degenerative processes of age have weakened the bodily powers the intellectual powers remain comparatively unaffected. A weakened nerve fibre may retain its continuity, and an atheromatous vessel in the brain its entirety, for a great length of time if no great strain is put upon it, but let that strain be applied, and then the "silver chord is loosened, and the golden bowl is broken at the fountain."

In taking the decennial period 65 to 75, and still following the fortunes of the million children born, we find that 309,029 enter this age and 161,124 leave it alive. Diseases of the brain, heart, and lungs are the most common; 31,400 die of old age. The numbers that enter the next decennial—75 to 85—are 161,124, and the number that leave it alive are 38,565. 122,500 die chiefly of lung, brain, heart, and other local diseases. Nearly 59,000 die of atrophy, debility, and old age. Some writer says that he has met few or no cases of death from *old age*, everybody dying of some recognised disease. It is true that the symptoms of disease become obscure in old age, many cases of pneumonia and other inflammations escaping recognition. But it is also true that many deaths attributed to disease are mainly due to old age. "Slight injuries, cold, heat, want, or attacks which in early years would have been shaken off." Of the million with which we started, 2,153 live to the age of 95; 223 to 100. "Finally, at the age of 108, one solitary life dies." We find that life is beset with dangers, which vary at every stage. Diseases may be roughly divided into two great classes—the parasitic and the degenerative. The former are more prevalent in early, and the latter in the later, stages of life. Of cancer, which is one of the diseases of old age, it is uncertain whether it belongs to the parasitic or the degenerative type. As I am not dealing with the former—parasitic diseases—I will only remark that the more there are saved from the poisonous diseases, the more will remain to die of natural decay. As it is the duty of the physician to help man through as many of these stages as possible, and with as little pain as possible, it becomes important to study how to protect him from accidental diseases in the first place, and how to husband his forces in the second place, so that he may be able to travel as far on the way as possible before the inevitable time when his strength shall fail, and he shall fall out of the march and faint by the way.

The first essential of life is food, and, beyond doubt, of the twelve hundred million inhabitants of the world, the majority are underfed, and a large proportion are improperly fed. Poverty is the lot of the majority of

the world, and the mortality among the poor and the hard-worked at all stages of life is amazingly larger than among the middle and higher classes. The human constitution possesses a great amount of elasticity, and will tolerate departure from correct diet for a length of time, but in the end the penalty is rigorously exacted by Nature. Lessened vitality inevitably follows impoverished blood and ill-nourished tissue. Undoubtedly, men are better fed than formerly, and fewer people die of starvation.

But the increased density of the population by the flocking of people to the towns has introduced fresh dangers or rather intensified old dangers. Unless the sanitary improvements of a district, keep pace with the increase of its population, the mortality inevitably increases. Something like 1-7th of the population of Great Britain live in London, a large portion of the rest live in large towns. Dr. Farr says, "What is especially remarkable in London is the high mortality of all ages after 25." The excessive mortality of London men is due to phthisis and pulmonary disease. The same holds good of all large towns. We see that improved health conditions, and increased population are fighting a great battle and on the whole, if not at every part of the field health is winning.

The conditions under which men live have much to do with their chance of reaching old age, but heredity has also something to do with it. This transmission of qualities acquired and inherited lies at the root of all improvement of the race. To leave the body better than we found it, and transmit that improvement in vital force to posterity is the true evolution by which heredity taints may be abolished. In my student days a cruel pathology was taught that certain constitutions were doomed to hereditary diseases, and distinct lines of demarcation were drawn between those so affected and others. Logically that doctrine can only be sustained in a limited sense. Intermarriage must so mix up blood that no constitution could long remain free from taint. Death is the complement of life. All living bodies have their stages of growth, maturity, and decay. So all the parts of the body go through the same stages. The blood cells, the muscular fibres, the epithelial scales live their time, are cast off, and succeeded by others and often better ones. Thus death is not only the end but the beginning of life. "That which thou sowest is not quickened except it die" is a philosophical truth, and lies at the root of all improvement of the race, as well as at the root of all Christian faith.

The last stage of the journey to this inevitable goal, like all the other stages has its peculiar troubles, diseases and dangers. How these troubles may be relieved, these diseases avoided and this stage of life made easier and longer should be the constant and thoughtful study of every practitioner of medicine.

HOSPITAL WITH CIRCULAR WARDS.

(Communicated by Mr. J. BROWN, F.R.C.S.)

FOR some time past an attempt has been made to raise the funds needed to provide a hospital for the town and district of Burnley, Lancashire. The population exceeds 100,000 persons. In addition to the sum of £1,500, as the nucleus of an endowment fund, the committee have succeeded in obtaining subscriptions to the building fund to the extent of £12,600; and a site of two acres in extent has been given, along with a subscription of £1,000, by the executors of the late Colonel Hargreaves. Towards the building fund over £3,000 have been paid in by the working classes within a period of nine months. This has resulted from systematic collections made at the mills and workshops every four weeks. These collections the committee have suspended for the present, owing to the disturbed state of the cotton trade throughout the whole district, but they hope to be able to resume them ere long.

The plans approved of by the committee provide for the erection of a hospital with one-storey pavilion wards

of the circular form, as suggested by Professor Marshall, President of the Royal College of Surgeons. Two of these wards are to be built at present, with an internal diameter of sixty feet for the accommodation of twenty beds each.

The architects, Messrs. W. Waddington and Son, of Burnley and Manchester, have designed a sun room, or day room, on the top of each ward, with a promenade twelve feet wide all round it. Access to the roof is given by a gently sloping spiral staircase surrounding the smoke and extraction flues, and occupying a closed-in space, in the centre of the ward, sixteen feet in diameter. There is then left for the ward itself an annular space twenty-two feet in width. The height of the ward at the eaves is fifteen feet, and at the inner portion sixteen feet. The roof is formed of concrete supported on iron girders. The lineal wall space of the ward is 189 feet, giving an average wall space per bed, excluding doors, of about 8 feet 4 inches. The floor space is 132 square feet, and the cubic space 1,560 cubic feet per bed. Windows are placed between each bed, extending from two feet and a half from the floor to within a foot of the ceiling; and ample provision is made for ventilating both at the floor level and at a height of about seven feet. From the inner part of the ceiling, and also from the floor, ventilating outlets are led to an extraction shaft which encircles the smoke flues.

The walls of all the wards, water-closets, and bath-rooms are to be of glazed bricks or tiles. The floors of the wards are to be of oak, to be beeswaxed and polished. Separated from each ward by a cross-ventilated corridor are the bath-rooms and water-closets.

Connecting the circular wards with the main corridor is a well-ventilated passage, on either side of which is a single-bedded separation ward; and between these wards and the circular ward are the nurses' room and ward scullery.

A subway is provided from the cellar floor of the administrative block to the wards; in this all pipes will be laid; and along it coal, foul linen, cinders, and sweepings will be conveyed.

Provision is made on the site for the addition of four other wards similar in size to those described, and also for a children's ward for fourteen beds, intended to be forty feet in diameter, to have no central staircase, a sun-room, and to have a dome-shaped ceiling.

Clinical Records.

GLASGOW WESTERN INFIRMARY.

A Few Dislocations.

Under the care of ALEXANDER PATTERSON, M.D., F.R.C.S.E., Surgeon to and Lecturer on Clinical Surgery at the Western Infirmary.

Old Dislocation of Shoulder.—M. G., æt. 20, residing near Carlisle, was admitted to Ward 12 on the 5th of August, 1881, with dislocation of left humerus into axilla. Exactly sixty days, or eight and a-half weeks ago, whilst rapidly descending a hill, she fell, pitching with her left shoulder upon a stone. The accident was looked upon as a bruise, and ointments were supplied her for the purpose of friction, no attempt at reduction having been made. The dislocation was with some difficulty reduced by means of the heel in the axilla, by my assistant, Dr. J. W. Downie.

Old Dislocation of Elbow, both bones backwards.—D. L., æt. 37, was admitted to Ward 14 on the 15th October, 1881, with right arm rigid, and nearly straight. While the hand lay nearly prone the upper part of forearm was perfectly supine, and the elbow could not be flexed. The position of the hand in relation to the forearm was what most attracted attention. Monday, 17th Oct., 1881, L. was placed under the influence of chloroform, when it was clearly obvious that there was a marked depression above the olecranon, and that we could, even with the anæsthetic, barely bring the arm to a right angle; on doing so, the middle limb of the triceps muscle became exceedingly tense, as well as a band on the outer and anterior

aspect of the joint, which appeared to be still more engaged in opposing reduction. Simple extension was tried in the first place; then, as the arm lay on the mattress, the foot was placed on the lower end of the humerus, the forearm being flexed and drawn strongly upwards, and this manoeuvre also failed. Next with a tenotomy knife I divided the middle attachment of the triceps, and then the remaining opposing band, when the bones were placed in position with great ease. A rectangular splint was applied, the man ultimately regaining perfect use of the joint.

Old Dislocation of Elbow, both bones backwards.—Mrs. J. B., *et. 33*, was admitted to Ward 12 on the 19th November, 1883. Patient comes in complaining of a stiff elbow-joint, the stiffening being the result of a fall sustained in the middle of last August, *three months ago*. On examination the nature of the accident is easily ascertained to have been displacement backwards of both forearm bones, and there is no evidence of fracture. November 29th, patient having been anaesthetised, and the joint flexed nearly to a right angle, beyond which we could not go with safety, bands of adhesion were heard snapping. The arm was next extended, a skein of worsted fixed around the wrist, and steady extension made by two assistants and myself without success. With the forearm extended, a tenotomy knife was introduced, and on flexing the elbow a tense band lying to the outer side of the triceps tendon was divided, then the triceps tendon itself was cut, when the dislocation was at once reduced.

Dislocation of Great Toe.—G. M., aged 19 years, carpenter. Admitted to Ward 14 on 21st November, 1883, complaining of swelling and pain of the great toe of right foot, this condition being the result of an accident sustained two weeks prior to admission. At that time, while climbing a ladder on board ship, he stumbled and fell, the digital end of his foot coming violently in contact with the deck. Since that time he has observed that the great toe has been swollen and much shorter than it ought to be, and now he can walk only with difficulty. It is worthy of note that he had his boots on at the time of the accident. On examination the proximal end of the first phalanx is found to be resting on the upper surface of the extremity of the first metatarsal, in this way accounting for the shortening of the toe observed by the patient. November 23rd, 1883, patient being under chloroform, reduction was attempted by manipulation; next by extension by means of the "clove hitch;" then by the old-fashioned "door-key" method, all failing. Now with a tenotomy knife all the structures around the joint which appeared tense were divided, and without effect. Finally a linear incision was made antiseptically, on the plantar surface of the foot, corresponding to the head of the first metatarsal bone, the end of which was snipped off with bone forceps, when reduction was effected. The patient was dismissed on January 26th, 1884. I have had very considerable experience in the reduction of dislocations, and never in any case reduced by me have I had so much trouble as in the reduction of this dislocation of the great toe. Fortunately for us, it is a very rare form of accident.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, FEBRUARY 22ND, 1884.

The President, Sir ANDREW CLARK, Bart., M.D., LL.D., in the chair.

Mr. MANSELL MOULLIN on

THROMBOSIS OF INFERIOR VENA CAVA.

The patient was a man, *et. 35*, who was admitted into the London Hospital in August, 1883, for varicose veins and ulceration of the left lower extremity. He was employed as a paper-hanger; had been a trumpeter in the army, but had never had syphilis. There was no history of gout. A year and nine months before admission he fell down a staircase on to his back, cutting his right leg severely, and falling with his loins across the hand-rail. From the effects of this accident he was confined to bed for five weeks, his right leg (the one that was injured) becoming much swollen, though he is quite positive they never stood out as they do in the left. While in bed, three weeks after his fall, he noticed that the veins in the lower part of the abdomen were enlarged, and from that time they have gone on

gradually increasing in size and spreading in extent up to the present time. There does not appear to have been at any time either general anasarca or hæmaturia, judging from the statements made by himself and his friends. On admission, it was noticed at once that the abdomen was covered with great clusters of tortuous veins, which might be divided into three main groups—two on the left side, the one having its origin in Scarpa's triangle, and the other just above the crest of the ilium; and the third on the right, behind, some four inches to the right of the vertebral column; and from these main groups great coils of enormously distended veins stretched upwards, gradually diminishing in size as they reached the thorax and could pour their contents into the superior epigastric, intercostals, and long thoracic veins. The right epigastric was but slightly enlarged in comparison, but in this as in all the rest the current was upwards in direction. The left limb was so swollen as only to be lifted with difficulty; the right, six inches less in circumference, was almost normal. In the abdomen was a large ill-defined mass lying in front of the vertebral column, most prominent opposite the umbilicus, and running down to the right of this a line along which pulsation and a systolic thrill and bruit could easily be ascertained. Besides this, in the large left lumbar cluster were a continuous thrill and an exceedingly loud bruit. There were no signs of aneurism, the pulsation in the abdomen being distinctly not expansile; the lungs were emphysematous; the heart slightly enlarged and the aorta dilated; there were no hæmorrhoids, or varicocele to any extent, or albuminuria. The diagnosis made was that of thrombosis of the inferior vena cava, with a clot extending down through the left iliacs to the femoral on that side, the ill-defined tumour in the abdomen being the plugged inferior cava, with swollen and oedematous tissue round it, the line of pulsation corresponding to some large abdominal vessel, probably the superior mesenteric displaced to one side. The thrombus could never have extended above the renal veins, but there is no evidence to show whether it originated in a small trunk and spread on till it involved the cava, ceasing where the renal veins poured in a large current, or started in the cava itself. There is, however, little doubt that from the time of its occurrence that it must be directly connected with the accident. Reference was made to a case published by Robin, in which violent exertion while in a stooping position produced the same result; and to other cases, which tended to show that complete obstruction of the inferior cava by tumours or otherwise need not of itself cause appreciable enlargement of the external veins or much oedema.

Mr. MOULLIN explained, in reply to a question by Sir Andrew Clark, that no examination of the urine had been made since the patient was in hospital, three months ago. Should he be able to keep it under observation he would report the progress of the case to the Society.

Mr. R. CLEMENT LUCAS on a case of CHARCOT'S JOINT DISEASE ATTACKING THE RIGHT ELBOW AND FOOT.

The patient was a man, *et. 39*, who came under notice last autumn, and was at that time exhibited at the Society. His father died of heavy drinking and consumption. His mother is still living, but suffering from dropsy and asthma. He is one of nine children, seven of whom are living. One brother was a cripple from right-side paralysis from birth, but lived to be 40. He denies having had syphilis, and there is no history of fits or insanity in the family. He has been much exposed, as a hawker, to wet and cold, and has drunk freely. About four or five years ago he became subject to rheumatic pains which shot through him. He has had neither girdle-pains nor gastric crises. For twelve or eighteen months he has had occasional numbness in his hands, especially the right, and has found a difficulty in buttoning his collar and in walking in the dark. Eight or nine months ago he had an attack of double vision, which lasted about a week, and then passed off. He occasionally felt giddy when starting to work in the morning, but was unconscious of any decline or defect in walking. About two years ago his right elbow became enlarged, but not very painful. He sought advice, and was treated with blue ointment. He has continued to work with it ever since. A few weeks before being seen his right foot became somewhat suddenly enlarged, red and painful, and it was on this account that he came under my care. The swelling extended from the malleoli to the bases of the metatarsal bones, and occupied the dorsum and sides of the tarsus. It was neither oedematous nor tender, but he suffered from aching pain beneath the head

of the astragalus, especially after walking. The right elbow-joint presented a remarkable deformity. On the back of the ulna, two inches from the tip of the olecranon, was a rounded projection about the size of half a Tangerine orange, 2 inches in diameter and bony, at the base. Between the head of the radius and the olecranon was another projection, sharp, prominent, and bony, apparently growing from the radius; and another prominence continuous with this between the head of the radius and the external condyle. These latter projections absolutely prevented all pronation and supination. A small outgrowth sprang from the inner side of olecranon, and projected beneath the internal condyle. In front of the joint, just external to the tendon of the biceps, was a rounded swelling an inch and a-half in diameter, covered by muscles. Flexion of the elbow could be carried to the normal limit, but extension was arrested at an angle of 150° . The joint was free from pain. It measured about $2\frac{1}{2}$ inches more in circumference than the other. The signs of locomotor ataxy were as follows:—He was unsteady when his eyes were closed; if told to touch his nose with his eyes shut he often missed the mark; he had difficulty in walking in the dark and in buttoning his shirt collar. His pupils were not contracted, but unequal, and insensitive to light; patellar reflexes were entirely absent. Mr. Lucas alluded to the liability there was of these cases being mistaken for osteo-arthritis. He thought it rare for the joint affection to be in advance of the ordinary symptoms of ataxy. More generally the paralytic symptoms had existed some time before the joints suffered. Surgeons had been blamed for not recognising the disease. The symptoms he thought were sufficiently distinct, but the disease was not common among surgical out-patients.

The PRESIDENT inquired if any eruption had appeared on the seats of pain, and

Mr. CLEMENT LUCAS replied in the negative.

Dr. BUZZARD considered that this case was in itself an illustration of the reason why they were regarded as of such rare occurrence. Even Mr. Lucas did not fully arrive at a diagnosis in respect of it until he had seen it a second time; and until the onset of ataxic symptoms difficulty would be experienced in this connection. It was unquestionably a fact as Mr. Lucas had asserted, that this disease had been mistaken for chronic rheumatic arthritis, even by examiners in surgery. He himself had exhibited before the society a man who was the subject of Charcot's joint disease in one shoulder, and who, previously to becoming an out-patient at Guy's Hospital, had undergone treatment at two other hospitals in London, with improvement resulting therefrom. It was, of course, possible that the disease was correctly diagnosed in this instance; but if so, it was strange the case was not kept in, as an example for clinical purposes. The man had been finally directed to Guy's by a lady district visitor, who saw that he was affected with an unusual form of joint affection. In this case there was no ataxic gait, but the ataxy of the upper extremities was well marked. The patient was a cabinet maker, and for some time before the joint became swelled up, he had noticed a want of muscular co-ordination which prevented his working at his trade efficiently. There was a development of ocular symptoms in the case, with paresis of the muscles supplied by the right oculo-motor nerve; darting pains had been experienced in the fingers, the ends of which were quite numb. The symptoms were first noticed last October. Dr. Buzzard was of opinion that in this case no destruction of bone had taken place as yet, and that the lesion was confined to the synovial structures; Mr. Lucas' being peculiar from the amount of bony growth it exhibited, and from the absence at any time of much fluid in the joint. Apparently, too, there had not been the usual destruction of ligaments with wearing down of the bones, as ordinarily witnessed. In many cases the ligaments suffered first of all, and great laxity of the joint ensued in consequence. Concerning the medullary origin of the lesion in these cases, further observation only confirmed the views he had already expressed. Quite 50 per cent. of cases were characterised by the occurrence of gastric or laryngeal crisis, or of frequent calls to stool. Experience had shown that all parts of the spinal cord might become diseased, and still the particular affection under discussion not be produced, and a process of exclusion led to the inference that the medulla must be the seat of injury. The centre affected might, moreover, be directly associated with nutrition of the osseous system, or it might be the vaso-motor system that was implicated. There was difficulty, however, in explaining why only the bone should be affected and not the contiguous muscles.

Dr. HALE WHITE referred to a distorted pelvis discovered in the dissecting-room at Guy's Hospital, and which was the first example of Charcot's joint disease seen post-mortem. Dr. White then proceeded to explain the current views of the affection, and gave his own reasons for holding it to be of nervous origin.

Dr. ALTHAUS thought it was important to possess more ample pathological details before definitely accepting any view of causation. He was unable to adopt Dr. Buzzard's views, but rather inclined to accept a local causation in the presence of old neuritis and trophic disturbance. Anesthesia and analgesia were often found to be present in tabetic subjects, while in others nothing of the kind was observed.

Dr. BUZZARD explained that in contrast to the opinions quoted from the French by Dr. Althaus, Charcot himself had described in his lectures a recent case in which the anterior horns of the spinal cord were found in a healthy state, and also the peripheral nerves as well.

Dr. MOXON said that, though he had seen many cases of tabes, he had not yet encountered one of Charcot's joint disease; and he found it difficult to accept Dr. Buzzard's theory because of the singular partiality the disease evinced for single joints. It might have been expected that, if it had a central origin, its distribution would be of a less particular character. He had made notes of thirty-three cases of ataxy, in none of which had the joint affection been observed. Could Dr. Buzzard say in what proportion Charcot's disease did occur? and also the number in whom chronic arthritis developed? In his own practice he (Dr. Moxon) had been struck by the frequency of "gastric cases" among his patients.

The PRESIDENT expressed his belief that Charcot's joint disease attended other nervous diseases as well as locomotor ataxy.

Mr. CLEMENT LUCAS observed that the case he had recorded was, as Dr. Buzzard implied, an exceptional one from the presence of the exostoses attending it, and it was on this account that he had invited discussion upon it. It was altogether removed from any joint affection he had previously experienced. Absence of pain from the elbow-joint, also, made it quite unlike a case of osteoid arthritis. He was glad to learn from Dr. Hale White that Charcot had recognised the pelvis described by the latter as affording evidence of the existence of the disease during life.

Mr. NOBLE SMITH on a case of

DISLOCATION OF ONE OF THE SEMI-LUNAR FIBRO-CARTILAGES OF THE KNEE-JOINT.

The left knee was first injured sixteen years ago (1867) by a fall. Great pain was felt, and while being carried home the patient was upset, the knee again twisted, and the intense pain was immediately relieved. This history was considered as characteristic of displacement of one of the cartilages. The patient was unable to move for many months, rest and local applications being prescribed. After nine months walking was commenced again. The subsequent history was that of repeated injury from trivial causes and a continued state of weakness of the joint, with discomfort or pain during movement. The same kind of treatment was always prescribed, and in the course of weeks or months after each accident the patient would gradually recover sufficiently to be able to get about again, but always with difficulty and in danger. On November 11th, 1882, this patient was first seen by Mr. Noble Smith. A stiff knee-cap was being worn, and any locomotion was extremely difficult. Rest as complete as possible had lately been again recommended, and the advice was being carefully followed. The knee was slightly flexed, and could not be moved without pain being produced. The internal cartilage of the left knee was felt to project slightly beyond the upper border of the tibia. Upon pressure being applied to this protrusion while the leg was flexed and extended repeatedly, the cartilage was felt to slip back, after which the patient walked round the room perfectly naturally, and felt a relief which had only once been experienced since the first occurrence of the accident. A pad was strapped over the place where the cartilage had protruded. During the next few weeks there was a tendency to relapse, but by perseverance with the treatment the joint was gradually worked into a natural condition. An apparatus was made, which, while it permitted flexion and extension of the leg, prevented lateral motion and twisting. Walking exercise was recommended from the first, provided no pain was felt. This

patient has remained quite well up to the present time, December, 1883. Several other similar cases had been met with by Mr. Smith. Great care in forming a diagnosis is necessary. This displacement, which was first described and the appropriate treatment devised by Mr. Hey, of Leeds, is to be distinguished from inflammatory disorders and the presence of loose cartilages. The variety of the conditions which may occur are described by Hamilton. Bonnet, of Lyons, experimented upon a dead body, and produced displacement of the inner cartilage, and subsequently reduced the dislocation by extension. The experiment was frequently repeated with a similar result.

Mr. HOWARD MARSH corrected the impression conveyed by Mr. Smith to the effect that he (Mr. Marsh) was the inventor of the instrument referred to. He believed the internal cartilage was more often displaced than the external, but it was important to remember that the latter was also often subjected to such accident, as instanced by Ferguson, Godlee, and others. The injury was produced as a result of relaxation of the ligaments of the joint, and by tearing away of attachments, as might result from accident during football playing. He would insist on the necessity of mechanical treatment of these cases; and at St. Bartholomew's Hospital at least thirty had been treated by means of the clamp he exhibited, and with much success. This consisted of an improved instrument, suggested by Sir James Paget, in which a semi-lunar piece of metal was provided with two horns, and with these the patella was firmly held in situ.

Dr. TYSON narrated a case recently under his care. It was that of a woman, æt. 59, who had for ten years been suffering from displacement of the internal cartilage, the reposition of which was effected with much difficulty, and only after flexion and external rotation of the limb, with subsequent application of a knee-cap. He was glad to see the improved form of instrument exhibited to the Society, and proposed to make trial of it.

Mr. CLEMENT LUCAS remarked that all his own cases were examples of displacement of the external cartilage.

Mr. NOBLE SMITH said that all his own cases were those of displacement of the internal cartilage. The history of each pointed to the causation by sudden, forced, and unarrested movement of the limb. Thorough reduction of the displacement was essential before application of any kind of apparatus. Rest alone could not be relied on as a mode of treatment.

The PRESIDENT announced the appointment of a Committee, consisting of Drs. Fred. Taylor, Douglas Powell, Moxon, and J. K. Fowler, to consider and report upon a case of pulmonary regurgitation exhibited to the Society by Dr. Fowler.

MEDICO-PSYCHOLOGICAL ASSOCIATION.

THE TRAINING OF ASYLUM ATTENDANTS.

THE Scottish quarterly meeting of this Association was held at Glasgow on Feb. 21. The committee appointed to deliberate on the best means of improving the training of asylum attendants met in the forenoon and devoted its attention chiefly to framing the outlines of a "Manual of Instructions" to be recommended for adoption in asylums. The question of lectures and individual training was left for future consideration, when a more extensive experience will probably justify the issuing of a recommendation by the committee.

THOUGHT-READING.

The quarterly meeting proper met in the afternoon, and as there were no papers to read, various subjects for discussion were suggested, selection being given to thought-reading, which was introduced by Dr. Clouston, the chairman, who took an elaborate survey of the recent doings in Edinburgh of Mr. Stewart Cumberland and other so-called thought-readers. The thread of discussion was afterwards taken up by Dr. Yellowlees, who spoke from a somewhat similar experience in Glasgow, and concurred in Dr. Clouston's view that it was simply a question of muscle-reading. Dr. Ireland and others followed, giving additional breadth and interest to the discussion. Thereafter followed an unconventional conversation on interesting and isolated clinical cases which had specially been under the notice of the gentlemen present. Members afterwards dined in the Bath Hotel.

BRADFORD MEDICO-CHIRURGICAL SOCIETY.

FEBRUARY MEETING.

W. H. ELLIS, M.R.C.S., President, in the chair.

AFTER some preliminary business, Mr. SPENCE (House-Surgeon at the Infirmary), in the absence of Mr. Appleyard, exhibited a specimen of

CALCIFIED TUMOUR OF THE UTERUS.

The tumour was about six inches in diameter, and proved to be a fibroid undergoing degenerative changes. Microscopic examination showed it to consist of involuntary muscular fibre in the centre, this tissue undergoing fatty change towards the periphery, the outer layer being calcareous, and not bony, as was at first supposed; the calcareous layer consisted of carbonate of lime, as proved by its effervescence in dilute hydrochloric acid. The specimen was unfortunately not accompanied by a history of the patient from whom it was taken, except that when separated from the uterus, the mucous lining of the latter was distinctly traceable. The probability was that the patient had ceased to menstruate, and that the tumour was undergoing the last stages of degeneration.

Mr. SPENCE also exhibited specimen of a liver which had been ruptured in two places, the right lobe being extensively implicated. Twenty-six days before the death of the patient he had been knocked down in the street by a cart, the shaft of which struck him in the right hypochondrium. On admission into the Bradford Infirmary he was suffering from exhaustion and abdominal pain; the abdomen on examination was found to be distended, both flanks being dull upon percussion, and the mesial line tympanitic. Mr. Appleyard, under whose care the patient was, aspirated the abdomen without obtaining any fluid. On the death of the patient, a post-mortem examination discovered several pints of thick, dark fluid in the abdomen, and the presence of lymph with intestinal adhesions. Although there had been jaundice, the gall ducts and bladder appeared to be uninjured. The remarkable point in the case was that the ruptures had completely healed, and, but for the peritonitis consequent upon the escape of blood and irritating matter into the abdominal cavity, the patient might have made a perfect recovery.

Mr. SPENCE also exhibited photographs of two cases of osteotomy, showing patients both before and after operation. The cases had been operated upon by Dr. Rabagliati, and the recoveries were perfect. One was a case of curved tibia, and the other of genu valgum, in the latter of which Dr. Rabagliati had divided the femur one and a-half inches above the knee.

Dr. GOYDER remarked that, if these cases of deformity were placed under sufficiently early and proper treatment, subsequent operation would not be necessary; he thought all cases of young children might be treated by proper appliances.

Mr. SPENCE explained that, with respect to the case of genu valgum, pressure had been tried in the form of splints, &c., for three months, but without result. In the other case, the patient was aged 15, and therefore no other treatment but operation was applicable.

Mr. MIALI agreed with Dr. Goyder that these cases taken early could be treated without operation. The splints or apparatus should be applied much longer than three months if necessary. At a Leeds meeting of the Yorkshire Branch of the British Medical Association, several cases of this kind were exhibited, and he had expressed his opinion to the surgeons that all might have been cured without operation by simpler means.

Mr. MARSHALL related a case in point which he had treated successfully with simple cardboard splints and bandages, for which he had substituted, when the child was older, well-adapted boots with high tops. The child could now walk quite easily and had perfectly recovered. Appropriate remedies, such as the syrup of phosphate of lime, should be also given.

Dr. FOSTER then read a major communication upon

OLD AGE,

which will be found at page 202.

In complimenting Dr. Foster upon his paper, the PRESIDENT remarked that, since the introduction of preventive medicine,

thirty years ago, medical men had succeeded in prolonging life considerably. He also stated the fact that Bradford could now claim an exceedingly high position in the diminution of its death-rate.

Dr. HIME (Medical Officer of Health for Bradford) said that, considering the proportion of human life now existing, the present was one of the healthiest periods in history. He gave some interesting particulars as to the relative rates of population in the decennial period from 1871-81, and said that there had been no increase in the life of the population in the ages from 15 to 50, and especially there had been no increase in the life of the working population. He regarded children under 5 years of age as useless, and merely consumers. He thought that Bradford, although at present so healthy, might not always stand so high; phthisis was exceedingly common in it, and it was to be regretted that as much heed was not paid to the causes operating in its production, with a view to their prevention, as was expended upon the detection and prevention of zymotic disease.

Dr. GOYDER remarked that, notwithstanding Dr. Foster had admitted the influence of worry in shortening middle life, he had succeeded in showing, in opposition to Dr. Rabagliati's view, that there was a general gain in the life of the whole population. He could not agree with Dr. Hime's remark of the uselessness of children under five, for although largely doomed to death, through neglect or unavoidable circumstances, they exercised an influence for good upon the minds of parents from their very helplessness, and tended to diminish mortality by increasing the experience of those parents in the rearing of succeeding children.

Dr. HIME disclaimed any imputation on the influence of children for good; that influence was of the most civilising and humanising kind; he had spoken from an economic point of view.

After brief remarks by Dr. TIBBIS and Dr. MCGREGOR, Dr. FOSTER, in reply, said that naturally the discussion had run into a groove similar to his own thoughts when writing the paper, viz., that of infancy. The consideration of the subject necessitated regard being had to both ends of life, for the conditions influencing childhood had a material influence upon the prolongation of its after-life. He held an opposite view to that of Dr. Tibbitts as to greater mortality in the higher classes; poor people in rural districts might live to great age, but in crowded populations, even as healthy as Bradford, the chances of long life were much against the poorer classes.

Department of Lunacy.

LITERATURE.

CLOUSTON ON MENTAL DISEASES. (a)

WHEN Dr. Clouston essayed the task of writing a book on mental diseases, he did well to limit his range of operation to clinical studies. Books of psychological medicine, which take a wider scope, are too frequently disappointing, for the obvious reason that this division of the medical labour field is still full of chaotic difficulty and knotty problems, the solution of which, is supposed to be effected by piling up over them faulty definitions, elaborate and exquisitely refined classifications, and tomes of metaphysical disquisition. These certainly have an historical value, and many of them are excellent in their way; but they are frequently dry, wordy, involved and obscure, and the brain of the average medical man soon tires over them. For him the truly scientific and the truly practical are the clinical, anatomical, physiological, and pathological, and he will rather content himself with a psychological web of his own weaving, till the schools can furnish him with easier stepping stones. By elaborating a strictly clinical work, Dr. Clouston therefore appeals to a wide circle of medical readers, and he is enabled to treat this branch of the subject with a freedom and fulness which would otherwise have been impossible.

Starting in his opening lecture with the proposition that all men are students of mind, the author proceeds to indicate the rare opportunities possessed by the physician for the construction of a practical psychology of his own, and

thereafter points out the necessity for medical men studying mental disease, concluding with a series of valuable directions for examining an insane patient. The remaining eighteen lectures furnish graphic pictures of mental disease, culled from a consideration of two hundred and sixty cases, and incidentally, reference is made by the way, to pathological features of proximate utility, or rare histological interest. Dr. Clouston's pictures of mental disease are vivid, realistic, and true to nature; his style is terse and yet vigorous; and paradoxical as it may seem to say so, one charm of his book is the dogmatism of his therapeutics. The Scotch stomach must be extremely capacious, and the rapidity of the Scotch digestion must surely be prodigious. The apparently indiscriminate and wholesale use of milk and eggs at Morningside, is more likely to arrest, than to further digestion, and we would recommend to Dr. Clouston, pending the probable necessity of a second edition of his book, an experimental study of the relative merits of one or two egg custards as compared with four egg custards. The digestive troubles of the insane have not yet been so thoroughly investigated as they deserve to be, and undoubtedly there frequently exist in them various anomalies of the mucus and digestive secretions, which are inimical to heavy, or voluminous dieting. There is something enviable in Dr. Clouston's optimism: it is refreshing and stimulating to find him after twenty years' experience, still strong of faith in the efficacy of therapeutics. The medical psychologist too frequently begins by constructing a system of therapeutics with great enthusiasm, and ends with blind unbelief.

We also envy Dr. Clouston his literary faculty, he is nothing if not original in his use of words and phrases, but his usually clear and pithy treatment of the subject is sometimes marred by the intervention of obscure passages and indefinable definitions. One of his favourite expressions is *mental pain*, a word the precise application and utility of which, we are at a loss to comprehend; and he takes us still further beyond our depth, when he states (p. 47) "in some cases the mental pain is, as it were negative, rather than positive," and adds no word of explanation. Except occasional signs of hurry in the get up of the book, typographical errors which are rather too frequent, and deficiencies of the index, there are few openings for criticism, and there is no room for any serious objection. The author is to be congratulated on the success which has attended its publication, on the thoroughness with which he has entered into clinical details, and on the exceedingly compact, practical, and readable book, which he has sent out to the medical profession. That the latter will appreciate the book there can be no doubt whatever; it will find an appropriate place in the library of any medical man or medical student; and it will materially advance Dr. Clouston's reputation as an authority on the clinical features and therapeutics of mental disease.

MANN ON PSYCHOLOGICAL MEDICINE. (a)

A BOOK that will keep its head above water in the medical world requires no less than in the outer world to possess a *raison d'être* better than can be discovered in many that have recently issued from the press. The surfeit of medical books which are at present seeking for local habitations and a worldwide name is simply legion; and still the reckless issue continues. In Medicine, Surgery, and their specialisms, the litter of books is assuming grave proportions, and the progenitors of these are responsible for much confusion as to what is really necessary and what is virtually useless. The fact is painfully evident that our books are multiplying out of all keeping with the actual development of the science, and it is deplorable that so many go to the wall only after they have damaged the circulation of better competitors. These remarks are especially suggested by the frequent appearance of late of works on psychological medicine.

The book presently under review hails from the other side of the Atlantic, and professes to fence in not only the ground of Insanity proper, but of allied nervous diseases in as concise a form as possible. A very cursory study will suffice to show that it does neither the one nor the other, and so far as descriptions of mental disease go, we might recommend Quain's Dictionary or Aitken's Practice of Medicine much more appro-

(a) "Clinical Lectures on Mental Diseases." London: J. & A. Churchill.

(a) "Mann's Manual of Psychological Medicine and Allied Nervous Diseases." London: J. and A. Churchill.

priately. Dipsomania is treated of under Nervous Diseases; General Paralysis under Mental Diseases. The chapter on Treatment of Insanity occupies 110 pages, consisting of wholesale quotations from Asylum reports and from the evidence submitted to the Parliamentary Committee of 1877; fourteen statistical tables; several pages of emphatic belief in the efficacy of certain drugs and certain combinations; and thirteen pages on the varieties of insanity in relation to treatment. This last embraces all that we are permitted to learn regarding epileptic, masturbatic, hysterical, gestational, puerperal, isothermal, climatic, abdominal, post-febrile, phthisical, syphilitic and alcoholic insanities. Chap. xv. is intended to teach what is worth knowing of lunacy in England and Scotland, and is simply made up of quotations from Orders of the English Board of Lunacy, and from the writings of the late Dr. Forbes Winslow, and a directory of a few asylums and their superintendents singled out for special mention; and all this without any manifest reason except to swell the bulk of the book.

The arrangement of the book is bad. The facts and theories drawn from sources beyond the author himself are so numerous, that what he can lay claim to as original and worth recording, would not warrant his appearance in the literary world as the writer of a text-book on insanity. We have compilations enough in all conscience, without requiring to multiply and diversify them, and we have no hesitation in drawing the line at a book like this.

Dr. Mann considers that psychological medicine occupies the position of a well-defined and authoritative science. How much we regret that we cannot agree with him! His work deserves a word of commendation in respect of its size, the wealth of information which incoherently and irrelevantly occupies its pages, and the generous manner in which he has acknowledged the labours of others in the close-lying fields of psychiatry and neurology. The fault of the book is clearly due to the fact that Dr. Mann has catered for too wide a circle of readers.

BRAIN.

The last quarterly part of *Brain* leads off with an interesting and suggestive article by Grasset, of Montpellier, on "The Relations of Hysteria with the Scrofulous and Tubercular Diathesis." This paper is one of considerable importance from the point of view of the general practitioner. With a series of eight *personal* and seventeen *borrowed* illustrations, the author demonstrates examples of hysteria combined with scrofulous or tubercular heredity; and in a subsequent issue he proposes to illustrate by a second series of cases, the appearance simultaneously of hysteria and pulmonary disease. Buzzard follows with an excellent clinical and pathological description of a case of *Tubes Dorsalis*, in which he is aided by Bevan Lewis, and from which he concludes that lesions of the cord, in this instance, depend for their origin on peri-arteritis, apparently starting from the soft membranes. The bulky literature of epilepsy is further added to by Beevor's contribution on "The Relation of the Aura Giddiness to Epileptic Seizures." He writes in order to show that "there is some relation between the apparent movement of the patient and objects surrounding him, and the initial rotation of his head at the commencement of the fit." The number is further made up by papers on "A Case of Anæsthesia," by Donkin, a critical digest of a lecture by Byrom Bramwell, on the "Innervation of the Heart," and several reviews and abstracts.

France.

[FROM OUR SPECIAL CORRESPONDENT.]

AMERICAN PORK.—Nearly the whole time of the last meeting of the Académie de Médecine was taken up with a discussion on the introduction of salt pork from America. M. Proust, the reporter of a Commission appointed to study the question, brought before his colleagues the results of their deliberations, and the conclusions were resumed as follows:—1. An epidemic of trichinosis cannot be confounded with an epidemic of typhoid fever, the symptoms, march, duration, pathological anatomy, and nature of the diseases being entirely different. 2. No authentic case

of trichinosis not having been yet reported in France, England, or Belgium, the importation of salted meat from America might be authorized in France. 3. It would be well that instructions as to the proper cooking of pork were widely published and distributed amongst pork butchers, who should be enjoined to make it known to the public. Lastly, that it would be necessary that the history of trichinosis were completed, and that the cause of the immunity enjoyed in this country relative to the parasite should be inquired into. M. Lunier brought forward some statistics relative to the consumption of meat in France, which appears to be 80 lbs. a head a year. In the towns it is as large as 136 lbs., while in the country the consumption does not exceed 48 lbs. The whole taken together represents 28 millions of pounds, of which only 9 per cent. is imported meat. Of the 80 lbs. annually consumed by each inhabitant, pork was entered as one-third of the whole, or 33 per cent.

ESTLANDER'S OPERATION.—M. Féréol brought under the notice of his colleagues the case of a patient completely healed of a pleural fistula by Estlander's operation. The subject was a young man of 22, who eighteen months ago was admitted into the Lariboisière Hospital for pleurisy with extensive effusion. Thoracentesis gave him temporary relief, but the pleural sac refilled after some time, pushing the heart greatly to the right, but this time the patient refused all operative interference. However, the dyspnoea became so distressing that he yielded to the advice of M. Féréol, and nearly two quarts of laudable pus were drawn off by the aspirator. The amelioration which followed was but of short duration, and the operation for empyema was tried, but with no better result. As a last resource resection of the ribs was decided upon, and the consequences were highly satisfactory. From the fourth up to and including the eighth rib were portions removed, and now—six weeks after—the fistula has entirely closed, but the affected side is diminished in circumference by three inches.

EXTIRPATION OF TUBERCULOUS GANGLIONS IN THE NECK.—At the Société de Chirurgie M. Chauvel spoke in a communication of one of his colleagues on extirpation of tuberculous ganglions in the neck performed by him, and which terminated fatally from secondary hæmorrhage. M. Chauvel gave it as his opinion, in view of the facts of the case, that at best it was a dangerous operation, and should not be resorted to until every kind of general treatment had failed. M. Desprès was of the same opinion, and cited a case of purulent infection as the result of the operation. M. Verneuil remarked that in thirty years of practice he extirpated five or six times glands of the nature in question, but he thought that general treatment should be always preferred. M. Trelat, although associating himself with the general opinion of his colleagues, thought that surgical interference should not be wholly condemned. He had found good results from ablation or scraping (*grattage*) effectually the surface laid bare in order to provoke inflammation and adhesion.

Special Article.

KEFIR.

As relevant to, and bearing upon, the subject of our leader on "Koumiss," in the *Medical Press* for February 20th, an esteemed correspondent sends us the following:—

This beverage made from fermented cow's milk has been used in various parts of Russia almost from time immemorial, and is known under a variety of names—"Kefir," "Kapir," "Kyfir," and "Kyppe." As is now pretty generally known

kefir is the name of a peculiar ferment, as well as of the drink produced by it. The ferment is a yellow, granular mass, that swells up slightly in water and gives it a yellow colour. In milk it separates into fine granules, which first swell up and fall to the bottom of the vessel, in about two hours time to rise to the surface again along with bubbles of carbonic acid gas. The liquor when fermented is said to have an agreeable taste. It is now being prepared in many towns in Russia, especially in Moscow, Kijon Jasta, &c. The largest kefir institution is in Piatigorsh in the Caucasus. It is said by some to have certain advantages over koumiss, as containing more albumen, being more agreeable in flavour, very digestible, being useful as a diuretic, diaphoretic and expectorant, and as being prepared from cow's milk, which is of course, in Western countries more easily procurable than mare's milk. At first a glass is given daily, then two glasses, and finally three.

Some observers, on the other hand, are of opinion that it is less valuable than koumiss, and amongst the number the proprietor of a large koumiss establishment in Warsaw, who appears to think that if cow milk koumiss fails it is owing to defective preparation; that the casein of kefir is mostly clotted and sticks to the sides of the glass, that it easily goes bad, especially in the first few days after manufacture, whilst the koumiss prepared by himself remains good for months. Another authority thinks that both kefir and koumiss are in general overrated, and that the good results that sometimes follow the kefir or koumiss cure in an institution are rather owing to fresh and changed surroundings than to anything else, although the strengthening properties of both as of milk preparations generally, cannot be denied.

The following is a comparative analysis of milk, kefir, and koumiss, as drawn up by Tuschinsky, a Russian apothecary:—

Per Thousand	Cows Milk sp. gr. 1028	2nd day. Kefir made from skimmed milk, sp. gr. 1028.	2nd day. Mare's Koumiss (Hartge)
Albuminates ...	48·	38·	11·2
Fats ...	38·	20·	20·5
Lactose ...	41·	20·025·	22·
Lactic acid ...	—	9·	11·5
Alcohol ...	—	8·	16·5
Water ...	873·	904·975·	918·3

Another Russian who has been making observations on cow koumiss is Dr. Ponomaroff, of Charkow, who has been employing it in diseases of children. The conclusions arrived at were that the frequent failures met with in its manufacture, and the want of constancy in its composition are great objections to its employment, that it is not suitable for exclusive use in the case of children, that children under a month old bear it badly, that individuality and age play an important part in regard to its usefulness, but that it is serviceable as an excitant, and that it exerts a good influence on the uropoietic organs in many cases of dyspepsia.

On Friday next the first of the Gulstonian Lectures for the present year will be delivered at the Royal College of Physicians of London by Dr. Clifford Allbutt, the subject being "Visceral Neuroses." Members of the profession are admitted on presentation of visiting card.

A LETTER has arrived from the Queen, appointing Dr. Whiterow, of Magee College, Derry, to the vacant seat on the Senate of the Royal University of Ireland.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 5, 1884.

CONSIDERING THE POOR.

SOCIAL politicians have long busied themselves over the problem of regeneration as it affects the conditions under which the poorer classes of society eke out a weary existence; and one of the consequences of advancing civilization is that the questions so arising shall have an intimate connection with these details of hygienic well-being that necessarily engage the attention of medical men. Influences of the most important kind in their reaction on health and the comforts that secure immunity from disease, are directly outcoming from surroundings under which life is preserved; and it is a paramount duty with the profession, not only to admit to a sympathy with poverty, but to make also honourable exertion towards ameliorating its ill effects. We do not need to urge that such effects do follow in the wake of destitution, nor to urge their gravity and number; unfortunately, there is too abundant evidence, pointing all in this direction, for scepticism to be possible to the least willing minds; but at length there are to be witnessed the pleasant signs of a determined intention to grapple with the danger, and as far as may be found compatible with reason and justice, to diminish its proportions.

At the outset of that agitation which has recently culminated in the appointment of a Royal Commission of Inquiry into the condition of the poor, probably only the vaguest notions as to remedial measures were entertained; and a first effort was advisedly made to stimulate public interest in a question that is of the first public importance,

though never before elevated to the position it now occupies in public estimation. From this point onwards the labour of exposure has fallen mainly to enthusiasts to perform ; henceforth the statesman and the man of science will be principally occupied with the task of ascertaining what is to be dealt with, and how.

In its narrowest sense the question with which the Commission will be called upon to deal, is that of "housing" the poor ; but in reality it embraces a very much wider area than is implied by the mere nominal description that has been given to it. There is undoubtedly a direct causal relation between squalid dwellings and degenerate physique ; a certain connection between ill-ventilation, absence of sanitary cleanliness, and deficient protection from exposure, and the innumerable bodily ailments that originate from them. There is also a deeper and more fundamental danger to be provided against, and that is the condition of the people themselves, which has resulted from a long continuance of the disabilities under which they labour. If improvement in tenement construction were alone wanting to ensure a return of order and healthfulness among the uncared for and improvident, then we might hopefully look for an immediate change for the better as a result of timely and benevolent interference ; but the truth will have to be faced, that this is but a part, and the smallest part, of the Herculean task confronting us in the future. One of the earliest convictions the Commission will experience is that the very poor are destitute of something more than material means ; that they are sunk into a state of physical and moral despondency, for the production of which continued inheritance of weakly mental and bodily organisations must be held to blame. Generation after generation have been born into the heritage of misery that is the only birthright of large masses of our population ; and each new victim, if it escape the trials of infancy, grows only to the perception of its own increasing helplessness. Not the voluminous records of visits to so-called "alms;" not the oft-repeated "bitter cries;" not the fierce declamation of too-frequently-encountered platform orators, can convey a sense of the reality to which we here refer. Nothing less than actual seeing for oneself will yield a notion of the truth ; and none so much as they who have week after week, and month after month, been engaged in constant intercourse with the people, can properly appreciate their dire need of help to rescue them from the perpetual miseries of their state. Even the eye of the physician fails at first to perceive the full meaning of what it sees in traversing courts and alleys, and in visiting the houses that are situate in them : only when he has been gradually trained to understand the direful signs around him does he entirely comprehend the complete meaning they imply. But once the lesson has been learned he is compelled to the admission that, though there is much to be hoped for from adoption of immediate hygienic measures, still it would be useless to anticipate that anything short of well-sustained and assisted efforts at self-improvement among the people will tend to such results as their earnest well-wishers desire on their behalf ; and then only in another generation than that which will reap the first fruits of benefit.

We would not, however, be understood to deprecate any fashion the movement that is on foot to improve

the dwellings of the poor. Unmistakably the want of efficient accommodation in this respect has been a huge, prominent factor in bringing about such evils as now exist. And, probably, taken with insufficient means of providing for bodily sustenance, and the terrible indulgence in drink, stimulated as this is always by the discomfort of an unhealthy home, it has, in the past, occupied no less important a deteriorating influence than it exerts at present. Moreover, it is the very young who suffer most from such immediate evils. At a period when they most readily react to every injurious influence, their physical development is seriously retarded by reason of the unhealthy surroundings amid which they live ; and consequently they grow to maturity under circumstances that are at once depressing, and prohibitive of normal functional activity, and of healthy development.

There is urgent need just now to remember that it is for beings of this description, and their descendants, that we are about to plan measures of improvement ; that we are called upon to promote the welfare not of normal and average persons, but of such as are debilitated by long inheritance of weaknesses ; and our remedies, bold and sweeping though they be, must be devised with a full understanding of the whole problem involved if they are to be provocative of the benefits they are destined to confer.

The means to be adopted cannot in a moment be suggested. The Commission that is entrusted with the task of recommending them may well be left to utilise the resources open to them ; but whatever the result of its deliberations may be it is right to presume that it will take advantage of every opportunity it possesses for gaining exact and extensive information. We do not, of course, as yet know what means will be appealed to, but we would point out that one at any rate should not be overlooked, viz., the great hospital maternity charities in large towns. The medical officers in charge of these departments have occasions for estimating the amount and incidence of evil surroundings on the condition of the poor such as few others can obtain ; and the information in their possession, if intelligibly conveyed, would be of material assistance in promoting the completeness of the inquiry.

MEDICAL EXAMINATION OF RECRUITS.

THE existing arrangements for examining militia recruits has of late given rise to much dissatisfaction on the part of militia medical officers and civil practitioners in charge of troops, and has, we believe, reacted seriously upon the military service of our country, by causing numbers of eligible recruits to be refused admission to the army. The present system is fixed by warrant. It declares that when recruits are examined at any place outside a brigade depot, the examination shall be made by the militia surgeon or by the civil practitioner in charge. Definite printed rules which declare what shall be a disqualification and explicit instructions how to ascertain the existence of such, are supplied, and it would seem very unlikely that the examining surgeon could make a mistake, and accept a recruit who did not comply with the requirements. But, after the man has been passed at this examination, he has to go forward to the

depôt, where he is again examined by the army medical officer in charge, and the complaint is that recruits are frequently there rejected, whom the original examination declared to be sound and suitable. In considering the justice of this complaint, it is to be remembered that the militia or civil surgeon who made the original examination, is usually a practitioner of old standing and ample experience in the diagnosis of diseased conditions, while the army surgeon who revises his decision, is not uncommonly a young gentleman fresh from Netley, and with little or no experience of such investigation, and it, therefore, seems reasonable when disputes arise, to place confidence in the verdict of the senior practitioner. But we do not complain that, in doubtful cases, the military authorities prefer to rest on the decision of their own regular officer. What we do protest about, is, that the recruit is frequently rejected on the ground that he does not comply with the printed rules, as to height, girth of chest, and acuteness of vision, when, in fact, anyone with the aid of a measuring tape can satisfy himself that he is well within the rejection limit of height, weight, and chest capacity. It seems to be a common occurrence for the army medical officer to refuse recruits for some unknown reason, or, without taking the trouble to measure them, and it is obvious that something must be wrong somewhere, when the printed regulations declare a test of sufficiency, and the army officers do not abide by that test.

Our complaint is, however, that these subsequent rejections of recruits, passed by civil practitioners, inflicts great hardships on those practitioners in respect of their fees. They are called upon to go through this elaborate examination, for which they are to receive four shillings in case the recruit is passed, or two shillings and sixpence if he be found unsuitable. Having done this work and satisfied themselves that the applicant is up to regulation standard, the examiner might reasonably expect to be paid, but, when the recruit goes to the dépôt he finds himself mulcted of his emolument by the rejection of the applicant, it being the rule that, for a recruit rejected by the dépôt surgeon, the civil practitioner receives not a penny. This is a gross injustice, especially as, in the great majority of these cases, no carelessness on the part of the civil examiner can be alleged, and it is patent that he was quite right in declaring the applicant to be up to the standard. Add to this that many recruits who have been examined and passed, but who have subsequently repented themselves of their determination to enter the service, become suddenly lame, blind, deaf, or short winded when they are presented to the dépôt surgeon, and we come to appreciate the fact, that, for a large part of his examining functions the civil practitioner gets nothing. We think that a good case has been made out, for inquiry into the working of the system, and we trust that some Member of Parliament will take the subject in hand, in the interest, if not of the doctors, at least of the military service of our country.

THE forty-fifth annual report of the Governors of King's College Hospital, London, shows a deficit of £2,839, the expenditure having been £15,448, and the total income only £12,609.

POOR-LAW MEDICAL OFFICERS AS CORONERS.

WE drew attention last week to the case of Dr. Parke, of Newtownards, who, while holding the medical officership of the workhouse, had been elected Coroner for North Down, and to the effort of Mr. Sexton, M.P., by means of a question in the House, to induce the Local Government Board to dismiss him from his workhouse appointment. Since that question was put, Col. King-Harman has retaliated by asking the Chief Secretary whether Dr. O'Neill, medical officer of the Athy Union, is the same gentleman who was for some time President of the local Land League; whether he is now Coroner of the Queen's County; and whether, having regard to his duties in that capacity, the Local Government Board will maintain him in the office of a medical officer under the Board? The Chief Secretary replied that the question whether he can hold the two offices is under consideration. The question is precisely similar to one recently put about another person.

It would seem that Mr. Sexton has been hoist with his own petard, and his effort to drive out Dr. Parke has been turned against one of his own protégés. When writing last week we expressed our opinion it would be totally unjustifiable to remove a workhouse medical officer for such cause, and our confidence that if one were so deprived of office a court of law would reinstate him. However it may be contended that it is inconvenient for such officer to be a coroner, it could not be for a moment maintained that his duties in the workhouse are materially interfered with by his holding the second office, and, in any case, the Local Government Board could not reasonably "deem" him "unfit" or call on him to cease from being coroner until some occasion arose in which his medical duties were interfered with by his coronership.

We are disgusted to observe that the Local Government Board is attempting to satisfy Mr. Sexton in this matter by getting Dr. Parke dismissed, though it will not itself take the responsibility of removing him. It has addressed to the Newtownards Guardians a letter, which runs as follows:—

"The Local Government Board are of opinion that it is not a satisfactory arrangement that a medical officer who has charge of a large workhouse infirmary and fever hospital, and who is liable to be called upon at any time to attend sick persons on their admission to the workhouse, should hold another office, the duties of which must take him frequently to a distance from the workhouse, and sometimes out of the union; and in another case, in which a coroner was elected medical officer of a workhouse, the Board declined to allow him to hold that appointment until he resigned the former office. The Board find by the last return furnished to them that there are 347 persons in the Newtownards Workhouse, of whom 86 are sick, and under these circumstances the Board do not think it right that Dr. Parke should be allowed to retain the position of medical officer of the workhouse if he continues to act as coroner; and they must request that the Guardians will be so good as to inform him that if he undertakes to perform duties which are inconsistent with proper and regular attendance upon the sick poor in the workhouse, he must resign the appointment of medical officer."

The quibbling of the Local Government Board is just what might be expected, but we cannot allow it to pass

without comment. They want it to be understood that, having declined to sanction the appointment of a coroner to a workhouse office, they are also entitled to remove a workhouse officer when appointed coroner. They well know that neither they nor the guardians have any such authority, and that there is no analogy between the law of the two cases. It will be noted that they inform Dr. Parke that "if he undertakes to perform duties which are inconsistent with proper and regular attendance upon the sick poor, he must resign." Certainly he must; but until it is proved that his coronership has prevented him doing his workhouse duty he is perfectly safe; and we advise the Guardians or the Local Government Board not to try conclusions with Dr. Parke or any other medical officer under the circumstances. The Guardians have taken a fortnight to consider their reply, and we hope that they will see that to act as the Local Government Board suggests would be both unjust and illegal. In any case they have no power to do more than ask him to resign, which we trust he will not be so foolish as to do, believing as we do that his tenure of office is perfectly secure in law.

Notes on Current Topics.

The Medical Bill.

THE Bill will be introduced in the Lords by Lord Carlingford during the present week in nearly the exact form in which it left the Upper House last session. We regret, if this information be true, that something has not been done to eliminate from it the faults which evoked the opposition, and, we think, the reasonable opposition of the licensing bodies. We have every reason to hope that the Government will be very willing to listen to proposals for amendment, but, nevertheless, it is very unsatisfactory that such proposals should take the form rather of hostile motions in Parliament than of amicable negotiations outside. Alterations effected at the point of the bayonet take time, and are productive of feelings of irritation, and we regret to think that the prospects of the Bill are not advanced by this method of dealing with it.

However, we are well satisfied to learn that the Government are firmly determined on passing it this session, unless something unexpected occurs, and all the more determined because of the attitude of hostility to reform which the Irish College of Surgeons has been induced to assume. If Lord Carlingford refuses to listen to remonstrance on behalf of that College it will have to thank the gentleman who now dictates its policy, and the score of Fellows who have blindly followed his lead, and have thus aided in preventing the needful amendments of the Bill from being secured.

THE abolition of capital punishment appears not to have answered the designs of humanitarians in Switzerland, as we learn that the Government of the Canton of Glaris has just decided by a large majority to reintroduce the death penalty, which was abolished a few years ago.

The Cholera Bacillus.

THE Committee appointed at a recent meeting of the Royal Medico Chirurgical Society, to examine and report on the microscopical preparations obtained from cholera patients, and forwarded by Dr. Straus, of Paris, presented the following report on Tuesday:—"We have examined the microscopical preparations exhibited to the Society on February 12th, 1884, and have found in them the micro-organisms described by Dr. Straus; but do not observe any features of the bacilli in the tissues that can be considered as specific. (Signed) E. Klein, M.D., F.R.S.; Heneage Gibbes, M.D.; Victor Horsley, B.S., F.R.C.S."

Irish Poor-law Superannuates.

WITHIN the past fortnight two instances have occurred illustrative of the great hardship which officers of the Irish Poor Law suffer from the existing system, which empowers a bare majority of a Board of Guardians, for political or religious reasons, to deprive an officer who is incapacitated from performance of duty of any superannuate allowance. Dr. Rawson, of Carlow, was refused a pension by a majority of one, having been disabled by a blow of a stone received four years ago during an election riot. Dr. Rawson had to resign the medical officership of the workhouse and fever hospital after thirteen years of good and zealous service, and is now thrown on the world unprovided for, because he happens to differ in politics from the dominant party.

The Clerk of the New Ross Union, also incapacitated from duty after twenty-three years' service, has been refused a penny of pension or compensation for loss of office by his guardians.

The moral derivable from these cases is that, until the Superannuation Bill passes, union officers should not resign unless they are quite certain of their pension. The guardians have no legal right either to suspend or dismiss them; the Local Government Board could hardly venture to do so, without previously putting pressure on the guardians, and, even then, they would be answerable to public opinion, and to the courts of law for their act. But if an officer finds it totally impossible to hold on to his office, he acts, we think, with excessive indiscretion if he puts himself in the power of the guardians by resigning a month before his pension is discussed. There is nothing whatever in the Act of Parliament to compel him to do so, and it is quite open to him to protect himself by informing the guardians that he is willing to resign if pensioned. Upon this information a friendly guardian can found a resolution, pledging the Board of Guardians to grant superannuation, and the officer can withhold his resignation until the moment that the vote is about to be taken.

If Poor-law officers, by neglect of these precautions, lose their pensions, there will be many to say that the treatment they meet with serves them right.

PROFESSOR RAWDON MACNAMARA has been again unanimously re-appointed the representative of the Royal College of Surgeons, Ireland, on the General Council of Medical Education and Registration of the United Kingdom.

Cold Bathing in Typhoid Fever.

A LENGTHY discussion has just been concluded at the Medical Society of London on the treatment of typhoid fever by the cold bath, and the result is to be regarded as in one sense satisfactorily determining the value of this mode of combating the disease in question. For many years now attention has from time to time been drawn to the subject, and physicians have occasionally recorded their experiences of the advantages ensuing from their adoption of the measure, but there has not previously been any combined authoritative utterance on the main point at issue, such as that which is now published to the profession, and favourable to cold bathing as a means of checking enteric fever. To Dr. Sydney Coupland is due the merit of introducing the question in a paper of unusual merit, and enriched with records of an extensive experience gained in hospital practice. As a final result of his extensive observations, Dr. Coupland arrives at the conclusion that the cold bath, carefully administered, is of undoubted advantage in the class of cases under consideration, and that the deliverance it affords from direct and remote dangers of continued pyrexia entitles it to high regard as a valuable therapeutic agent. Although, however, the majority of those who joined in discussion of Dr. Coupland's paper agree with him in this conclusion, still some, and notably Dr. Bristowe, express doubt as to the wisdom of a proceeding which on theoretical grounds may be followed by dangerous consequences to the patient. The worst of these evils is, of course, the risk of hæmorrhage following congestion of the viscera from application of cold externally; but Dr. Coupland has also recognised the possibility of such complications, and has expressly advised caution in any case where they may suggest themselves in the condition of the patient. In other respects, and on the primary question of the importance of antipyretic treatment of some kind in cases of fever, there is, it may safely be assumed, a consensus of opinion in the profession; but it will probably long continue to be the fact, that notwithstanding a large accumulation of statistical evidence in its favour, some physicians will hesitate to be convinced that cold water is an appropriate remedy for use against typhoid fever. At present we may be content with the verdict which has been registered, at any rate by a majority, to the effect that such treatment is worthy of adoption, and offers a good prospect of successful results.

Army Medical Department.

BRIGADE-SURG. EUGENE FRANCIS O'LEARY, M.D., retired, has been granted the honorary rank of Deputy Surgeon-General. The undermentioned Surgeons on probation to be Surgeons:—Oswald George Dyx Bradshaw, Michael Kelly, M.D., Horace Henderson Pinching, Robert James Geddes, M.B., William Kelly, M.D., David Valentine O'Connell, M.D., Anthony Dodd, George Wilson, M.B., James More Reid, Thomas Bassell Winter, Frederick Samuel Heuston, Robert James Anderson Durant, George Frederick Gubbins, James Perceval Myles, Robert Lealy, M.B., Henry Priestley Birch, Monckton O'Dell Braddell, M.B., James John Conway Donnet, Henry Maxwell Sloggett, Clement Sumner Robinson.

The City of Dublin Coroner.

THE proceedings of the City of Dublin Coroner when presiding last week at the inquest held at St. Vincent's Hospital make manifest a misconception of his functions by him which needs to be corrected, especially as we have had on more than one occasion to animadvert upon similar displays of bias by this gentleman. Dr. Whyte seems to labour under the misapprehension that it is his function to act, from his judicial seat, as advocate, judge, jury, and public lecturer in general, and, in this idea, he occupies the time of the Court with a variety of speeches, satisfactory, no doubt, to himself, but not as greatly appreciated by his audience or the public. In this particular instance he favoured the jury with his own opinions on the legal and moral aspects of post-mortem examinations, the advantages to science therefrom, and the proper method of certifying causes of death, and in the "exuberance of his own verbosity" he seems to have forgotten that he is paid to investigate causes of death, and to prevent the inquiry wandering outside that limit. However interesting Dr. Whyte's views may be, they were not asked for, and they served no purpose save to delay the inquiry, secure for him a little popularity amongst the lower classes at the expense of his own profession, and display his complete ignorance of the law respecting post-mortem examinations, the necessity of such examinations for scientific purposes, and the law of death-registration.

Dr. Whyte's character as a scientist, or as a medical practitioner, or as a legal authority, will hardly suffice to convince pathologists that nothing is to be gained by autopsies; but his dictum that every medical practitioner should certify causes of death on his belief and without investigation explains the fact that in the City of Dublin numbers of suspicious deaths occur respecting which no inquests are held, the "belief" of the nearest policeman being accepted by the coroner as abundant proof of the cause of death. A policeman's belief acquires great cogency in places where the coroner is paid by salary, and, without doubt, it affords a ready means of limiting the number of inquests which that functionary is required to hold, but we assert that, in point of law, such evidence of cause of death is waste paper, and that it is a gross abuse that suspicious deaths should escape investigation by the operation of Dr. Whyte's theory of registration law.

Prize Essays on "Housing the Poor."

THE Society of Arts announces that one of the members of the Society, Mr. William Westgarth, has placed at the disposal of the council a sum of £1,200, to be awarded in prizes for essays on Dwellings for the Poor, and the Reconstruction of Central London. Competitors for these prizes are required to send in their essays, addressed to the Secretary of the Society of Arts, John Street, Adelphi, not later than December 31st, 1884; and each essay must be printed, and accompanied by all necessary maps, plans, drawings, &c. The effect of this munificent offer will probably be to stimulate an interest in the great question of housing the poor among a class of men whose aid in solving the problem will be highly valuable, and who, but for the prospect held out by the offer of an immediate reward, might not be induced to devote the time and attention necessary to full consideration of the

subject. So practical a proposal as that the Society of Arts has thus been enabled to make affords also a certain proof of the material sympathy felt in the movement on foot to improve the condition of our poor by those who are in a position to give such demonstrations of their willingness to assist in it.

The Clinical Society's Investigation on Myxœdema.

THE Honorary Secretary of the Committee appointed by the Clinical Society to investigate Myxœdema asks us to state that the Committee have drawn up a schedule of inquiry, and that a copy will be forwarded to any member of the profession who has had cases of this disease under his care, on application to Dr. Hadden, 21 Welbeck Street, London.

Communicability of Rabies.

M. PASTEUR made an interesting communication to the Paris Academy of Sciences on February 26th, in relation to canine madness. He stated that the disease could be communicated to a dog by inoculation with fragments of marrow or of nerve taken from a mad dog. He also stated that he had rendered twenty dogs proof against the disease by inoculating them with a modified virus.

Legal Insanitation.

A CURIOUS illustration has been afforded in the law courts of the conflict between sanitary law and statute-book law, and which very clearly exhibits the amount of injury that may be done from the absence of amendments in legislation rendered imperative by advance in scientific knowledge. The incident referred to arose out of a case in which the plaintiff sought compensation for the pollution of a well by sewage draining into it from an adjoining well which the owner had ceased to use as a source of water supply, and had converted into a receptacle for house refuse. The law of the land most carefully provides against any interference with surface streams, either in the way of pollution, diminution, or diversion; but while thus properly particular with respect to water flowing *along* the land, it entirely omits to protect that which runs *beneath* the surface; so that it is open to any one to interfere with a spring or other source of supply, provided such interference does not commence at the surface level. In the case referred to, therefore, though by the action of the defendant the plaintiff's drinking water was absolutely poisoned, no remedy was possible against the offence; and the learned judge, while compelled to dismiss the case, very properly commented on the injury arising from the existence of a law so detrimental to the health interests of the community. It is inconceivable what amount of mischief may not thus be done, and which, while entirely preventible, may still be persisted in so long as no legal impediment exists to stay it. The facts made public in this connection have clearly shown a need for immediate reform; and it may be hoped that this will be insisted on now that the hurtful nature of the consequences that can arise under present conditions has been demonstrated.

Condensed Milk.

SEVERAL successful prosecutions have been conducted against the retailers of condensed milk in Liverpool, which will doubtless cause considerable consternation among the large milk condensing companies, who have up to the present time escaped the operations of the Sale of Food and Drugs Act.

The *Analyst* says that condensed milk has been lately extensively employed in connection with what may be called a new industry, that of "milk blending," or, in other words, letting down rich dairy milk, so that the analytical results agree with the figures for solids not fat prescribed by the Society of Public Analysts. Large quantities are daily consumed in this way by milkmen, and to such an extent has the trade increased that condensed milk is imported in churns, especially manufactured for the convenience of dairymen, these churns being returned to the factory for a further supply.

The Dublin Zoological Society.

THE annual report, which has been issued to the members, exhibits the Society in a condition of decadence and impecuniosity, for which its normal position of semi-bankruptcy hardly prepared us. If the Society be not liquidated, and the collection of animals sold out before the end of the present year, it is to be hoped that an energetic effort will at last be made to rescue from the mismanagement of the Council an institution which has all the elements of success, and which might fulfil a useful educational function if the most moderate amount of discretion and care were exercised in working it.

The Gardens have within the past year lost no less than one fifth of their visiting constituency, the admissions at the gate having been 20,000 less than the previous year. The Sunday admissions—which represent the patronage of the poorer classes—have fallen off within the year 25 per cent, and their money value is now worse than it has been at any period for ten years past. When neglect and mismanagement have, in times past, brought the Society into a similar condition, it has been the wont of the Council to fall back upon dog shows, skating tickets, clamorous begging for subscriptions, and even upon a levy from the private purses of the Councillors. From the Dog Show of the year 1883, £153, and from Skaters £75, have accrued to the Society, but, in spite of this adventitious income, the year ends with a deficit of £540, and a further loss of £55 to the reserve fund.

This unhappy state of affairs has been brought about by the ruinous policy of doubling the price of admission without in any way increasing the attractions of the Gardens. The Council seems to consider that it has no function but to attend once a week for the purpose of eating a breakfast and registering the decrees of the Honorary Secretary, and an annual shuffling of the cards takes place, by means of which every Councillor who ventures to show his independence of this control is quietly got rid of, and his place filled by some one who will not be likely to have a will of his own. Such a system can only be justified by success and prosperity, but it has produced disaster and insolvency, and we

again say that the hour has come for a rescue of the Society from the hands of those who have, despite all warning and remonstrance, brought it to such a condition.

The Patent Medicine Stamp Act.

A CASE of considerable interest and importance has recently occurred, which places the construction of the Act upon a very definite basis, and shows that although it is a source of considerable wealth to the Revenue, that end is not always attained at the expense of the public, as is generally imagined. We have now before us the correspondence between the Commissioners of Inland Revenue and a firm of drug manufacturers, Messrs. Christy and Co., relative to the manufacture of Menthol and its sale as a curative agent in facial neuralgia, &c. This drug was issued in cones saturated with wax, not for the purposes of adulteration, but as a vehicle for fixing the Menthol, and as a preventive of skin irritation. The Commissioners threatened prosecution unless the sale of the article were immediately stopped and stamp duty paid for every ounce which should henceforth be sent out. The manufacturers explained that but 10 per cent. of wax, and this not for the purposes of adulteration, was used in the process, and that they were anxious that the article should not be classed as a patent medicine. But the Revenue authorities were inexorable, nothing but the pure drug, without the semblance of admixture or vehicle, could be allowed to evade the operation of the Patent Medicine Stamp Act, and a fine of £10 for every bottle or package sold otherwise than in strict accordance with these provisions would be enforced. With this decision before them the manufacturers have wisely decided to send out the Menthol in cones without any vehicle. We would prefer to hold the charitable view that in thus insisting upon an unadulterated drug the authorities had only the interests of the profession and public at heart; but we are perforce drawn from this issue to the more likely one that they have an inherent weakness and interest in dragging every remedy, good, indifferent, or bad, to the level of a three-halfpenny fee, leaving the public to protect itself as best it may. Logically, it should follow from this decision that only adulterated drugs are subject to the Act, and that all pure articles are exempt; it would much simplify matters if this were so.

THE highest annual death-rates from diseases of the zymotic class in the large towns last week were—From whooping-cough, 1.9 in Bolton, and 1.5 in Manchester; from scarlet fever, 3.3 in Leeds, 1.6 in Preston, and 1.4 in Manchester; from measles, 2.5 in Nottingham, 2.4 in Derby, 2.1 in Oldham, and 1.9 in Salford; and from "fever," 1.4 in Plymouth. The 38 deaths from diphtheria included 14 in London, 6 in Glasgow, 3 in Edinburgh, 3 in Liverpool, 3 in Hull, 2 in Manchester, and 2 in Newcastle-upon-Tyne. Small-pox caused 4 deaths in London, 3 in Birmingham, 2 in Sunderland, 1 in Liverpool, and 1 in Newcastle-upon-Tyne.

Subcutaneous Injection of Iron.

EXPERIMENTING on the behaviour of iron within the animal system Dr. Glaesoeke, reports in the *Archiv für Experimentell. Pathologie und Pharmacol.*, B1. 17, Heft. 6, that he has found the ferium citricum oxydatum to be the best form of iron for subcutaneous injection. No reaction takes place at the site of the puncture. The iron is excreted through the kidneys, not through the glomeruli, but through the epithelium of the tubuli uriniferi. The excretion is complete within twenty-five hours. The liver to a greater extent takes part in the elimination. The injections are made in the long dorsal muscles or in the nates. The solution should not be more than one month old, and for adults doses of $1\frac{1}{2}$ grains in a 10 per cent. solution are recommended.

In the case of an extremely chlorotic girl, in whom the proportion of hæmoglobin in the blood was 38 per cent. of the normal, it rose after fifty-four injections to 82 per cent., and the patient had in the meantime gained sixteen pounds in weight; the menses also, which had been absent for nine months, returned. Good results were also obtained in a case of secondary anæmia from hæmorrhage from the stomach.

If too much iron be injected toxic effects may be manifested, in the shape of general *malaise*, vomiting, and weakness. Diarrhoea may also come on.

Hydrastis Canadensis in Uterine Diseases.

PROFESSOR SCHATZ, of Rostock, who, if we are not mistaken, has removed the whole uterus at least ten times, reminds one-sided knife gynecologists, in the *Deutsche Med. Zeitung*, that in addition to an operative treatment of uterine diseases there is also a method of treatment by medicine, and that, if this be followed out sufficiently, good results will be obtained, to lessen the frequency of dangerous and maiming operations. There are especially functional disturbances of the uterus and ovaries, anomalies of menstruation, direct or reflex or simply congestive disturbances, which exclude operation and call for medication. That happiness is not alone to be achieved by the aid of the knife the *hydrastis canadensis* has given to the writer a striking proof. This drug, which has only been employed by the writer in the form of the fluid extract (Parke, Davis & Co.), contracts blood-vessels and thus diminishes congestion of the genital organs. In long-continued or large doses it diminishes the frequency of menstruation; the flow is also diminished and pain is lessened and often removed entirely in vaginal hæmorrhage and dysmenorrhœa that has no local cause, as well as in diseases of the uterus and its neighbourhood. Its effects are noteworthy in many myomata, the hæmorrhage occasioned by them being much lessened and sometimes entirely prevented. He generally gives twenty drops of the fluid extract four times daily, not only whilst hæmorrhage is actually present, but in preference a week before the anticipated painful or profuse menstruation. This drug occasionally, after lengthened employment, improves the appetite.

In the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follow:—Calcutta 32,

Bombay 29, Madras 52, Paris 25, Geneva 28, Brussels 27, Amsterdam 27, Rotterdam 33, The Hague 19, Copenhagen 20, Stockholm 27, Christiania 24, St. Petersburg 40, Berlin 23, Hamburg 24, Dresden 25, Breslau 28, Munich 28, Vienna 26, Prague 38, Buda-Pesth 30, Trieste 36, Rome 29, Turin 43, Venice 30, Lisbon 40, New York 23, Brooklyn 19, Philadelphia 26, and Baltimore 20.

THE deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 21.1 per 1,000 of their aggregate population. The death-rates in the several towns were:—Portsmouth 14; Hull 15; Wolverhampton, Brighton, Leicester 16; Bristol 17; Bradford, Birmingham 18; Plymouth, Derby, Sheffield, Sunderland 19; London, Cardiff, Birkenhead, Blackburn 20; Salford, Preston, Huddersfield, Edinburgh 21; Norwich, Liverpool 23; Oldham 24; Glasgow, Newcastle-on-Tyne 25; Bolton, Halifax, Leeds, Nottingham 26; Dublin, Manchester 30.

The Medical Sickness, Annuity, and Life Assurance Society.

THE success which has attended the formation of the Medical Sickness, Annuity, and Life Assurance Society at so early a period of its development, when the profession as a whole have hardly acquired a knowledge of its existence is in the highest degree satisfactory. Over forty gentlemen in various parts of the kingdom have consented to act on the general committee, and from their number a provisional executive committee, which has already held several meetings, has been formed.

The advantages offered to those who assure in this Society are as follows:—1. A certain sum per week (from 2 to 4 guineas), according to amount of premium, during illness. 2. Annuity after 65 years of age. 3. A certain sum at death.

The Society is based on principles of purely mutual assurance, the whole of the funds becoming the property of the members, whose liability is strictly confined to the quarterly premiums. The Society will be registered under the Friendly Societies Act.

It cannot be too widely known that this Society, which took form at a meeting held during the session of the British Medical Association at Liverpool, had no direct connection with that body, but is open to all registered medical practitioners in the United Kingdom.

The number of gentlemen who have joined is already sufficient to augur well for its future success. The opinion of Mr. Nelson, F.I.A., as a leading actuary, has been obtained on the Rules and Tables, and after examination he has certified that in his opinion they form a sound basis for the work of the Society. Copies may be had of the Secretary, Mr. J. C. Radley, at the temporary offices of the Society, 26 Wynne Road, Brixton, S. W.

The County Kerry Infirmary.

THE long-fought battle between Drs. Neligan and Fitzmaurice for the surgeoncy of the Tralee Infirmary has come to a termination unsatisfactory to all parties. The question in dispute was whether two or three of the voters who carried Dr. Neligan's election were or were not entitled to vote, and this question turned upon whether they had paid their subscriptions sufficiently early to entitle them to do so. The statute provided that no payment should be valid

unless made before the vacancy occurred. These payments were made after Dr. Lalor's resignation had been sent in, but before it was formally accepted, and the disputed point, therefore, was what constituted the vacancy—the resignation or the acceptance of it.

After prolonged litigation, the judges have declared that the resignation makes the vacancy, and that, therefore, Dr. Neligan's votes were bad, and they unseated him, but they expressly declared that they would give no judgment as to whether his opponent Dr. Fitzmaurice was or was not duly elected, inasmuch as a still more difficult legal question as to the number of the quorum had arisen.

Thus the infirmary is without a surgeon. The competitors are both out in the cold, until a further suit settles their claims, and, worst of all, they are obliged to pay their own costs.

THE MEDICAL BILL.

DEPUTATION FROM THE ROYAL COLLEGE OF SURGEONS IN IRELAND TO THE LORD LIEUTENANT.

A DEPUTATION, consisting of the President, Dr. Wheeler, and of Drs. Kidd, Barton, Hamilton, MacNamara, Colles, and Hughes, waited on His Excellency on Monday, at 12.30, to submit to him the views of the College as pronounced by the recent meeting of the Fellows in regard to the Medical Bill.

The deputation having been introduced by the President, Dr. Kidd addressed His Excellency at much length, and submitted the arguments in favour of multiple qualifications of various grades as against a single one of uniform grade throughout the Kingdom. He also urged the views expressed in his letters to our columns in favour of coadjutor examiners. "The College," he said, "would urge His Excellency to use his influence to prevent the carriage of that part of the Bill which would render their College useless."

Mr. MacNamara pointed out that the College was willing to have the Medical Council reconstituted. He urged that funds should be reserved to enable the College to maintain its museums, libraries, &c.

Mr. Barton stated that they did not come there to forward any scheme other than that in the Bill.

His Excellency, in reply, said:—

This Bill was introduced last year upon the report of a commission which was appointed through his recommendation to Her Majesty. In electing the members of the commission every endeavour was made to get the most eminent men—not only professional men, but those who knew the wants of the country. No able men could be found than the Bishop of Peterborough, Mr. Cogan, and Dr. Robert McDonnell. Another eminent man who also consented to act at his (the speaker's) earnest request was the late English Master of the Rolls, Sir George Jessel. He knew Lord Carlingford was anxious that all interests should be considered, and that the question should be settled on a sound and just basis. He considered there was a great deal of unnecessary alarm existing about this Bill, and felt certain that the Government never intended to bring to uselessness a body which had done so many eminent services as the Royal College of Surgeons. They believed, he was sure, the utility of that body would still remain, and that it would do as much service to Ireland and the medical world in the future as in the past. He did not gather that the commission wish to bring all education to a dead level, and do away with all competition between the various bodies. That was the view (his Excellency continued) with which he approached the subject, and the view he still entertained, and he would be extremely sorry if in any bill introduced by Her Majesty's Government principles like this were lost sight of. The Government were most anxious to get this question settled, and Lord Carlingford also desired to press forward the measure, and, if possible, carry it this session. The objections which had been made by the members of this deputation and others Lord Carlingford would be most ready to consider, and, no doubt, in several matters alterations would be made. But he was afraid he could not encourage them to think that the Bill would be withdrawn, as it was most desirable in the interests of everyone connected with the profession that it should be passed into law. As to the question of assessors,

these assessors were appointed by the Royal College of Surgeons, and had been most successful. But it did not follow that because assessors appointed by the College were successful others appointed by the Government could be equally so, and therefore he was afraid there was an overwhelming objection to the adoption of the suggestion made by the deputation in this matter.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

HEALTH OF EDINBURGH.—The mortality in Edinburgh for the week ending with Saturday, the 23rd ult., was 107, and the death-rate 23 per 1,000. Diseases of the chest accounted for 50 deaths, and zymotic causes for 10, of which 1 was due to fever, 2 to scarlatina, and 4 to measles, the intimations of these diseases for the week being 4, 29, and 107.

EDINBURGH—ROYAL HOSPITAL FOR SICK CHILDREN.—The directors of this hospital, at their meeting on the 25th ult., elected Dr. James W. B. Hodsdon, M.D., M.R.C.P.E., F.R.C.S. Edin., to be an extra-physician in room of Dr. John Playfair, who was recently promoted to be an ordinary physician.

MEDICAL PRELIMINARY EDUCATION.—We are of those who believe that the present system of medical education is indefensible, that commercial interests rather than the public good is the regulating power, and that notwithstanding the ostensible stringency of examinations, the medical profession is crowded with men of the most rudimentary educational accomplishments. Anyone who comes in contact with junior medical students cannot fail to observe this. As examples of original spelling we take at random from the case-book of a large hospital north of the Tweed the following, viz., "*absis*," "*askitis*," "*ophthalma*," "*3ss. ter in die post sibia*." The common word "*phthisis*" forms a veritable *pons asinorum*, and the numerous ways in which it is spelt are truly amusing; but for downright humour and ingenuity commend us to the acquaintance of the student who noted that a patient was suffering from "*Annie Sarky*!" (*anasarca*).

GLASGOW DEATH-RATE.—The deaths in Glasgow for the week ending with Saturday, the 23rd ult., were at the rate of 25 per 1,000 per annum, as compared with 25 in the preceding week, and 33, 25, and 27 in the corresponding weeks of 1883, 1882, and 1881.

SCOTCH VITAL STATISTICS.—From the official returns of the Registrar-General for the week ending Saturday, Feb. 23, we learn that the death-rate in the eight principal towns was 22·6 per 1,000 of estimated population. This rate is 4·8 below that for the corresponding week of last year, but 1·7 above that for the previous week of the present year. The lowest mortality was recorded in Perth—viz., 11·8 per 1,000; and the highest in Glasgow—viz., 24·9 per 1,000. The mortality from the seven most familiar zymotic diseases was at the rate of 3·2 per 1,000, being 0·2 above the rate for last week. Acute diseases of the chest caused 108 deaths, being 5 less than the number for last week.

EDINBURGH UNIVERSITY TRICENTENARY CELEBRATIONS.—The provisional arrangements in connection with the celebration of the tricentenary of the Edinburgh University were submitted at the Edinburgh Town Council on Thursday last by the Lord Provost's Committee. The celebrations are to extend over three days—the 16th, 17th, and 18th April; but on the evening of the 15th (Tuesday) the Lord Provost, Magistrate, and Council will hold a reception in the Museum of Science and Art to welcome to the city the distinguished visitors and others expected to be present at the University

celebrations. The celebrations proper will be begun on the Wednesday forenoon (16th) by a religious service in St. Giles's Cathedral. In the afternoon there will be the formal opening of the new University buildings. It has not yet been decided by whom the opening ceremony will be performed, but an effort is being made to secure the presence of a member of the Royal Family. In the evening there will be a reception by the University authorities in the University library. On the following day there will be a graduation ceremony at eleven o'clock, a reception by the Faculty of Advocates in the afternoon, and in the evening a banquet will be given in the Drill Hall, Forrest Road. The programme for the concluding day of the celebrations will include the visitation by the strangers of the places of interest in Edinburgh and neighbourhood, a students' concert (afternoon) in the Music Hall, and a students' ball and probably a partial illumination of the city in the evening. A committee has also been appointed to draw up a list of names of citizens who would be willing to accommodate some of the distinguished strangers during their stay in Edinburgh.

Obituary.

DR. ALEXANDER WOOD, OF EDINBURGH.

THIS gentleman, whose death last week was somewhat sudden and unexpected, occupied at one time a prominent position as a physician in Edinburgh. He sprang from a medical stock, and was from boyhood imbued with the principles and practice of medicine. He graduated at the Edinburgh University in 1839, and commenced private practice at a very early age. The following year he became a Fellow of the Royal College of Physicians, and was henceforth identified with that Corporation, both in its educational capacity and as representative of its interests in the General Medical Council. A man of fine presence and singularly able debating powers, he was for sixteen years present in London at all the meetings of that body, conducting the business pertaining to his office with the zeal of an earnest advocate and the power of a born orator. During his tenure of office in the Medical Council he was almost invariably opposed by the late Sir Dominic Corrigan, and these two giants in rhetoric and fencing seemed never so great or so much at their ease as when attacking each other and the Colleges of which they were the representatives on this Council. Some twelve years ago Dr. Alex. Wood retired from the practice of his profession, and has since devoted much time to education, to the improvement of the social condition of the working classes, and to the promotion of tramway schemes in Edinburgh, from the latter of which he was known to derive a very considerable income. An Edinburgh lay paper speaks of him as a man who was fond of having his own way, and, when this was not obtainable, he let his enthusiasm get the better of his judgment. We, however, prefer to speak of him from personal knowledge as a courageous but gallant opponent—one who was combative by nature, but chivalrous to an opponent, and the first to shake hands when beaten.

Correspondence.

MEDICAL REFORM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—With reference to the correspondence relative to medical reform in your columns, the following remarks may not be inappropriate:—In the competition for the public services the graduates from all licensing corporations meet on equal terms; and as the army draws the greatest number, I have taken from the lists from 1862 to 1883 inclusive the names and qualifications of the two gentlemen at the head and of the two at the bottom of the ranks for each examination in this period. There are 66 in each category. In the case of an individual who belongs to two corporations I give the first registered as the one to which the owner is assigned, and I find the facts to be as follows—viz., the College of Surgeons

of England gave 20 to the top rank, and 10 to the bottom; the English Universities 4 to the top and 1 to the bottom; the Scotch Surgeons 5 to the top, and 6 to the bottom; the Scotch Universities 11 to the top, and 12 to the bottom; Dublin University 7 to the top and 7 to the bottom; the Queen's University of Ireland 14 to the top and 8 to the bottom; the Dublin College of Surgeons 5 to the top and 22 to the bottom. It will thus be seen what qualifying bodies produced the highest percentage of good and also of mediocre men at the army test. Genuine medical reform should be directed towards obtaining Poor-law, lunacy, and prison medical officers through an open competitive examination from all graduates, promoting to inspectorship through the respective departments, and leaving the teaching and licensing bodies free. The public will select the fittest in their own instance according to fancy and judgment.

Yours faithfully,

J. ROCHE, M.D., Retired Indian Medical Service.

Mount Clarence, Kingstown,
Feb. 28th, 1884.

Medico-Parliamentary.

HOUSE OF COMMONS.

ARMY MEDICAL SERVICE.

On Thursday last, Mr. GIBSON asked the Under Secretary of State for India, had any, and what, steps been taken since last August by her Majesty's Government to meet the grievances of the Indian Medical Service, and to lessen the dissatisfaction which existed in all its ranks.

Mr. J. K. CROSS.—Last year I stated, with a view to the gradual removal of the existing disadvantages to the Indian Medical Service of having more officers than there were substantive posts for them to fill, the number of annual appointments would be reduced to the lowest pitch compatible with justice to existing students and the future efficiency of the department. This measure is still being carried out. Only ten appointments were made to the service last year, and only ten will be made this year. It is not proposed to take any other step but this, which must prove effectual in adjusting a due proportion between the number of changes and of officers to hold them.

FEVER HOSPITAL AT WINCHMORE HILL.

On Friday, Lord G. HAMILTON complained that the action of the Local Government Board in declining to hear the objections of the inhabitants of Winchmore Hill, expressed through their local sanitary authority, against the establishment of a fever and small-pox hospital in their district, was a course calculated to bring the principle of self-government into disrepute, and to establish a dangerous precedent for the exercise of that controlling power over local boards entrusted by Parliament to that department. He said the local authorities complained that the Local Government Board had treated them with discourtesy in refusing them a hearing on a matter so intimately connected with the health of a populous district.

Mr. G. RUSSELL said the Local Board expressed their views and set forth their objections on paper, but they did not ask that any deputation might be received by the Local Government Board. On the 19th of January, the Metropolitan Asylums Board decided to acquire the site, and when the Southgate Board applied for an interview by deputation it was too late. No discourtesy was shown by the Local Government Board, and none was intended. With regard to the decision, the time always came when the administrative authorities must strike the balance between the contending parties. It was almost impossible to choose a site that would please everybody in cases of this kind. Local dissatisfaction or prejudice could not be weighed against the substantial advantages secured to the health of the metropolis by approbation of this scheme.

DR. WODEHOUSE OF DONEGAL.

On the Votes for Supply, Mr. O'BRIEN moved the reduction of the Vote by £247, in respect to the salary of Dr. Wodehouse, the inspector of the Poor Law Board in Donegal, whom he accused of misrepresenting and minimising the distress in that county last summer.

Mr. TREVELYAN defended the character of Dr. Wodehouse,

who, he said, was an energetic and intelligent official, extremely faithful to his duty.

The Amendment was negatived without a division.

University of Cambridge.—The following have been elected members of the Board of Electors to the undermentioned professorships until February 20th, 1892:—Chemistry, Professor Dewar; Anatomy, Dr. Paget, Professor of Physic; Botany, Professor Michael Foster; Jacksonian Professorship, Professor Liveing; Zoology and Comparative Anatomy, Professor Michael Foster; Downing Professor of Medicine, Dr. T. Lauder Brunton, Edinburgh; Physiology, Mr. J. N. Langley, Trinity; Pathology, Dr. Latham, Downing Professor of Medicine; Surgery, Mr. Timothy Holmes, Pembroke. Dr. Hans Gadow, Strickland Curator, has been approved as a teacher of Comparative Anatomy; Mr. Laurence Humphry, M.A., M.B., Trinity, as a teacher of Pathological Anatomy; and Mr. E. H. Neville, Sidney-Sussex, as a teacher of Practical Chemistry.

Royal Medical and Chirurgical Society of London.—The following is the list of officers nominated for 1884-85:—President: *George Johnson, M.D., F.R.S. Vice-President: *William Overend Priestley, M.D.; Reginald Thompson, M.D.; Richard Barwell; William Scovell Savory, F.R.S. Treasurers: Charles B. Radcliffe, M.D.; John Cooper Forster. Secretaries: Richard Douglas Powell, M.D.; Matthew Berkeley Hill. Librarians: Wilson Fox, M.D., F.R.S.; John Whitaker Hulke, F.R.S. Other members of Council: G. F. Blandford, M.D.; Dyce Duckworth, M.D.; Samuel Jones Gee, M.D.; F. W. Pavy, M.D., F.R.S.; *C. Theodore Williams, M.D.; *John Croft; *Sir William MacCormac; *J. Pickering Pick; *William Sedgwick; William Spencer Watson. Those gentlemen to whose names an asterisk is prefixed were not on the Council, or did not fill the same office last year.

The Hospitals Association.—The first Council of the Association has been constituted as follows:—Vice-Presidents: The Right Hon. Lord Aberdare, F.R.S., Hospital for Sick Children; Sir T. Fowell Buxton, Bart., London Hospital; Sir Andrew Clark, Bart., LL.D., M.D., London Hospital and East London Hospital for Children; Major Ross, M.P., Middlesex Hospital. Council: The Right Hon. the Earl of Cork and Orrery, K.P., St. George's Hospital; Viscount Powerscourt, K.P., Ireland; Sir Rutherford Alcock, K.C.B., Westminster Hospital and Hospital for Women; H. W. D. Acland, Esq., M.D., C.B., D.C.L., F.R.S., Oxford University; William Bousfield, Esq., King's College Hospital; J. S. Bristowe, Esq., M.D., F.R.S., St. Thomas's Hospital; Henry C. Burdett, Esq., Seamen's Hospital and Home Hospitals Association; J. H. Buxton, Esq., London Hospital; M. D. Chalmers, Esq., London Fever Hospital; The Rev. Canon Erskine Clarke, M.A., Bolingbroke House Pay Hospital; Frederick Cox, Esq., Chelsea Hospital for Women and British Lying-in Hospital; W. H. Cross, Esq., St. Bartholomew's Hospital; H. N. Custance, Esq., Metropolitan Hospital Sunday Fund; R. Farquharson, Esq., M.D., M.P., Scotland; Timothy Holmes, Esq., St. George's Hospital and Provident Dispensaries; R. Benson Jowitt, Esq., General Infirmary, Leeds; G. B. Lloyd, Esq., General Hospital, Birmingham; R. H. Lloyd, Esq., M.D., Lambeth Infirmary; Charles Macnamara, Esq., F.R.C.S., Westminster Hospital; Malcolm Morris, Esq., St. Mary's Hospital; C. T. Murdoch, Esq., Great Northern Central Hospital; William J. Nixon, Esq., House Governor, London Hospital; Richard Quain, Esq., M.D., F.R.S., Consumption Hospital, Brompton; T. Gilbert-Smith, Esq., M.D., London Hospital and Royal Hospital for Diseases of the Chest; Joseph White, Esq., F.R.C.S., General Hospital, Nottingham.

Notices to Correspondents.

DR. J. KENT SPENDER (Bath), MR. H. A. REEVES (London), DR. MCNAUGHTON JONES (London), DR. CLARK (Bothwell), and DR. MARTIN (Sheffield) will please receive our thanks.

DR. T. E. CAHILL.—We believe the staff at the hospital referred to do not issue a volume of "Hospital Reports." Neither the staff nor the hospital is large, and it is probably a question of expense which has hitherto prevented these reports being accessible, except in fragments as they appear in one or other of the medical journals.

LARGE IMPORT OF LIME JUICE.—The demand for lime juice 1 apparently on the increase, as is evidenced by recent enormous impor-

tations at Liverpool. The *Journal of Commerce* says:—The *Itida* has just arrived from the Island of Montserrat with 40,000 gallons, making already the unprecedented total this year of 90,000 gallons, the whole of which is consigned to one firm.

THE ROGERS TESTIMONIAL FUND.

THE promoters of the expression of opinion of Dr. Joseph Rogers' public work, during upwards of thirty years, desire to inform the profession and the public that the subscription list will remain open until the end of March. The following additional subscriptions have been received since the publication of the last list in these columns:—

Albert Southey, Esq.	£1 1 0	H. T. Word, Esq.	£2 5 0
Dr. E. S. Willett	1 1 0	Dr. T. Morgan	0 5 0
Messrs. Pinching	0 10 6		

MR. W. COLLINS.—The subscription in the United Kingdom is one guinea per annum, post free; to the Colonies, £1 8s. 6d.; and to India, £1 6s., post free. We have directed the publisher to send you subscription form.

DR. FRANCISCO PATINO (Mexico), DR. HARTLEY (East London, South Africa).—Our exchange list is already too full; regret we cannot increase it at present.

B. C. T. asks: 1. Is salicine soluble in water? What is the usual dose? How is it usually prescribed, whether in mixture or in powder? 2. Is it safe to syringe the ears of a child, at six months, for otitis?

[1. Salicine is freely soluble in water, and can be prescribed in a mixture with drachm doses of syrup of orange peel, to cover the bitter flavour. In rheumatic fever (the disease in which it is principally employed) it is usually commenced in twenty-grain doses every third hour; but sometimes so much as sixty or even eighty-grain doses are required at similar intervals. The reduction of temperature shown by the clinical thermometer is the surest test that a sufficient dose has been attained. Salicine may also be given wrapped up in wafer paper, or dissolved in milk. This latter is a capital means of administering either salicine or quinine. 2. Certainly. —Ed.]

F.R.C.S. ENG.—We shall be careful to make the full proceedings known as early as possible. It is not probable that the fears you give expression to are founded on any certain knowledge. When the modifications are announced it will be sufficiently early to take steps for ensuring complete representation.

DR. LEWIS.—According to current reports, issued under authority, no one has succeeded in solving the difficulty. But there is no provision of the kind you mention; so that you have either been misinformed or intentionally deceived.

ST. JOHN AMBULANCE ASSOCIATION.

THE large railways in India and the Colonies are devoting attention to the importance of ambulance instruction for their employees. In India, classes in connection with the Bombay Centre of the St. John Ambulance Association have been formed on the E. B. & C. I. Railway; and in Canada a meeting has been called, at Montreal, for the same purpose on behalf of the Grand Trunk R. R. officials. Certificates have lately been presented at Gravesend by Mr. V. Barrington Kennett, at Herford by Baroness Dimsdale, and at Watford. Meetings to form new branches have been held at Nuneaton, and at Devonport, the latter presided over by General Sayer, C.B., commanding the Western District, and largely attended by the officers and men of the troops in garrison.

DR. CHICKERING.—The custom does not obtain in this country; moreover, it is of so extraordinary a nature that we find some difficulty in imagining it can be commonly observed in any civilised State. If you can provide us with something more tangible than hearsay evidence we shall be willing to investigate the subject with a view to verifying it.

THE PRIZE FOR NON-ALCOHOLIC BEVERAGES.

SINCE the publication of the paragraph in our last issue to the effect that a prize, or prizes, of the value of about £70 and £50, is to be offered for a cheap and palatable non-intoxicating beverage, we have had numberless inquiries for particulars, and not being fully in possession of the necessary details, we wrote to Dr. Norman Kerr, who is *au courant* with everything that transpires in the ranks of abstention, and that gentleman replies as follows: "The project is not yet matured. As soon as the necessary funds have been raised, the conditions of the competition will be advertised." In thanking Dr. Kerr for his reply, we would at the same time ask our many correspondents to accept it as an answer to their queries.

Meetings of the Societies.

WEDNESDAY, MARCH 5TH.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—At 4 p.m., Professor Flower, On the Principal Types of the Human Species.

OBSTETRICAL SOCIETY OF LONDON.—At 8 p.m., Specimens will be shown by Dr. Horrocks and others.—Dr. John Williams, On the Corroding Ulcer of the Os Uteri.—Mr. Alban Doran, On the Relation of Prolapse of the Vagina to Hernia, illustrated by two Pedigrees.

THURSDAY, MARCH 6TH.

ROYAL INSTITUTION.—At 3 p.m., Professor Tyndall, On the Older Electricity.

HARVEIAN SOCIETY.—At 8.30 p.m., Mr. Lawson Tait, On some Recent Advances in Pelvic Surgery.

FRIDAY, MARCH 7TH.

ACADEMY OF MEDICINE IN IRELAND (Surgical Section).—At 8 p.m., Living Specimens by Dr. Baxter, Mr. Croly, and Dr. McArdle.—Specimens exhibited by card by the President, Mr. P. Hayes, Mr. Stokes, and Mr. Croly. Papers: The President, Pharyngotomy.—Mr. Kendall Franks, On Removal of the Tongue by the Galvanic Caustery.—Dr. McArdle, Notes on Stricture of the Rectum.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.—At 8 p.m., Mr. Hendley, in conjunction with Mr. Benham, On a Case of Poisoning by Ammoniate and Red Oxide of Mercury.—Mr. Howard Marsh, On Three Cases of Osteotomy with Interesting Complications.—Dr. Thudichum, On Two Fatal Cases of Peritonitis simulating Poisoning. He will also exhibit microscopic specimens of Micrococcæ.—Mr. Bruce Clarke, On a Case of Radical Cure of Hernia.—Dr. Thudichum, On several Cases of Ammonuria, and of Exostosis in the Nasal Cavity, with Operation and Treatment.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—At 4 p.m., Professor Flower, On the Principal Types of the Human Species.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—The first of the Gulstonian Lectures.—Dr. Clifford Allbutt, Chapters on Visceral Neuroses.

ROYAL INSTITUTION.—At 8 p.m., Mr. C. V. Boys, On Bicycles and Tricycles.

SATURDAY, MARCH 8TH.

ROYAL INSTITUTION.—At 3 p.m., Captain Abney, On Photographic Action.

Vacancies.

Carrickmacross Union, Donaghmoynne Dispensary.—Medical Officer. Salary, £115. Election, March 12.

Coombe Hospital, Dublin.—Assistant to Master. Applications to Master, or at Coombe Hospital.

Kent Hospital.—Physician on the Staff. Applications to the Secretary at the Hospital, Canterbury, by March 24.

St. George-in-the-East Parish.—District Medical Officer. Salary, £250. Applications to the Clerk on printed forms, by March 8.

Sussex County Hospital, Brighton.—Assistant Surgeon (honorary) and House Surgeon. Salary, £80, and £10 per annum for each resident pupil. Also an Assistant House Surgeon. Salary, £40, with board, &c. All applications to be sent to the Secretary at the Hospital, by March 19.

West Kent General Hospital, Maidstone.—House Surgeon. Salary, £120, with furnished apartments, &c. Applications to the Secretary, by March 6.

Worford House Hospital for the Insane.—Resident Medical Superintendent. Salary, £500, with board, &c. Applications to the President, Committee of Management, by March 11.

Appointments.

DALY, C. H., L.R.C.Q.C.P.I., L.R.C.S.I., Medical Officer for the Hoxley District of the Huddersfield Union.

GAYTON, W., M.D. Brux., M.R.C.P. Ed., M.R.C.S., Medical Officer for the North-Western District, under the Metropolitan Asylums Board.

GOOD, F. T., M.R.C.S., Medical Officer for the Second District of St. Neots Union.

GREEN, E. C., M.R.C.S., L.R.C.P., House Surgeon to the Derbyshire General Infirmary.

HOBSDON, J. W. B., M.R.C.P.E. (exam.), an Extra Physician to the Edinburgh Royal Hospital for Sick Children, vice Dr. J. Playfair, appointed Ordinary Physician.

MACDONALD, A., M.D., F.R.C.P. Ed., F.R.C.S. Ed., Physician to the Royal Maternity and Simpson Memorial Hospital.

MACDONALD, W. F., M.B., C.M. Ed., House-Surgeon to the Royal Maternity and Simpson Memorial Hospital.

ORMOND, H. G., M.B. Ed., C.M., M.R.C.P.E., Visiting Medical Officer to Watts' Hospital, Leith.

SANKEY, H. R. O., M.B. Lond., Medical Superintendent to the Warwick County Lunatic Asylum, Hatton.

SMITH, J. W., M.D., C.M. Ed., Medical Officer for the Ryton District of the Gateshead Union.

SPENCE, W., M.B., C.M. Ed., House Surgeon to the Royal Maternity and Simpson Memorial Hospital.

Births.

GASKELL.—February 28, at Grantham, near Cambridge, the wife of Walter H. Gaskell, M.D., of a daughter.

KNIGHT.—February 28, at 82 Harcourt Street, Dublin, the wife of Chas. Frederick Knight, M.D., Highfield Manor, Rathfarnham, co. Dublin, of a son.

Marriages.

ALLEN—TIPPLE.—February 28, at Central Hill Chapel, Upper Norwood, John Davis Allen, M.D., M.A. Edin., of Wotton, Gloucester, to Gertrude Anne, eldest daughter of the Rev. S. A. Tipple, of Norwood.

FRASER—KENNETT.—February 25, at the Pro-Cathedral, Kensington, Dr. John Fraser, of Tintin, North China, to Mary Evangeline, youngest daughter of the late Edward Kennett, of S. Kensington.

Deaths.

FERNIE.—February 22, at Barnstable, Devon, Andrew Fernie, M.D.

JONES.—February 21, at 6 Prince Edwin Street, Liverpool, William Goodall Jones, M.D.

MCCROBERT.—February 18, at Westray, Orkney, Henry Gray McCrobert, M.B. Aberd., & C.M.

PARRY.—February 24, at Farnside, Old Swan, near Liverpool, David Lewis Parry, L.R.C.P. & L.R.C.S. Ed., aged 88.

THORP.—February 28, at 8 Warrender Park Terrace, Edinburgh, Amelia Catherine, wife of Surgeon-Major E. C. Thorp, M.D., Bombay Medical Department.

WOOD.—February 26, at 12 Strathern Place, Edinburgh, Alexander Wood, M.D., F.R.C.P.E., Member of the General Medical Council 1857-78.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 12, 1884.

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The Gulstonian Lectures

FOR 1884.

Delivered at the Royal College of Physicians, London,
March 7th, 12th, and 14th.

By T. CLIFFORD ALLBUTT, M.D. Cantab., F.R.C.P. Lond.,
F.R.S.,

Senior Physician to the Leeds General Infirmary; Consulting Physician
to the Leeds Hospital for Women and to the Fever Hospital.

LECTURE I.—CHAPTERS ON VISCERAL NEUROSES.

GENTLEMEN,—When the revered chief of this College bade me to the high place which I now hold, I would fain have been released from so great a call. It seemed to me that the leisure in which I should search out and think things worthy of so distinguished an assembly had long been denied to me. But I was assured that, although lectures containing the results of systematic research are of the highest importance, there is a place, nevertheless, for lectures conveying the humbler reflections of working physicians who deal with the daily experience of the sick-room and the consulting-chamber. It remained for me, therefore, to obey, and to deal with some part of the field of practice. Herein I have chosen for my subject those painful disorders which have their seat in the nerves of the viscera, but I have entitled my lectures The Neuroses of the Viscera in order that I should be free to enlarge occasionally upon some perturbations of those nerves which are not attended with pain, strictly so called. At the same time, it is with such neuroses as are manifested in pain that I intend more especially to deal. It seems to me that, in our text-books, these affections receive something less than the full treatment which their difficulty and their importance demand, and I find, in general practice, that the part played by the nervous system in visceral disorders is insufficiently seen. To the knowledge and skill of physicians so highly placed as yourselves I cannot hope to add anything, but I would rather seek, through you, and with your aid, to spread abroad a more adequate interpretation of the disorders in question, say-

ing to you, in the words of the Apostle, "Οὐκ ἔγραψα ὑμῖν διὰ τοῦτο οὐκ ἵδαστε τὴν ἀλήθειαν ἀλλ' διὰ τοῦτο ἵδαστε αὐτὴν."

It certainly happens that neuroses above the belt are far more clearly understood than those below. This preference is due in part to the renewed impulse given to the study of thoracic disease by the discoveries of Laennec, partly to the more vivid functions of these parts, functions which excite our admiration and interest in greater measure than the brooding and silent life of the organs of vegetative existence. Of the neuroses, then, of the upper chambers of the body, of migraine, of asthma, of angina pectoris and the like, I shall find but little to say; my attention will be confined almost entirely to the pains and storms of the abdominal regions—to gastralgia, nephralgia, hepatalgia, and their allies. Of the neuroses of the pelvic viscera much has been said. Indeed, if thoracic neuroses have been discussed at their actual value, if those of the abdomen have received less than their due meed of attention, surely those of the pelvis have received an attention, if not beyond their importance, at any rate of far too exclusive a bearing. What I say of these last will be little in description, but more in the way of interpretation.

The first strong impression which I received from the facts of the class with which we now concern ourselves was obtained from the index of my case-books. It has been always my custom to index therein the names not only of my patients, but also of their maladies. I have to each volume two indices, one of names, one of diagnoses.

As each year I have prepared the spaces for these tables, I have been struck with the small space occupied by the malady "dyspepsia." Surely, I thought, if there be one malady which above all others should need a large space, it must be dyspepsia. Yet, year by year, as at the end of them I cast my eye over the tables, was I astonished to find my cases entered as "dyspepsia" to be a mere handful. How could this be? I asked myself repeatedly. "Martyrs to dyspepsia" are to be found at every street-corner, and are said to form something little less than the staple of those who drift from consultant to consultant. Moreover, I had some suspicion that I was in repute as a stomach-doctor, and was, at least, conscious of a readiness to receive such cases, and to work patiently

with them. I thought, also, of that long-suffering organ itself, and its work—of the greediness or recklessness which make it the helpless receptacle of all sorts of rubbish; I pictured to myself the contents of the viscous distended with greasy, acidulous or trashy matters, sodden in half-fermented gooseberry-juice or sour claret; and I stood amazed that it resists destruction. Yet not only does it survive, but it patiently draws order out of disorder, sweetness out of foulness. Again, as I turned to the journals of the day, I read of men of lofty endowments, whose lives became accursed by dyspepsia; and on other sheets I read many columns of advertised solace, from wind-pills to the pill of the American doctor, whose virtues were thus rendered at Cambridge:

"Hæc jecur instigat, stimulus hæc renibus addit,
Ambulat arcana hæc faciturna via.
Attamen hæc eadem latebras penetrabilibus imas
Mordacis buxi more, modoque petit."

Our medical journals all tell us the same story. Every large drug-house has its pepsines, its dinner-pills, its cordial bitters, testifying not only to the general, but to the medical, cry for help against the demon of dyspepsia. Finally, so confident is the public of the true form of its enemy, that one of this sort who seeks the doctor will dictate his diagnosis, declaring himself an old dyspeptic, and demanding your specific. A hundred doctors have pronounced him dyspeptic; needlessly, for who can know it better than himself! He will condescend, perhaps, to admit some discussion of the respective vices of his stomach and of his liver, but he is offended if you seek further. He half tells you that, if you have yet to learn what is meant by a dyspeptic or by "biliousness," you are no man for him. Patients have positively left me in dudgeon because I ventured to hint that the word indigestion expresses rather an inference than a fact, and pointed out that diagnosis belongs to the physician, and not to the client.

How is it, then? How are we to explain this catholic wailing over a disease which is not; this wealth of balsams for sufferings which cannot be named? Is there no distress to lull, no pain to lenify? In turning our minds to this question, let us, in the first instance, consider the meaning of the word dyspepsia, and ask ourselves if there be in it any such confusion as may account for its indefinite uses, and whether in such uses there be equivocations such as to account for the doubts to which I have referred. I believe that, if I thus follow the origin and paths of my own thoughts in the past, I shall best open out the main subject of my address. Forgive me if I thus approach the subject of visceral neurosis by an indirect method, and in the way of comment upon the affections of the stomach. It is almost trivial to remark that dyspepsia, strictly speaking, is not a disease, but a symptom; it names not the causes nor the process of the evil, but its consequences; that, as an outcome of the affair, whatever it may be, food is not digested, or is digested imperfectly or painfully. Taken in this sense, no doubt dyspepsia is an exceedingly common complaint. But if the word be used in this sense, does not its meaning become almost futile? As a consequence of various conditions, let us say, persons may find themselves unable to walk far, to walk steadily, to walk painlessly, or even to walk at all. Yet are we to use a word such as dyskinesia, and to say that whosoever comes to us walking ill, whether from general debility, from palsy, from sciatica, from muscular rheumatism, from gout, from disease of foot, ankle or knee, that he is suffering from dyskinesia? Are we to say, of a patient whose forces are so diminished that he can walk only a mile, and this with fatigue, that he is suffering from atonic dyskinesia? Are we to treat all the above maladies in a chapter under the heading of dyskinesia, and in a few columns of entanglement try to deal intelligibly with such a subject in such a way? We should not be saved from the discredit of foolishness if we were to do so. Then how are those to be spared who, using the word dyspepsia in this way, devote chapters and books of chapters to such a symptom and raise that

which is accidental and consequent to the place and name of a definite malady? Yet I have only to turn to any modern text-book to find page after page of such writing, pages to which I would willingly refer accurately were it not that I would avoid even the seeming of personal controversy with authors whose industry and thoughtfulness have done so great a work for modern medicine. If, however, we would speak wisely and strictly, shall we not seek to clear away this kind of confusion, and set out in their natural groups as distinctly as we can the several classes of symptoms now heaped together unreasonably? Thus we shall better understand the cases which come before us, and taking a larger view of them, see better how to cure them. Perhaps, too, by this method, we shall even do away entirely with the word dyspepsia as the name of a malady, and reduce it to the position, for instance, of the word cough, which has no definite connotations, and signifies only an inconvenient and notorious symptom common to many maladies.

Sifting, then, as we must, the heap of affections attended with dyspepsia, we readily enough propose four chief groups of stomach-disorders. First, those which are due to grave disease of the stomach itself, such as cancer or ulcer of the organ, dilatations of it, atrophy of its coats, and so forth. Secondly, to diseases of the stomach less grave but still local, such as the simpler catarrhs, acute and chronic gastritis. Thirdly, disorders which depend upon no visible changes in the structure of the stomach, but consist in some disorder of its work or secretions, and which, in accordance with a convenient use of words, we call functional; the dyspepsia of gout may perhaps be taken as an instance of this group. Fourthly, disorders which depend, not upon any primary derangement of the tissues of the stomach, but upon some influence coming from blood or nerve, from which influence visible local changes may or may not ensue. We put aside the first class of cases, without difficulty, as quite foreign to our purpose; and, so far as they can be distinguished, we put aside the second class also. This it is easy to do in the instance, say, of chronic or acute gastritis caused by the excessive use of alcohol, or, again, in the instance of that common and transient catarrh of the stomach attended with loss of appetite, headache, coated tongue, constipation, sickness, and malaise, which is due often to cold, often to improper feeding. This affection accounts for a large number of the cases called bilious attacks, though the majority so called are probably migraine. It is easy to make some such progress as this, but, thenceforth it is not easy to plan out our schedules further. We may leap over a score of doubtful cases, and passing at once to another extreme, separate into a class all cases which are obviously neuralgic; but between these positions lie a great number of cases which are hard to classify. Is pyrosis, for instance, some local affection of the coats of the stomach, or is it a neurosis? Is flatulence, are all acid risings in the stomach due to some irregular transmutation of the contents of the organ, or are some of them consistent with the course of normal, if feeble digestion? In the former case such derangements may fairly be called dyspepsia, for the process of digestion goes wrong, not as a detail or subordinate part of larger or systemic irregularities, but as a simple and local error in the digestive work of the stomach itself. In a word, is stomach-derangement, in a given case, but an expression of some general derangement, or is it a substantial ailment, and the cause rather than the consequence of any more general perturbations. Even this may be very difficult to estimate, or it may be decided only on the study of individual cases, but a large number of cases remain which are yet even harder to interpret, cases in which dyspeptic symptoms are no doubt due to disordered work or secretion in the stomach, but in which this disorder of work or secretion may, in its turn, be due, not to any primary defect in that organ, but to some cause lying outside of its peculiar tissues, lying, for instance, in the blood or in the nervous system.

Omitting, as I must do, all reference to blood changes, let us take as an extreme instance a sudden nervous shock, which may arrest digestion completely, and we may thereafter conceive of lesser degrees of nervous perturbation which may bring up a continued interference with digestion, or, in other words, cause a continual dyspepsia. We may conceive indeed that not only in this way digestion may simply be slowed, but also the peptic secretions or processes be positively vitiated, as is the case, say, in neurotic diarrhoea.

Or, to turn to a different point of view, a patient who suffers from many symptoms indicative of nervous derangement tells you that on the empty stomach—generally in the morning, before breakfast—a dense yellow oily fluid gathers, and, lying there all day, would vitiate the viscous, would act as an eccentric cause of headache, and as a foul ferment upon the food in the course of digestion; so that his or her only hope of a comfortable day is to vomit or wash out these dregs at the beginning. Now, such an exudation may be due to some chronic distemper of the coats or glands of the stomach; but I incline to believe it is due rather to some perturbed innervation of a stomach otherwise healthy, seeing that the symptom is one which I have always found in neurotics, and to be curable only by treatment planned mainly upon this diagnosis. Disordered work and distempered secretions, then, may well be due to, and doubtless often are due to, neuroses of the stomach; and such neuroses, lying between the more localised disorders and the purer neuralgias, are difficult to classify. There is one more difficulty, though in practice a less embarrassing one; namely, that, as distempered secretion may be the effect of disordered nerve, so, reversely, some slighter catarrh, or other local change, or some offending article of diet; or again some graver local mischief, may, as peripheral irritants, set up nerve-disturbances which in certain susceptible persons may so wax as to over-shadow or conceal the primary cause of their occurrence. We know, for instance, that the touch of a bronchial attack, or of an acute pneumonia, may first reveal an asthma till that moment wholly latent—latent, it may be, till middle or even later life, or latent, it might have been, for ever. But the sleeping ill, once awakened, rarely recedes again altogether, but, by its own recurrence, tends to rivet upon the sufferer the chains of habit. Thus, it may become difficult to say which is the predominant factor in the consequent group of discomforts. As a practical difficulty, this is most serious in cases in which ulcer may or may not be present; and I do not hesitate to say, gentlemen, even before you, that in some of these the diagnosis between ulcer and pure gastralgia is, in certain stages, impossible. How are we, then to succeed as ministers to the sick, if we crowd into one chapter, and almost into one point of view, the pure neuralgias of the stomach, the neuralgias awakened by local irritations within the viscous, disordered secretions or metabolisms within it due to perturbed innervation, together with primary dyspepsias of local origin which concern the nervous system but little or not at all? Never can we succeed, I think, if we make such a confusion. We must endeavour, then, not only to separate the pure neuralgias from the dyspepsias or pains of local origin; but, however difficult it may be in any one instance, we must endeavour farther to decide, concerning mixed cases, whether the neuralgic phenomena stand in causal relation to the local disorders of function, or, contrariwise, the disorders of local function have awakened nervous reverberations. That which reason and examination may fail to discern may often be revealed to us by the test of treatment. The relation of asthma to disorders of the lungs has been quoted as an illustration of these difficulties. In some cases, then, we have to deal with a pure neurosis of central origin; in others, with nervous phenomena awakened by persisting or foregoing local maladies; and, unless we see with some clearness how these phenomena are related to each other, we shall fall short of a rational therapy.

In order to enter by the plainest route into the more

intimate knowledge of neuroses of the stomach, let us advance from the simplest to the more complex. No cases, perhaps, will serve us better as an introduction than those in which disorders of digestion occur as a consequence of general nervous exhaustion. Unlike gastralgia, these disorders may arise in men and women of very various habit of body. No general sketch of the bodily aspect nor of the temperament of such patients can be delineated, and accordingly we find the symptoms various.

Omitting, then, persons disposed to gastralgia, we find two kinds of dyspepsia at least arising in persons overworked. In the first class, we find simply a feeble stomach, as we find enfeebled legs and an enfeebled brain. The tongue is clean—too clean; not red, but pallid. Its substance is oedematous, and its edges indented. Such a person has no appetite, and the little he eats causes a weary sense of repletion, until the ingesta slowly pass off. We may call this dyspepsia, as we may call the leg-weakness, dyskinesia, and so forth; but the whole man is run down—call it general dysergy, if a fine name must be found. But now take another man, equally without marked diathesis, and equally overworked; his tongue is bulky and also indented, and is protruded slowly, spreading forth as it issues. It is thickly coated, especially towards the mid-line, where the fur is brownish, and brownish towards the back also. The complexion is muddy, and the countenance bears the mark of mental depression. The hand is placed fretfully upon the vertex, where there is a pain, or, if not a pain, a peculiar indescribable uneasiness; and this passes backward, surrounding the occiput. The urine deposits lithates, and the liver and stomach not only work feebly, but their functions are aberrant. He is weary and dull, and says he feels like a dead dog of a morning. A like state of tongue, and a like sluggishness and diversion of stomach, liver, and colon, may be seen in most cases of common apoplexy, and are clearly secondary to the troubling of the brain, though the converse view is usually held, and the attack of apoplexy attributed to a foregoing upset of the digestion. Why, of the two overworked men, nervous exhaustion should produce in one a simple atony of the stomach, and in the other an aberrancy, I cannot say. I suspect the latter man has in himself some echo of gout, but yet I know how disappointing are all attempts to clean his tongue and set his stomach aright with the stock rhubarb and soda mixtures, with pepsines, with calomel, colocynth, or colchicum, and how that even strong tonics, such as quinine and iron, may be prescribed with benefit, and how rest and upland air will beat all medicines whatever, and may clean the tongue in a fortnight. Dyspepsia here is a symptom, and the stomach is disordered; but radically the state is a neurosis, vascular or other, and curable only upon this understanding.

(To be continued.)

At a recent meeting of the Suffolk (U.S.A.) District Medical Society, Dr. Gay exhibited a black-headed steel bonnet-pin, six inches long, removed from the urethra of a man seventy-five years old, who, "having nothing else to do," had introduced it head foremost, and had let it slip through his fingers.

THE University of Oxford, by a decree of Convocation passed on March 4th, has authorised the Professor of Anatomy and Physiology to engage a table for the use of students of the University at the zoological station of Villefranche. Some demonstration against the proposal was indulged in by anti-vivisectionists, but they abstained from going to a division on the question.

Lectures ON THE EYE: ITS DISEASES, AND THEIR REMEDIES.

*Being an Abstract of a Course delivered in the Royal
College of Surgeons in Ireland,*

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(Continued from page 157).

LESIONS of the cornea are of three classes, and may be grouped as follows:—

- a. Inflammations (corneitis-keratitis)—
 1. Diffuse, interstitial or parenchymatous keratitis.
 2. Punctated keratitis, once called aqoucapulitis.
- b. Ulcerative conditions—
 1. Herpes cornealis.
 2. Abscess or onyx.
 3. Simple ulceration.
- c. Vascular hypertrophy—
 1. Pannus.
- d. Sequelæ—
 1. Opacity or staphyloma (keratoconus).
 2. Conicity of cornea.
 3. Arcus senilis.

Those diseases which I have classified above as inflammations are always of constitutional origin, and occur as symptoms of a taint, whether strumous or syphilitic, and their onset is marked by decided pathognomonic conditions.

Keratitis diffusa is an invasion of the structure of the cornea proper by a proliferation of the corneal corpuscles which swell up, branch out, multiply, and expand the interlacing canals by which the cells communicate, causing the structure to assume the condition of a network of anastomosing tubes. At the same time the lymph contents of the cells become opaque and slightly granular, and thus the transparency of the cornea is lost.

The disease almost always commences in one eye, and runs its course before it develops in the second eye, and it is excessively slow, both in its development and its resolution, so much so that when the onset of a diffuse keratitis is diagnosed, it may be predicted that three months at least will elapse before both eyes have gone through the attack. The inflammatory opacity which is at first limited to a patch of cornea extends by degrees until the entire structure is engaged, at which stage the glossiness of the corneal surface is completely lost, and it assumes an appearance of evenly disposed granular dimness, exactly resembling coarse muffed glass. After a time if the inflammation be intense normal blood vessels become developed at the corneal margin, and may be seen extending inwards towards its centre, and giving to the opacity more or less of a patchy red colour. The most manifest concurrent symptom is intolerance of light and lachrymation, which conditions are often very troublesome, but there is generally not much aching pain either in temple or eyeball. Throughout the course of the disease the ciliary region suffers much congestion, as is manifest by a well-defined pinkness of the sclerotic, especially at the circum-corneal zone, and this colour being uncomplicated by any conjunctival vascularity is very indicative of this disease.

Diffuse keratitis rarely results in suppuration or ulceration, and it is not accompanied with swelling of the lids or conjunctival engorgement. When suppuration does take place these complications, together with some aching pain, are added to the other symptoms. In ordinary cases the disease increases in severity for about ten days, remains stationary for about a fortnight, and occupies about a month or six weeks in resolution, during which period the second eye is usually attacked; but there

are the widest variations in these periods. When all inflammatory symptoms have passed away a faint diffused opacity remains which takes months to clear off; eventually transparency is almost completely restored, but, generally speaking, the cornea will have suffered in shape from the disintegration which it has passed through. Conicity of the cornea, which I shall refer to as one of the sequelæ of corneal disease, remains a permanent blemish.

Causes.—I have said that keratitis is almost always associated with a constitutional cachexia. Formerly this taint was always identified with the strumous diathesis, and the disease was known as "chronic scrofulous corneitis," but in the year 1863 Mr. Jonathan Hutchinson identified the disease as being, in many cases, associated with hereditary syphilis. Being a symptom of constitutional disease this keratitis shows itself at the period of life at which diseases of strumous and syphilitic origin usually manifest themselves, i.e., between childhood and 17 years of age. Mr. Hutchinson observed that it was commonly to be seen in children who had the syphilitic physiognomy, and who had a history of disease of the nasal bones, skin eruptions, &c., and he noted as a specially diagnostic symptom the stunted development,



Fig. 17. Syphilitic Teeth.

and a peculiar notching of the teeth, of which I give an illustration, and which he describes as follows:—

"Coarse, flabby skin; pits and scars on the face and forehead; cicatrices of old fissures at the angles of the mouth; a sunken bridge to the nose, and a set of permanent teeth peculiar for their smallness, bad colour, and vertically notched edges of the central upper incisors, coincident with, or preceding the keratitis, may be found; ulcerative lupus; nodes on the long bones; psoriasis of face; otorrhoea; chronic enlargement of tonsils; throat ulcers; thickening of the parts under the tongue; and chronic engorgements of the lymphatics."



Fig. 18. Syphilitic Teeth (HUTCHINSON).

"When first cut," says Mr. Hutchinson, "these teeth are usually short and narrow from side to side at their edges. In the edge is a crescentic portion thinner than the rest, which, after a time, breaks away, leaving a broad, shallow, vertical notch."

My own experience is that keratitis is a disease of cachexia, but not necessarily of the syphilitic dyscrasia, and that a strongly tonic line of treatment is always essential whether mercurials be given or not.

Keratitis punctata is another form of disease closely related to constitutional cachexia. It is extremely slow in its course, even more so than the parenchymatous keratitis, and its peculiarity is in the deposit between the corneal layers of minute greyish yellow deposits which give the cornea the appearance of being spattered on the back with a paint brush, hence the disease is called punctated corneitis. These deposits are usually situated between the posterior layers and on the free surface of the posterior lamina, hence it was formerly considered to

be a disease of the membrane of the aqueous humor, and was called aquo-capulitis. It is very frequently associated with chronic irido-choroiditis or other slow inflammations of the deep seated structures of the eye, and as there is generally some dulness of the cornea, besides that due to the punctiform deposits, and some haziness of the aqueous humor, there is a good deal of loss of light.

The treatment of both the parenchymatous and the punctated forms of keratitis should be directed to the strengthening of the patient in every way possible. If there be other distinct evidences of syphilitic taint, and if the disease be acute, mercury by inunction may also be necessary, and, even in doubtful cases, I am accustomed to give a little grey powder or other mild mercurial alternative, and the bichloride of mercury in doses of one-twelfth of a grain combined with tincture of bark is also very useful when the disease is not acute. For the weakened cachectic condition of the patient, open air and abundant nutritious and digestible dietary are essential, and with them cod-liver oil, iodide of iron, quinine and iodide of potassium are very useful.

In the local treatment I have found it beneficial to maintain an open blister on the temple, to instil atropine solution three times a day as a sedative to the inflamed surface, and to keep the eye quiet with a compress and bandage. Irritants or stimulants to the eye surface are altogether objectionable, while hot poppy stupes and steam are not only grateful to the patient, but of curative value. The prognosis is always good, and the recovery generally complete, but the patient should be warned of the excessively slow course of the disease, and of the possibility of permanent aberrations of sight, arising from the alterations in curvature of the cornea; of these I will speak when dealing with "conical cornea."

Is so clearly related to the herpetic or phlyctenular form of conjunctivitis that it might be regarded as only an extension of the latter disease. It begins with a minute circumscribed swelling or pimple within the substance of the cornea, which causes great pain and intolerance of light, and is likely eventually either to burst on the surface or establish a corneal abscess, ending in a deep ulcer of the cornea and subsequent cicatrix, or in an opening into the anterior chamber with deposit of pus therein. This nodule usually presents, at first, a watery vesicle at its surface, and is surrounded with an areola of grey cloudy lymph thrown out within the corneal structure; and when the point of the nodule has ulcerated the ulceration is liable to extend within this areola. These herpetic nodules are usually close to the corneal margin, and in company with conjunctival phlyctens, and a large bunch of red vessels will be seen leading to them from the conjunctival surface, and forming a triangle which has its apex at the phlycten. At the same time there is great intolerance of light, abundant lacrymation and spasm of the lid, and a greater degree of aching pain than occurs in simple conjunctival herpes. The extent of these symptoms, and the amount of danger to the eye are measured by the number and depth of the phlyctens, which may be quite superficial and numerous, in which case they readily heal up, or they may be solitary and deep, in which case dangerous ulceration commonly results.

The exciting cause of these attacks and of the frequent relapses which are a characteristic of the disease is to be found in a low condition of health, and that particular nerve condition which produces herpes zoster or any of the allied affections. It is also frequent as a sequela of measles and the other exanthemata, and in weakly children of scrofulous temperament. It is on many occasions part of a general impetigo which breaks out on the face and head, especially at the roots and back of the ears, corners of the nose and mouth, and on the cheek, and the pain and inconvenience of the eye disease is then greatly aggravated by the itching, burning, and tenderness of the herpetic surface; hence the physiognomy of these cases cannot be mistaken.

Treatment.—The constitutional treatment of corneal

herpes is in great measure the same as that of phlyctenular conjunctivitis, to my description of which I refer the reader. As I have said in reference to phlyctenular conjunctivitis, the constitutional treatment of these cases is of supreme importance. Fresh air, nutritious dietary, change of air when possible, regulation to the gastro-intestinal system, and the most rapid effective tonics are indicated. The patient, if a child, should sleep by itself in a cot without curtains, the room being abundantly ventilated and not too dark. Beef-tea strong and frequent, milk with lime water, custard puddings with eggs, in fact, the most nutritive and digestible dietary possible is necessary. The patient should walk, drive, or be carried out of doors two or three times daily, not smothered in coverings, or with a handkerchief held to the face. As regards internal treatment a stomachic and alternative of grey powder with ginger should be given at night, and the bowels cleared with castor oil if necessary.

But as there is in the corneal disease a serious danger of abscess and ulceration, and perforation, which does not present itself in *herpes conjunctivalis*, the local treatment must be modified. In the superficial little herpetic blisters a simple sedative line of treatment with instillation of atropine and with sedative evaporating lotions will suffice, but where the herpetic nodule is deep in the cornea the most active means ought to be adopted to allay the inflammation, prevent lymph infiltration of the cornea, and, if suppuration be inevitable, to bring it to the surface, and not permit it to perforate the anterior chamber, in which case the eye must suffer serious permanent injury. When suppuration of a pustule is threatened sulphide of calcium, which is to be had in doses of 1-30th of a grain made up in coated pilules, is highly recommended as a resolvent, and one pilule may be given thrice daily. If suppuration has commenced hot poppy stupes and poultices should be applied, and where the surface has ulcerated a bandage and compress may be necessary, but the sooner the condition of ulcer will permit of these being dispensed with the better for the patient. In this view I differ in opinion from many authors, who regard compresses and bandages as indispensable in all stages of the disease. Cod-liver oil, iodide of iron, and, in adults, a combination of arsenic, quinine, and iron are very useful. When the inflammation has passed off, the dusting of the ulcer with calomel and the use of Pagensticker's ointment helps complete the cure. The instillation of atropine is useful, not only for its sedative effect upon the ulcer and the ciliary system, but because it tends to reduce pressure within the eyeball, which, when the cornea is thinned and softened, irritant applications of any sort are to be forbidden, and except in the last stages of the disease, where it may be necessary to stimulate the healing of an indolent ulcer.

The concurrent herpetic eruption of the chest, nose, mouth, and ears will also need local emollient treatment, which consists in frequent bathing with lukewarm milk and water or tepid solutions of chlorinated soda, removing the scabs wherever they are exfoliating, dusting with violet powder the raw surfaces, and, in the intervals, keeping the surface greased with dilute oxide of zinc ointment, vaseline, or glycerine cream.

After recovery from an attack it is of high importance to continue the constitutional treatment to prevent relapses, a precaution which is frequently neglected. Iodide of iron is specially indicated at this time, and, if the season permit, sea bathing is all powerful to prevent recurrences.

(To be continued.)

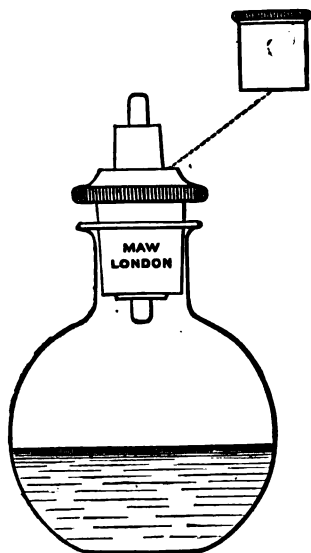
THERE are forty lady students at the Paris Faculty of Medicine of different nationalities. The French are greatly in the minority, and the Russians head the list.

A NEW FORM OF EYE DROP-BOTTLE.

By H. MACNAUGHTON JONES, M.D., M.Ch.,
F.R.C.S.I. & E.,

Formerly Surgeon to the Cork Ophthalmic, Aural, and Throat Hospital,
Professor in the Queen's University, Ireland.

THE essential qualities in a good eye drop-bottle are—
1. Convenient size ; 2. Ready, but not too rapid, dropping of the fluid ; 3. Exclusion of the air and protection of the liquid from dust particles when the bottle is not in use ; 4. Protection from the influence of light. Liebreich's well-known drop-bottle, which I have used for several years past, has certain drawbacks and disadvantages. I have found these in practice to be—*a*. Uncertainty of flow ; *b*. The cork, when the bottle has been a little time in use, becoming loose, and the glass tube also loosening in the cork ; *c*. Exposure of the solution to the action of sunlight ; *d*. Entrance of dust particles. To have a bottle in which these defects would be obviated appeared to me a great want. Accordingly I have had made for me a bottle by Messrs. Maw & Son, as depicted in the drawing.



These bottles are made in two colours, blue and yellow. The stopper is made of rubber and vulcanite, and fits accurately and tightly the neck. The vulcanite portion is all in one piece, and forms in the centre the narrow tube for the exit of the fluid. This stopper is covered by a neatly-fitting air-tight cap. The entire bottle, of the exact size shown in the drawing, is very light, and, as in the bottle of Liebreich, by simply holding it in the hand and inverting it, the drops are expelled. There is no waste. For the use of eserine (so prone to decomposition) duoboisine, pilocarpine, gelsemine, and atropine, or nitrate of silver, by preventing the entrance of dust or the rapid generation of fungi, and arresting the action of light on the alkaloid, this bottle will be found of great use. There is an obvious advantage to the surgeon and patient in the different coloured glasses, which distinguishes at a glance, and without label, the nature of the contained solution. It is comparatively inexpensive. While on the subject of the alkaloids, I may, in passing, draw the attention of practitioners to the superiority of the salicylate salt of eserine (made for me by Messrs. Corbyn, Stacey & Co.). It is more stable than either the hydrobromate or sulphate, though it is not so widely known and used.

141 Harley Street, W.

Mr. W. P. MEARS, author of the well-known student's "Text-book of Schematic Anatomy," has been elected Examiner in Anatomy in the University of Durham.

Clinical Records.

SHEFFIELD GENERAL INFIRMARY.

Case of Bell's Paralysis followed by Contraction of Facial Muscles.

Under the care of Dr. H. FRENCH BANHAM.

JANE H., *æt* 29, was admitted into the Sheffield General Infirmary in December last. She was married at the age of 19, and has had eight children, two of which are living, two were still-born, and the remaining four died within a few days of birth. Her mother died at the age of fifty-five and her father is still living. She has lost fourteen sisters and one brother, some of whom, it seems probable from her account, died of phthisis. At three years of age she had small-pox, after which she had an inflammatory affection of the left eye, followed by opacity of the cornea, and the sight has remained so far impaired, that she is only able to see the bare outline of large objects. Within two years of her marriage she had a number of sores about the front and sides of her neck, but not elsewhere on her body. She has not suffered from sore throat or eruptions on her skin at any time. About a year ago she had what she called a "stroke," which affected, however, only her face, not any of the extremities. On the evening previous to the attack she went to bed feeling perfectly well. On awaking in the morning she noticed that she could not pronounce some words distinctly, and in the afternoon when her husband returned from his work, having been away from home since half-past five in the morning, he remarked to her that her face was all awry. She found on looking in the glass that the right corner of the mouth was drawn up, and shortly after she was unable to close the left eye. Her hearing, so far as I can ascertain, was not affected, but to some extent she had lost her taste. Within a few weeks her face seemed to regain its normal appearance, and she supposed she was recovering, but, subsequently, a slight progressive deformity seems to have developed on the left side of the face.

At the present time, the left side of the patient's face seems to bear a cynical smile, the left nasal fold is more distinct than the right, and the left angle of the mouth is slightly drawn up, slight twitching movements are occasionally noticed about the left side of the face, in conversation and on being requested to make certain movements. The left cheek is rather firmly applied to the jaws, and when the finger is introduced into the mouth between the teeth and cheek, she experiences pain and the fibres of the buccinator are felt to be tense and cordlike. The mucous lining of the cheek is jagged and puckered, owing to it having been rather severely bitten during mastication. The uvula is distorted and scarcely any movement is performed by the soft palate in making the sound "ah". The left eye cannot be examined on account of the opacity of the cornea. The right eye is healthy. Her hearing on both sides is good.

There can, I think, be no doubt that this patient suffered a year ago, from an attack of neuritis affecting the facial nerve, not merely of the part external to the Fallopian canal, but also of that internal to it, and, indeed, extending up to the geniculate ganglion. Whether the neuritis was of the ordinary rheumatic form, as is so commonly the case in Bell's paralysis, or of a syphilitic nature, I cannot at present determine. It has, however, been attended by such an amount of exudation, of probably a plastic character, as has led to some degeneration taking place in the muscles supplied by the branches of the facial nerve. Neuritis affecting that part of the facial nerve which is external to the Fallopian tube, is not so likely to produce a destructive compression of the nerve and consequent degeneration and contracture of muscle, as is the same amount of inflammation taking place within the unyielding bony canal. The present condition of the uvula and soft palate, coupled with the fact of the defect of taste, which she experienced at the onset of the attack, indicate very clearly, also the involvement of the deep portion of the nerve. I would call attention to the fact that the muscles are not spasmodically contracted, but that they have undergone organic contracture. Spasmodic contractions may be overcome by firm pressure and without causing pain, but a muscle which has undergone contracture cannot be extended, and the first attempt gives rise to severe pain.

Transactions of Societies.

ACADEMY OF MEDICINE IN IRELAND. SURGICAL SECTION.

Mr. W. I. WHEELER, President, in the chair.

DEBATE ON THE RADICAL CURE OF HERNIA.

Mr. W. THORNTON STOKER said in considering the subject they should hold clearly in mind that there were two distinct classes of cases in which they operated and hoped to have a radical cure—one the class in which they were compelled to operate by the existence of strangulation and the other where the operation was purely a matter of election to promote the convenience of the patient rather than save his life. As the result of his experience in the majority of cases where he undertook an operation for strangulation a radical cure had been effected. In nearly all cases of operation for femoral hernia a permanent cure had been effected, even though the surgeon had no design beyond saving the patient from the consequences of the strangulation. But in large inguinal ruptures a radical cure was not so frequent, and in such cases he could not conceive a surgeon omitting to suture the peritoneum. In his first case he performed herniotomy, about twelve years ago, in Baggot Street Hospital, where he operated on a woman for strangulated femoral rupture. Then for the first time surgeons were discussing the propriety of suturing the peritoneum in ovariectomy. It occurred to him that he ought to put stitches in the peritoneum for the same reason as in ovariectomy, and so by closing the peritoneum save the patient from the great danger of peritonitis. Ever since he made it a point to suture the peritoneum. The suture should always be put into the peritoneum in such a direction that the axis of the needle would be parallel to the long axis of the hernial sac. He had been struck with the omission to mention, except in a passing allusion by Mr. Franks, the operation devised by Spanton, and spoken of as the corkscrew operation. The measure of success that Spanton had attained was so great as to prevent the operation being passed over in silence. Indeed, the results had been surprisingly successful and safe. When he read a paper on the subject himself he was an advocate in the second class of cases for Wood's operation, and he was not inclined as yet to renounce his allegiance to it. He saw but little to be gained by making a free dissection of the parts, such as could be done under antiseptic spray. A great argument for performing Wood's operation under spray was that a good view was obtained of the parts under suture. He did not think it mattered much whether the pillars of the ring were drawn together or not. The way a cure was effected in those cases was by causing enough of inflammation to excite the exudation of a large mass of coagulum and lymph, which drew the parts together, and to some extent formed a cork, which closed the opening. Mr. Barton scarcely did justice to Wood's operation, its fatal results being 1 or 2 per cent. Two years ago Wood operated on 200 consecutive cases subcutaneously without a single death; and his results of cure were greater than Mr. Barton had stated, being from 80 to 85 per cent., a large proportion, recollecting that he operated on cases of all sizes and all ages. He entered his protest against the fashion which was obtaining now of leaving in the wire suture in cases where the ring was sutured in inguinal hernia. That was a most unscientific and unsurgeonlike procedure. Although the wire might be safely encysted, a time of trouble might come when it would be a source of trouble. In no case of rupture could the operation be so successful that at a future day the rupture might not come down again; and if the rupture returned and the patient had a coil of wire encysted in his abdominal wall the result was inevitable. If it was his misfortune to have a rupture he would be sorry to let any surgeon leave a wire in his abdominal wall.

The PRESIDENT said, as he had been asked by Mr. Barton to contribute to the debate, he would relate the result of a few cases he had copied from his note-book, regretting that other engagements prevented him from making a full report. In 1876 he operated after Wutzer's method on a large left scrotal hernia. The age of the patient was thirty years. The operation was partially successful. The hernia descended into the canal, but not into the scrotum, and could be kept up by a truss. In the same year he operated on a small inguinal hernia in a male, æt. 35. The course adopted was invagination with pins passed across the canal. The hernia was not im-

proved. He operated on this patient again with good result, the hernia only protruding a little at the internal ring when the patient coughed. The third case in the same year was also one of inguinal hernia in a male on the left side. The neck of the sac was exposed. He then drew it down and applied a ligature and divided the neck and removed the sac below the ligature. This case was successful when seen two years after the operation. In a fourth case he performed a similar operation in a case with Dr. Byrne. The patient, a female, suffered from a small inguinal hernia in the centre and above Poupart's ligament, which became strangulated. She was perfectly cured, and more than five years had elapsed since the operation. A fifth was a case of femoral hernia strangulated on left side in a female, æt. 18. He opened the sac, pulled down, excised, and closed edges. The result up to eighteen months after the operation was most satisfactory. He had lost sight of the patient since, and believed she had gone to America. A sixth case was a large reducible inguinal hernia in a male, æt. 42. He adopted the dissection method. The hernia was not improved. A seventh was a similar case, and the same plan was adopted with a like result. In two cases of inguinal hernia, left side, in children aged respectively 10 and 5 years. The dissection method was adopted in both with the result that the hernia was not improved in the child of ten, while it was very successful in the child of five. In a case of strangulated umbilical hernia which he had recently operated on in presence of Dr. B. McDowell and Dr. Byrne, the wound healed by granulation, and the radical cure was thus effected. That surgeons were not satisfied with any particular operation for the cure of hernia was evidenced by the fact that so many operations had been devised. Some preferred what had been termed the "hidden operation," alluding to Mr. Wood's, and others; while some preferred what had been called the open, or dissecting operation. This operation, although thought to be a new one some little time ago, was, he believed, performed nearly a century ago, as was well described in Mr. Gross's Surgery, and admirably alluded to in the review of that work by Mr. Richardson, and practised by the late Mr. Walsh in the Adelaide Hospital. He thought that the criticisms by the author of the first paper read respecting Mr. Agnew scarcely represented what was intended to be conveyed; for Agnew said of 62 cases treated by Gardy, 4 died, and there were no means of knowing how many were cured. Dr. Weber, who was cognisant of the result, said that of 14 cases operated on by Wutzer, not a single one was cured. Agnew spoke of his own operation with distrust. Wood, of London, had operated 155 times, with 113 cures, 40 failures, and 2 deaths. The duration of the time of cure of the 113 cases was not ascertained. Dr. Dowell, up to 1876, reported 96 operations, with 80 cures and 16 failures. He (Mr. Wheeler) was of opinion that the cases brought forward in the first communication were not operated on sufficiently long to say whether or not a cure would result, and he believed also that in cases where the canal was much widened, greatly distended by a large hernia, it would be almost impossible to have a radical cure follow any radical measure, and the most likely was by excision of the sac.

Dr. McARDLE mentioned that at the Surgical Congress in Berlin, Czerny brought forward six cases of congenital hernia, in which the pillars of the ring were sutured with catgut; and of these, four were successes, while a fifth—a child six years old—had necrosis of the testicle, and the sixth—a boy, æt. 6—had thrombosis of the veins, resulting in death. In joining the pillars of the ring it was almost impossible to bring the edges sufficiently closely together to keep behind the sac. The irritation of the veins was likely to produce phlebitis.

Having regard to the lateness of the hour, the further discussion was—on the motion of Mr. Ormsby, seconded by Dr. McARDLE, adjourned to a special meeting.

THE ADJOURNED DEBATE ON THE RADICAL CURE OF HERNIA

was opened by

Mr. LAMBERT ORMSBY, who had moved the adjournment of the discussion of the communications on the radical cure of hernia, said it devolved upon him to open the debate. He had moved the adjournment at the previous meeting owing to the lateness of the hour and the fact that so many of the members had not had an opportunity of stating their experience in the treatment of an important surgical affection. He had listened with great pleasure to the papers of Mr. Stokes, and Drs. Barton and Franks, and although the procedure of

each surgeon differed, yet all tended to the same end in endeavouring to cure a most troublesome and frequently fatal surgical disease. The radical cure of hernia, as had been said by previous speakers, was a subject that had exercised the minds of surgeons from time immemorial. Procedure after procedure had been suggested, performed in many cases, and then discarded; and many operations carefully described in the present day were nothing more or less—with few exceptions—than old operations revived under a new name. Mr. Stokes' procedure no doubt was a bold and somewhat heroic one. However, in these days of enlightenment, with the aid of antiseptics and a complete regard to the details of Listerism, one might perform operations in abdominal surgery with the greatest impunity as regards the after consequences. Some of the members present might be rather surprised at hearing him make such an assertion, as he had been formerly such a sceptic as to the advantages of complete Listerism in the treatment of wounds. However, for some years his mind had been undergoing a change by extended experience and examination of the subject, and he now thought it was only right to acknowledge his firm belief in the complete details and advantages of Listerism. He had himself attempted to cure by the radical method cases of inguinal hernia, according to the plans suggested by Wutzer, of Bonn, Wood, and Gerdy—none of which were successful. The patients were improved, no doubt, but not cured, and had still to continue the use of the truss after the operation. He, therefore, devised a plan about eighteen months ago, and performed it successfully on a young man, *æt.* 26, who suffered from oblique inguinal hernia (reducible). He could not find the exact procedure mentioned in any of the books, but still he did not wish to claim any originality for the operation if he was not entitled to it. His plan was as follows:—Having placed the patient on the operating table, and an anæsthetic being administered, the hernia was then reduced, and the skin and cellular tissue of the scrotum was invaginated and pushed up with the finger as high as it would go through the external abdominal ring into the inguinal canal. When in this position a flat needle with handle attached, armed with a stout piece of silk ligature was passed along the finger, fixed in the inguinal canal, and then made to pierce upwards and outwards until it passed through the anterior wall of the canal, so that the eye of the needle was apparent through the skin. The end of the ligature was then caught and secured, and the needle withdrawn. The other end of the same silk ligature was then inserted into the needle, which was passed up along the finger still fixed in the inguinal canal, and passed through the anterior abdominal wall as before. The two ends of the ligature were then drawn up and tightened, and a small piece of bougie about two inches long was then placed between the two ends of ligature which were then tightened and tied firmly across the piece of bougie, close to the point where they emerged from the skin. By this procedure a well marked cœcal canal was formed along the course of the cord by the invaginated tissue. A glass rod was then placed in a solution of liq. ammonia, and then passed into the invaginated canal, so as to abrade the surface, and excite adhesive inflammation or ulceration, and thus finally obstruct the canal. Lastly, a harelip pin or acupressure needle was passed deeply through the tissues transverse to the inguinal canal, and at a point midway between the external abdominal ring, and the position of the ligatures tied over the bougie. Care must be taken, in passing this needle, that it does *not* pass *behind* the cord, but *immediately in front* of the cord. A ligature is then placed over the two ends of the pin or needle and made to firmly compress the tissue between, this pin is allowed to remain until it ulcerated its way out, thereby producing a firm barrier in the canal against the protrusion downwards of the hernia. The ligature over the bougie is also allowed to ulcerate its way out which takes usually three to four weeks. He had performed this operation a year ago, and the man had had no return of the hernia, although engaged in hard manual labour on a farm. In Dr. Franks' cases Mr. Ormsby would prefer to use chromicised gut instead of silver wire, and would on no account leave the wire permanently unheeded in the abdominal wall, as some day or other he believed it would give rise to trouble.

Mr. CORLEY said he had records of a good many cases in which he had endeavoured to effect the radical cure for strangulated hernia. In a debate which took place two years ago on Mr. Stoker's paper discussing Wood's operation for the radical cure of hernia, he took part. Although he had never performed that operation he had seen it done, and having

witnessed the results he was of opinion that the direct operation by dissection was better in theory, and more likely to be successful in practice. Some years ago he introduced to the Society a word invented by an American surgeon, describing the treatment of bullet wounds where the wound was stitched up and the bullet left in its place, as "Ostrich" surgery. It was suggested by the ostrich hiding its head from possible consequences, apparently in the hope that all would be right. It appeared to him that Gerdy's, Wood's, and such like operations were blindfold surgery, especially as most writers were not agreed as to the exact structures that were included. Going on the lines indicated by Mr. Stoker in the present discussion there were two classes of operation, the operation of necessity and the operation of election. There could be no doubt that operating on strangulated hernia they ought as far as possible to make the operation a radical one. That idea was not always prevalent. For the first half dozen cases he operated on himself it was not strongly present to his mind, and he knew it had not always been prevalent in the minds of other surgeons. The other operation was that of election, where there was no strangulation present, where a man suffered from a hernia liable to come down and endanger his life. Here the surgeon had plenty of time to consider what he would do. The principal point to understand was what was to be done and to what extent. Looseness of phraseology had crept into some of the papers; for instance, Mr. Barton had quoted an authority who spoke about the inner ring, which was either misleading or was sheer nonsense; and so too was the expression about the perfect occlusion of the canal, which would imply, as Dr. M'Ardle observed, frequent necrosis of the testicle. Thinking over why some cases were successful and others not, he remembered that Lawrence, in his book on ruptures, published in 1838, had remarked that one of the predisposing causes was an elongated condition of the mesentery, and a lax condition of the peritonæum. Thus the intestines were allowed to swing more easily against the anterior abdominal wall. Lawrence spoke of a number of methods for the radical cure of hernia. One of the earliest and wildest operative procedures was incision—i.e., dividing the integuments and opening the sac after the integuments had been replaced, and then dressing the wound so that it should be healed by granulation. This was in short, the operation for strangulated hernia performed on reducible ruptures. It was, practically speaking, the operation by election. The modern antiseptic plan was engrafted on it which made the exposure of the peritonæum a much more trivial operation as regarded danger. Lawrence wrote:—"In the more difficult and dangerous proceeding of excision, a portion of the integuments was removed and the sac, or a part of it, was cut away. These methods were followed by Celsus, who prohibits operation when symptoms of strangulation are present, and when the swelling contains a large quantity of the intestine. In cases of epiplocele he pushed back the omentum, if it were a small piece; when it was larger he left it out and applied escharotics until it fell off. He says that some passed a needle through the middle of the omentum, and then tied it in two portions. He objects to cutting it away on account of the hæmorrhage." So, therefore, they had to go very far back for the methods adopted at the present day for the cure of the disease. Again, Lawrence observed:—"Ligature and suture of the sac. Several methods have been practised of tying or sewing up the hernial sac, either alone, or in conjunction with other neighbouring parts. Thus some operators having passed a needle and ligature through the skin and under the sac placed a piece of wood between the two ends and then tied them. They drew the knot closer and closer until the included parts had perished. As the spermatic cord was intercepted and the testis consequently rendered useless, the organ was removed, but some professed to include the sac only, and tied the sac. In order to save the testis it was proposed to lay bare and open the sac, and then to sew it up with an uninterrupted suture. This method having for its object to preserve the testis and to maintain it in a state capable of fulfilling its function, that of giving subjects to the king, was styled the royalistic." The subject of necrosis of the testicle was obviously one of those points. His attention was further drawn to the dissecting operation by an operation for varicocele which he performed last winter. He was adverse to doing it, but it was forced on him. The best course, he thought, was to isolate the parts, and when everything was exposed, and in isolating one part from the other there was

the greatest difficulty, so that it impressed on his mind that all the ordinary operations by pin, needle, stitch, and suture were the blindest of blind operations, as well as in the ordinary radical operation for hernia. In connection with the radical cure of all reducible hernia, the point to be considered was how far interference would be justified. It appeared that dread of any operation involving the peritoneum was one of the reasons why a direct operation was said to be undesirable. Abernethy and Petty brought forward their fatal cases of interference with the peritoneum. But as far as he was himself concerned, he preferred for the reasons he had stated, the direct operation. The three papers read were of great value, and the discussion, every member giving his experience, would be of service in the future of this operation.

Mr. HAYES said he had twelve years ago operated on a female who from infancy suffered from inguinal hernia, which could not be satisfactorily supported by a truss. It was not an operation of selection but one of necessity. The patient was in a wretched state, owing to the fact that she was never secure from risk of inflammation. He performed Wood's operation with most satisfactory results. The patient wore a light truss for a short time, but she subsequently dispensed with its use. She married, bore three children, and was seen ten years afterwards perfectly free from any danger of hernial protrusion. A second case was that of a young lad suffering from reducible inguinal hernia, but that could not be reduced by the application of a truss. In this instance also he performed Wood's operation. The result, however, was not so satisfactory as in the first case, the hernia having returned when the boy moved about without the aid of a truss, but when he used a truss which had previous to the operation been ineffective, he was able to support the hernia. Dr. Cruise had twenty years ago performed Wood's operation in the case of a young boy, and he had a letter from him that day stating that ten years after the operation he saw the boy perfectly free from all probability of hernial protrusion, and he had worn a truss from the date of the operation. Mr. Coppinger performed the open operation, exposing the external abdominal ring and bringing the margins of the ring together at the points of suture. Several operations founded on Wood's principle were in vogue, for example, Spanton had devised an instrument to effect the object brought about by the wires or pins in Wood's. There was an operation employed in America and attempted by Dr. Warren, to effect the radical cure by the injection of some irritating fluid within the inguinal canal and round the abdominal rings. He wrote to Mr. Bryant asking for the result, and Mr. Bryant replied:—"Dr. Warren operated upon one case of mine at Guy's for the radical cure of hernia, and the case did well. The man wore a truss afterwards, and six months later the hernia had not been down. I have not done Warren's operation, although Dr. Warren kindly sent me his instruments, as I have not been able to understand the principles of his practice. It seemed to me a mere matter of chance where the injected fluid went. I can hardly compare Wood's with Warren's operation, the former being far more severe. I have, however, performed Wood's when a hernia cannot be kept up by a truss with success. I like Spanton's in theory, and shall give it a trial. I like, better than all, where an operation for the stitching up of the neck of the sac with the pillars (internal), and in some cases of congenital hernia I have cut down upon the sac and done the same." So that Bryant was in favour of the operation by dissection. In performing the operation, Rushton Parker recommended that the neck of the sac should be thoroughly exposed, then drawn down and the sac ligatured as closely as possible to the internal abdominal ring, the further steps being identical with those described by Mr. Stokes and Mr. Corley.

Mr. THOMSON, following Mr. Ormsby's suggestion by adhering to the discussion of the dissection method, said Mr. Corley had properly drawn attention to the fact that the plans that had been referred to were not new. The plan of cutting down upon the sac, upon the pillars of the ring and stitching them, and above all ligaturing the sac and removing a large portion of it, was as old almost as the history of surgery itself. Mr. Corley had also properly mentioned the reason why these methods had been for a considerable time abandoned; but of late years under better methods of treatment the plan of direct dissection had been re-established, and it was far and away superior to any other that had been devised. The question always to be determined in recommending or under-

taking the operation of election was, What was the risk to the patient? Was it justifiable to subject the patient to a risk, whatever it might be, by cutting down upon the hernia, or cutting away the sac with portion of the peritoneum, when perhaps he could get on very well by the use of a well adjusted truss? But before deciding upon that there was the preliminary question whether, if the man were left alone with his truss, and especially if he happened to be of the lower classes, for instance, a labourer, who was to some extent outside the pale of surgical assistance, he might not in the end run just as great, if not a greater risk of strangulation of the hernia and death, than if operated upon under favourable conditions? His own impression was, that given a particular case prepared properly for operation, and understanding that the patient was in all respects favourable, the patient would have a better chance of life by operating upon him and trying to relieve him of his hernia than by the chance of having the hernia strangulated afterwards. In the country he might not have the means of help or the intelligence to recognise the strangulation when it came on, and therefore it was best not only to relieve him from the risk but from the inconvenience of a hernia, if they could, by operating upon him under favourable circumstances. Another question raised was as to the material that ought to be used in stitching the pillars of the ring. He had himself operated on three cases of dissection, and in each he had pursued a different plan. In the first, which was an enormous scrotal hernia of twenty-five years' standing, extending nearly to the man's knee, and so bulky that he had his trousers arranged for it, and yet the tumour could be noticed as he walked along, he cut down on the hernial sac and found it adhering to the ring and parts about. He reduced the hernia and cut away about six inches of the sac, ligaturing the sac itself and leaving a pretty fair stump beyond the point at which the ligature was applied. He did not, however, stitch the ring; because, acting with the concurrence of his colleagues, he believed the stump which was adherent to the parts round about would be sufficient to act as a plug for the opening, and that it was unnecessary to operate on the ring itself. The result was extremely satisfactory, there was some difficulty about his scrotum; he got secondary hæmorrhage from the ulceration of enormous veins, but he ultimately recovered. That was twenty months ago, and he was quite well. He was sent out wearing a truss, and when he last heard of him the hernia had not descended. In another case, a child, twenty months old, had double inguinal congenital hernia. He operated on one side, using chromicised catgut to draw the pillars together. Any attempt to ligature or cut off the sac would be attended with troublesome dissection. What he did was to transfuse the two walls of the sac, and in that way he stitched them together, hoping that sufficient adhesion would be established to help in ligaturing the hernia. The child went out with the hernia up, but after three months returned with the hernia down. He had used chromicised catgut in ligaturing the pillars of the ring; but he would not do so again in the case of an infant unable to control its feelings. The patient was subjected to a second operation on the opposite side six months afterwards. On that occasion he used carbolised silk, and with three or four sutures in a very large ring drew the pillars tightly together. That was in the month of October, and the child went out perfectly well so far as the hernia was concerned. The wound healed, and the hernia had not since returned. He objected to the use of the catgut ligature, because, even though chromicised, it did not last sufficiently long to produce such adhesion in the pillars as would resist the pressure of a large hernia. To obtain sufficient resistance the wire or the silk must be used. Mr. Ormsby and other speakers had objected to the use of the wire. He had no experience of it himself, but the experience of Mitchell Banks, in Liverpool, who had used it for all his cases, a considerable number, was that there had been no trouble whatever with the wire. The wire was simply cut short and became encysted, the wound healing over it, and there was no further trouble. It had been always the aim of surgeons to procure perfect relief from the hernia, and he would have no hesitation at all in recommending operation for the cure of hernia in a suitable case. He believed the danger of wounding the peritoneum, as experience in late years had proved, had been exaggerated so long as the operation could be done under conditions that would exclude from the peritoneum poisonous particles.

Dr. WARREN would exclude the operations for strangulated hernia as outside the debate. The operations of

election were really what they ought to consider as of importance. Having assisted his colleagues in several operations, and from what he saw, the operation by dissection, he felt sure, would be, *par excellence*, the operation of the future. Wood's operation was eminently haphazard, lacking the surgical precision which the other possessed. In the operation by dissection the surgeon had everything displayed, as in the case of a dead body in the anatomical department, and, therefore, there was not much risk. With regard to the treatment of the peritoneum, it could, by adopting the modern method, be handled with an impunity that the old writers never dreamt of, in fact, it seemed to stand more handling than any other part of the human frame. The point had been raised as to whether the pillars of the ring should be approximated, and if so by what means. Some had said that it did not matter whether they were connected so, but that it altogether depended upon inflammatory action excited in the parts. That assertion, however, was not borne out in the operations of his colleagues, for in one of Mr. Barton's cases two metallic sutures were introduced, and the hernia subsequently descended. In another case, two were introduced with perfect success, indeed such brilliant success that a board of public service passed the gentleman for the army, having rejected him before. This was clearly to be attributed to the treatment by the metallic sutures. Despite the objection raised he could not see any to leaving in the wires. In many other surgical operations wires were left in with the greatest impunity. Sir Joseph Lister left wires in in bones. Again, a gentleman, whom Mr. Franks operated on, exhibited himself to some of the members with the wires in the abdominal wall perfectly painless, the hernia never descending and the truss abandoned. Indeed, he was one of the champion bicyclists. As far as the debate had gone the weight of evidence supported the operation by dissection. They had not to deal with the obsolete views of the year 1838, but with the hard, stern facts of 1884.

Dr. BALL said he had, a number of years ago, in North Wales, performed Wood's operation twice. In one case, the result was everything that could be desired, the patient being able to do without a truss and remaining so up to the present. In the other, however, the hernia descended after some time, and a truss became necessary. The truss kept it up, while before the operation great difficulty was experienced. He invited suggestions as to a case he had at present under his care in Sir Patrick Dun's Hospital, namely, that of a young man, *et. 23*, who had a large right and a small left inguinal hernia, which prevented him from following his avocations at the gas works. Having determined on an operation for the radical cure, it occurred to him that an important addition might be made to the dissecting operation by practising on the sac torsion, so that the neck of the sac in the inguinal canal would be occluded by the twisting of the sac. That course, if practicable, presented several points of great utility. First, there would be a thick cord instead of an open cavity in the inguinal canal; and secondly, as Mr. Corley had remarked, one of the great predisposing conditions to the formation of hernia was the very lax condition of the peritoneum in the inguinal region, and the twisting would undoubtedly tighten the peritoneum at that point and so render the occurrence of hernia less likely. Judging from two or three cases which, as Demonstrator of Anatomy in Trinity College School, he had carefully dissected, he did not think there would be any insuperable difficulty in practising torsion, but, of course, the practicability of the procedure could only be decided by operation. What he purposed doing was to expose the neck of the sac, pass a ligature round it, ligaturing it tightly, and then twist the neck of the sac and pass a suture through the pillars of the ring and through a twisted cord to prevent it becoming untwisted. Another important point was that he believed the liability to septic peritonitis would be considerably diminished. Supposing there was septic inflammation at the twisted point it was improbable it would spread by the closely opposed surfaces of the peritoneum without producing limited adhesion; and secondly, the danger of diffuse peritonitis would be, to a considerable extent, diminished.

Mr. O'GRADY did not know whether anybody had had a fatal case except himself. No doubt the practical effect of the present discussion would be to largely increase the number of hernia cases operated on, especially of young children, as the operation grew in popularity. In his case he had several

years ago operated on a young fellow, making an incision in the skin, invaginating the superficial tissues underneath and sewing them and the pillars of the ring together. Nothing untoward attracted his attention at the time of the operation; but after some days the wound suppurated, large quantities of urine were discharged from it, and the child died. It was perfectly obvious that the needle had gone through the bladder. Anyone who reflected on the anatomical formation of the bladder would see how such an occurrence could take place. He was not aware that the accident was alluded to in the text-books. In future cases he had taken the precaution to empty the bladder. He hoped that the statement of his experience would be the means of preventing the recurrence of a similar accident. In favour of the operation he was forcibly struck by Mr. Thomson's argument for operating at a propitious time, and to save the patient from the increased peril in after life of the hernia becoming strangulated, when the sufferer might be beyond the reach of surgical relief. The cogency of that argument was brought home to himself in the present month, and again last September. On both occasions he was telegraphed for, and on both his visit was countermanded. In the first case death was accelerated by a danger not yet alluded to, namely, the treatment of strangulated hernia by liberal doses of croton oil. To a certain extent he agreed with the President that no case could be looked upon as successful that had not been a number of years submitted to the test; for how could they expect that a patient operated on would be a better man than a man sent out of Nature's factory? The recurrence of hernia should not be a bar to the operation, and if they put a man in a position so that wearing a truss would prevent the hernia from coming down, they would do him great good. On the whole, he thought the operation ought to be done more frequently than it was at present. With regard to the question of the wire, there was no knowing when a metallic body in the human frame might become a source of irritation. As to the accident he had mentioned, he found a ready means of obviating a similar result by emptying the bladder. Hutton had mentioned a case of an adult in which a catheter could be passed through the bladder into a hernia, and felt protruding into the groin. Thus not only in a child but an adult might the accident happen of penetrating the bladder.

Dr. Foy observed that a similar accident had occurred to Potts. In cutting down on an inguinal hernia he came on the fundus of the bladder.

Mr. NIXON called attention to the operation devised and practised with success by Fitzgerald, of Melbourne.

Mr. THOMSON inquired whether Mr. O'Grady used his left finger when passing in the curved needle, or what was done to protect the bladder?

Mr. O'GRADY said he did, otherwise, he could not invaginate the tissues.

Dr. ASKE said he had seen several operations performed in the City of Dublin Hospital, most of them upon young children, and with the strictest antiseptic precautions; but in the case of young children the operation, as an antiseptic one, must be more or less of a failure, as there was great difficulty in keeping the dressing applied. Children had as utter disregard for Sir Joseph Lister, and obeyed the calls of nature without any attention to his dressings. The cases not being his own, he could talk about them in a disinterested manner, and state that the hernia returned, and nearly all of the patients went out of the hospital wearing trusses. Some of the patients afterwards returned. A radical cure meant a cure, and, where a truss was worn there was not a radical cure. Again, where the pillars of the ring were united by silver wire, he could not regard them as united by anything else, and, so long as the silver lasted there would be a radical cure. He did not consider radical cure had been effected in Mr. Stokes' cases, the operations not having been performed sufficiently long to say so.

Mr. STOKES in reply to the various criticisms during the debate said, Mr. O'Grady had done good service in striking a note of warning as regarded the danger that attended the operation. In connection with the division as to operations of election and operations of necessity, sufficient attention had not been paid to the difficulties and dangers attendant on operations for any of the congenital forms. One of these difficulties had been mentioned by Mr. Aske, namely, that of keeping the wound aseptic. Everything he had said on that point he endorsed, and it had also been dwelt upon by one of the greatest antiseptic surgeons living,

namely, Prof. Volkmann, of Halle. There was also the danger of injuring the constituents of the cord. The danger of injuring the vessels was great, and likely to be followed by necrosis of the testicle. The startling statement had been made by Krascha that where such a condition existed in order to produce a perfect radical cure it was better to sacrifice the testicle on that side. In his opinion, under no circumstances should it be contemplated except there was reason to believe that the function was destroyed by atrophy, and in young children it was not easy to say whether or not it was in that condition. At the age of puberty a good idea could be formed as to whether the testicle was in that unhappy condition, but until the surgeon was satisfied it existed he would not be justified in sacrificing it. In reference to Mr. Ormsby's practical remarks in favour of chronicised catgut for ligaturing the rings, that was the material he had used in the operation in which he had failed to effect a radical cure; and he had determined undeterred by what he had heard to use in his next case metallic sutures. He had used them in other operations, and no irritation or trouble ensued. Mr. Corley quoting from Lawrence's book had described the operation of cutting down on the sac and leaving the wound to granulate, and this he stated was similar to the operation of dissection. In that conclusion he did not agree. There was a great difference between the two modes of procedure, the cutting down and suturing the neck of the sac and the pillars of the ring. While he agreed with Dr. Warren's statement as regarded the silver sutures, he could not agree with his assertion that Wood's operation was haphazard. Although not particularly enamoured of Wood's operation in consequence of its being so complicated and difficult of performance, the word haphazard was the last that ought to be applied to it. With reference to Dr. Ball's suggestion of torsion, he would like to know what became of the distal portion of the sac. If he seized the sac, and separated it from the surrounding parts the distal portion of it would probably slough and instead of having an aseptic wound there would be the reverse. He could understand the procedure if he coupled with twisting excision of the portion of the sac.

Dr. BALL said that was what he intended to convey. He purposed excising the sac immediately below the ligature.

Mr. STOKES, continuing, remarked that that made the procedure different, and it ought to answer very well. With reference to the peculiarities of congenital hernia, he could not understand how any surgeon could propose ligaturing the sac under such circumstances, having regard to the danger of tearing the vessels, and also to the fact that necrosis and destruction of the testicle might follow. As to his own cases, he agreed that a sufficient time had not yet elapsed to regard them as radical cures, but where eight, nine, and twelve months had, in fact, elapsed since their treatment, he was justified in stating what result had been obtained so far, and it must be remembered that it was extremely difficult to follow hospital cases once the patients left hospital.

Mr. BARTON, in replying, recalled attention to the question he had raised, whether the plan of invagination should now be superseded by that of direct closure of the ring. The invagination plan came to its climax, and got its best exponent in Wood's operation, which combined to some extent the closure operation. But was the invagination a procedure that ought to be pursued still further? or were they on the right tack with the operation of closure? That would be decided by the future record of operations. On the question of the kind of suture, nothing he had heard had changed the feeling which had induced him to employ a metallic suture, the statements being wide and irrelevant. In order to make the sutures as little dangerous as possible, exceedingly minute care should be taken in the operation to see that they were safely placed. For instance, it would not do to have the twisted end jagged, or rough, or projecting against muscles expected to move up and down with the play of the abdomen. Care must be taken to have the twisted end turned down, and placed so that the lymph might be expected to close round it. He still thought it was with silver wire they might expect the greatest success. In the future Transactions of the Academy they might be able to add, not only all the cases favourable, but unfavourable, following the excellent example of Mr. O'Grady, and thus reliable data would be obtained.

Mr. FRANKS also replied. In reference to the treatment

of children, Dr. Buchanan adopted an effective measure. When the dressings were applied, he bandaged the child to a St. Andrew's cross. In two cases in which the method proved successful, he kept the children each fixed firmly to the cross for three weeks, and by that time the wound had healed. In the cases of election the operations recommended were the open or closed method. The open had an enormous advantage over the closed, the surgeon being able to see everything he did. At the British Medical Association in Worcester, in 1882, Spanton, detailing his cases, mentioned thirty-four in which he operated by his method. The operation should only be done on the young and healthy. Of the thirty-four, twenty-two were cases under eleven years of age, and the oldest of the cases was aged 27. The case Mr. Thomson mentioned of the enormous hernia that could be seen in the trousers was a good deal older—viz., 50. He had been tempted to perform castration, as recommended by Krasche, in a case of 50, the testicle being atrophied. He did not agree with Mr. Thornley Stoker, who laid a great stress on the amount of lymph exuded in approximation of the pillars. It could not be contended that, to keep a man outside a window, closing the window would be as effectual as closing the shutter, and in addition putting a couple of iron bars across. In the radical cure by the open method it was impossible to say that a layer of lymph could offer the same amount of obstruction to the descent of hernia that exuded lymph and approximated rings and silver wire would afford. As to the harm of the wire, there was not a single case on record in which it had done any harm. Accordingly, the objections to the silver wire must be looked upon at present as theoretical. From what he had seen and read, he believed the open method of operation would be the operation of the future.

The Section then adjourned.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.

MONTHLY MEETING.—FEBRUARY 1ST.

Dr. THUDICHUM, President, in the Chair.

Mr. KEETLEY showed cases of

AMPUTATION THROUGH THE KNEE-JOINT OF PIROGOFF'S AND HEY'S AMPUTATION;

and he also showed (by permission) the patient in whom the late Mr. Shuter had dis-articulated at the hip, sub-periosteally. Mr. Keetley contrasted the chief arguments for and against amputating through the joints of the lower extremity. When a distal segment of bone was left, e.g., in Pirogoff's and in Gritti's amputations, he strongly urged that it should be wired to the proximal bone, and he showed that otherwise it usually became retracted and a source of tenderness in the stump.

Mr. LUNN dwelt upon the necessity of leaving the periosteum in all cases.

Mr. THOMPSON spoke in favour of the Beaufort artificial limbs, specially as regards their light weight.

Mr. BENTON asked Mr. Keetley if it was his custom to save the patella when amputating the knee-joint, and also asked his opinion as to which were better, to make a long anterior flap and short posterior flap, or *vice versa*; remarking that he himself had found that the long anterior flap was often attended with much sloughing.

Dr. THUDICHUM inquired Mr. Keetley's opinion as to the exact fate of the cartilage in the case of a successful amputation of the knee-joint, and remarked upon the advantages of wiring the stump, as it afterwards became the more serviceable.

In reply, Mr. KEETLEY said that he thought the artificial limbs lately exhibited by Mr. Thompson, viz. (the Beaufort artificial limbs), might be well adjusted to a patient whose hip had been disarticulated, if only it were made to take a firm hold of the pelvis. An artificial limb, for an amputation at or near the hip, should make use of the pelvis, exactly as an artificial leg, for an amputation at or near the knee, uses the thigh. With regard to saving the patella, he was opposed to it, unless a Gritti's amputation was done, and the freshened surface of the patella applied to the sawn surface of the condyles. He believed the changes in the cartilage, after a successful disarticulation, were identi-

cal with those which occurred in cases of unreduced dislocation.

Dr. P. ALDEN OWLES reported on the progress of a case brought before this Society, in April last, by Dr. Drewitt, who showed it as a case of

GENERAL PARALYSIS OF THE INSANE,

but at the meeting, however, Dr. Forbes Winalow and others thought it a case of simple aphasia, which would probably pass off in about six months. The patient shortly showed signs of improvement, both in walking and speaking, and obtained a position as butler. Six months later he was seen by Dr. Owles, who found him getting much weaker, apparently from over exertion, though in walking and speaking he had improved, and there were no symptoms specially characteristic of general paralysis of the insane. On some points his memory did not seem quite correct, but the confusion was not more than is general in those who have impaired their brains with the abuse of alcohol and other excesses. He was then for some time an out-patient at the National Hospital for the Paralyzed and the Epileptic, where he was under Dr. Ferrier, who reported that he found the symptoms to be those of general paralysis, very general tremulousness, defective articulation, and unequal pupils, but without any very well marked mental symptoms. The treatment was bichloride of mercury with perchloride of iron. The patient then went to St. George's Hospital, where basic pneumonia first showed itself, and in three days he died. The doctors at that hospital reported that they saw no symptoms of aphasia or paralysis. No post-mortem was allowed, but Dr. Owles thought the following conclusions probable: 1. It was not a case of general paralysis of the insane; there was an absence of the most prominent symptoms. 2. If it was a case of aphasia, the aphasic symptoms, as Dr. Winalow expected, had almost disappeared in six months. 3. Though there was no proof of syphilis, there was evidence of alcoholism, and it seems likely that this was the predisposing cause, both of the symptoms of paralysis and of the double pneumonia, from which he died.

Dr. THUDICHUM considered that, except in cases of syphilitic history, the use of mercury was disadvantageous, owing to its tendency to accumulate in the tissues.

Dr. DREWITT admitted that he had great doubts on the exact diagnosis when he first saw the case, still he did not think it necessary to have distinct mental symptoms, as that depended greatly on the situation of the disease.

Dr. BENNETT spoke of a case of alcoholism, the symptoms of which simulated those of general paralysis of the insane, and which got well under treatment.

Dr. OWLES then replied.

France.

[FROM OUR SPECIAL CORRESPONDENT.]

MEDICAL TITLES.—There is in France but two medical diplomas, that of *officier de santé* and doctor. The first named title is given to those who, from various reasons, cannot take out the higher degree, the powers conferred on the holders of the diploma are limited, the *officier de santé* cannot perform any major operation without the presence of a doctor (a needless injunction), he cannot hold any hospital appointment, and he is confined to a Department of his own choosing, if he leaves one place to go to another outside the radius marked on his diploma he has to pass a new examination. Of course it is understood that otherwise he possesses all the advantages attached to the profession, and his success as a general practitioner is in no way lessened if he has talent enough, but he is generally looked down on by his *confrères* possessing the highest degree, and often subject to petty annoyances which he has to digest as best he can. However, as regards foreign medical men who come to settle down in France, this diploma is of great value as it confers on them, and with very little trouble, the right to practice, which, otherwise would be refused them unless they were well known

"stars" of the profession. To the English medical man of ordinary merit leave is granted by the Government to go up for the diploma of *Officier de Santé* without any delay, and as the examination is very easy and purely practical, the difficulty is *nil*. . . . When he passes he is not considered by his *confrères* as an *Officier de Santé*, but takes rank amongst them as a properly qualified man and enjoys all the advantages of an M.D. of Paris. Of course, as a foreigner he cannot enter any state department nor can he compete for any public appointment. It has been long attempted to abolish this title of *officier de santé* and to establish but one degree in all France, but without success. The difficulties in the way of such a reform being found to be very serious. For instance, no man is allowed to enter on the study of medicine in view of the doctorate without the certificate of *bachelier es lettres et es sciences* which is equivalent to the B.A. of British universities. Now, there are a great many young men who have a marked taste for the profession, but who do not, although fairly educated, possess the means necessary for the taking out of this certificate, nor that of spending five years at a Faculty, and they are glad to have the opportunity of entering the profession by this back door. Also there are towns where schools of medicine are situated, which contribute not only to the public good but to medical science in general, and which would have to be closed if such a law passed, and, although, they are only for turning out *officiers de santé*, are controlled by professors of great merit. However, a doctor who is a member of Parliament has laid on the table a bill for the abolition of the title, but in a manner which may render its adoption possible. It also regulates the admission of Foreign medical men to the doctorate.

TUBERCULOUS GANGLIONS OF THE NECK.—At the *Société de Chirurgie*, M. Trélat communicated several cases in which he operated successfully for tuberculous ganglions of the neck, or the axilla, and he was of opinion that it was very far from proved that the operation was otherwise than feasible when circumstances were favourable, and the instrument he employed was the curette. M. Desprès was inclined to agree with M. Trélat, but with some reserve. When other treatment was tried in vain and the ganglions caused trouble to the patient, the ablation was rendered necessary, but otherwise he would respect them. In any case it was difficult and often impossible to remove all the tumour, and septicæmia was then rendered probable. The rational treatment would be blistering, painting with tincture of iodine, the actual cautery and cod-liver oil. M. Verneuil preferred total extirpation to every other method when medical treatment failed. Other members took part in the discussion, and in the end a majority was found to be opposed to the opinions of M. Trélat.

At the *Société de Biologie* M. Pozzi presented a young girl who, although having a vulva well formed with a hymen had neither vagina nor uterus, and accompanied the presentation with some remarks on the real origin of the hymen. In his opinion this membrane depends from the vulva and not the vagina, as was the opinion of Budin. Further, he considered, that that portion of the genital organs commonly called the bulb of the vagina as the analogy of the urethral bulb in man was nothing more than a rich plexus of vessels. These ideas were opposed by several members who thought that M. Pozzi wished to subvert all the universally admitted theories of the development of the female genital organs.

PARALDEHYDE.—The *Société de Thérapeutique*, through M. Baumeiz, furnished some new details on the properties of the anodyne agent called *paraldehyde*. From experiments made on rabbits it seemed that there existed a pronounced

antagonism between the agent already named and strychnine. He administered a dose of strychnine to one rabbit sufficient to kill twenty-five of the species, after having administered a large dose of paraldehyde, without producing death. A few weak convulsions were all the manifestations of the toxic agent. The experiment was repeated on other animals with the same result.

BICHROMATE OF POTASS AS AN ANTISYPHILITIC has for partisan in Saxony Dr. Güntz, and in France Prof. Vulpian. The former employs it in solution charged with carbonic gas, as follows :—

Bichromate of potass, 2-3rd gr.;
Nitrate of potass, 2 gr.;
Nitrate of soda, 2 gr.;
Chloride of sodium, 4 gr.;
Water charged with gas, 5xx.

M. Vulpian also recommends it in dyspepsia depending on a catarrhal affection of the stomach simulating carcinoma of that organ. He prefers it in the form of pills :—

Bichromate of potass, 1 gr.;
Extract of valerian, 10 gr.

Divide into 5 pills. One, two, or three in the day.

It will be remembered that it was Prof. Vulpian who attended the late Count de Chambord, and having recognised the disease as catarrh of the stomach, prescribed these pills, but, it must be added, with little result.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 12, 1884.

THE RADICAL CURE OF HERNIA.

THE Surgical Section of the Academy of Medicine in Ireland has lately been engaged in considering a subject

which has long held a position of first importance in modern surgery, and respecting which the ablest operators of all countries have striven to effect improvements. Among those affections of the human body that call for remedial interference none, probably, has so much exercised the minds of professional men as rupture; and we have abundant evidence of this fact in the dissatisfaction, as often evinced, with those operations hitherto devised with a view to promoting radical cures of herniæ. It was therefore with a certain prospect of advantage that a full discussion of the subject was initiated at the Irish Academy; and the result of the debate may safely be regarded as a positive gain to knowledge.

Mr. William Stokes, Mr. Barton, and Mr. Kendal Franks each read a paper in which operation by direct exposure of the parts contained in the canal and the introduction of sutures was advocated, the details varying only in the respective modes of procedure adopted. Mr. Franks, however, especially describes a plan by dissection, in the two modifications of which suture of the abdominal openings is recommended, but in one case the sac of the hernia is previously removed by excision, while in the other this is not interfered with. In carrying out the operation a cut is made straight down upon the hernial tumour, and the sac carefully exposed after its return within the abdomen, and the opening in the abdominal wall then drawn together by two or three stout silver wire sutures. These last are directed to be left permanently *in situ*, a proceeding to which Dr. Thornley Stoker raised emphatic objection as being unscientific and unsurgeonlike, and likely to cause future trouble in case of any recurrence of rupture.

The consensus of opinion, however, was generally favourable to Mr. Franks's plan; and it may be said in this connection that the difficulties foreseen by Dr. Thornley Stoker are rather fanciful than real, inasmuch as successful operation implies effectual cure, and any return of the hernia would be little likely to occur until such changes had occurred in the neighbourhood of the sutures as would suffice to prevent their being a source of dangerous irritation subsequently. Another objection, raised by Dr. McArdle, is more formidable, to the effect that phlebitis may be induced by the pressure required to bring the edges close together and retain them; but with careful attention to the position of the sac, and avoidance of its anterior face, this misfortune ought to be sufficiently prevented; and by following Mr. Lambert Ormsby's suggestion to replace the wire suture by catgut it would be unlikely to arise, though thereby, probably, one important requirement of Mr. Franks's mode of operation would be lost.

Mr. Stokes's operation is one which would have been impossible before the era of Listerism; and it affords a striking illustration of the marvellous benefits conferred on surgery by the great master of antisepsis. It consists of a double system of sutures, one set for the peritoneum the other for the external abdominal ring. As many sutures of carbolic catgut as may be required by the dimensions of the neck of the sac are inserted through the latter, this being open and in a situation close up to

the external abdominal ring; next, two or more sutures of stronger material, which may be silver wire, are employed to approximate and close the canal by bringing the pillars of the external ring into apposition. Of the four cases thus operated on, one returned after three months with the hernia once more down; and this occurrence being imputed by Mr. Stokes to employment of sutures of deficient strength, he decides that for closing the pillars of the ring either carbolised silk or silver wire can alone be relied upon.

Mr. Barton's principle of operation is to entirely close the internal ring and so prevent any future possibility of a descent of the hernia. Silver wire, which is to be left *in situ*, is recommended by this gentleman also, and ablation of the sac forms a necessary part of the operation in many cases. Like the other surgeons who contributed papers at the commencement of the discussion, Mr. Barton had successful cases to recount; and broadly surveyed, the plan of each presents obvious advantages to recommend it.

The main feature of the whole debate, however, is that successful treatment of rupture is possible when carried out with the aid lent by antiseptic surgery; and further, that those surgeons obtain the best results who, at the outset, recognise the fact that natural barriers alone are insufficient to preserve a rupture from future descent. All the older methods of treatment, pursued, as we must not omit to remember, in the absence of advantages possessed in the present day, depended for their success on inflammatory changes leading to occlusion of the inguinal canal or parts of it. The frequency of failure under these conditions is to be explained by the fact that organised lymph can never offer persistent resistance to a constant pressure, and must in time yield to the pathological law which regulates the sequence of events in such a case—with consequent reproduction of the hernia. As these necessary results have gradually been recognised, we have had suggested improvements on the plan which secured them, and Mr. Spanton's ingenious device for closing the canal may be regarded as among the most efficient in this respect. Like its predecessors, however, this method lacks the thoroughness and security obtained by resort to direct display of the parts to be interfered with, the absence of which condition almost deserves the epithet applied by Mr. Corley to operations for radical cure of hernia in the past, and which he described as the blindest of blind proceedings.

Mr. Stoker very appropriately defined two classes of cases in which the operation for hernia is called for, viz, those in which it is compulsory, as in strangulation, and those in which it is resorted to for convenience. In large inguinal rupture he admits the necessity of peritoneal suture, but in such cases as come under the second category, those of election, he advocates resort to Wood's operation, and sees no advantage in drawing the pillars of the ring together, trusting entirely to the barrier of coagulated lymph which results from the operation. Notwithstanding this opinion, however, it is very likely that expediency will exert a very powerful influence on the decision as to need for radical cures of herniæ; and that surgeons generally will prefer to

reduce their risk of failure, by resorting to one or other of the direct methods which have now been shown both to promise good prospects of success, and to be surrounded with no serious elements of danger to the patient.

On one point the discussion at the Irish Academy of Medicine is non-instructive, that, namely, of mortality. One speaker only, Mr. O'Grady, contributed notes of a fatal case, and it was of a very instructive kind. He had operated some years since on a young man, by invaginating the superficial tissues and sewing them to the pillars of the ring. A few days later suppuration occurred, and urine flowed in quantity from the wound, when it became obvious that the needle employed in making the sutures had penetrated the bladder. Such an accident could scarcely happen when any one of the modes of operation involving dissection of the parts was adopted; but it is well that it has been brought to mind at this period of the history of hernial surgery.

Without assuming to dogmatise on the question, it is allowable for us to believe that older methods for radical cure of hernia have been tried and found wanting; and that the improvements by which they will be replaced subsequently are destined to be accompanied with much more valuable and lasting benefits than have been obtained in the past, while the main instrument in effecting such change is found in the immunity conferred by antiseptic surgery.

THE PARASITES OF THE BLOOD IN HÆMATOCHYLURIA.

THE subject of hæmatochyluria has recently received a good deal of attention from medical scientists; and during the past year, in an interesting and instructive article, Scheube epitomised the main features and facts concerning the affection. M. Comby (*Bulletin*, 14th July, 1883) likewise drew attention to the symptomatology and geographical distribution of hæmatochyluria.

The embryonic animalcular forms which exist in the blood in hæmatochyluria consist of cylindrical, elongated forms, smooth, and enveloped in a structureless membrane, and without any apparent organisation, if we except a double ray occupying the middle region of the body. The anterior extremity which, rightly or wrongly, has been called the head, is prominent and rounded; the posterior extremity, or tail, is tapering, and terminates by a vibrating process which subserves the purpose of progression, as the filament of the spermatozoid. It is obvious that the organisation of these rudimentary forms, however superior they may be to microbes, is yet very low. On this point observers are agreed. It is, however, differently with respect to their dimensions, on which the most diversified estimates have been recorded. Scheube appears to have arrived at more accurate conclusions on this point than any other authority. During a sojourn in Japan he studied carefully the question, and he attributes to them a length of 216,000th of a millimetre, and a circumference of 0.004 thousandth only. Their number in the urine and in the blood is exceedingly variable.

Within the past few years Manson (at Amoy) made some very curious and interesting observations on the origin and development of these parasites. According to this authority, the embryos of the *filaria sanguinis* never attain to full growth in the human body. They seem to abandon man for a medium more propitious to their growth, but not without the hope of return. They find in mosquitoes a place of temporary sojourn. The male mosquito has no sting, and does not live on human blood. It is the female mosquitoes alone which attack human beings, and which thus absorb with the blood the embryos of the *filaria*, and which are found in their stomachs in considerable abundance. The greater portion of them are partially digested, while the remainder grow in a space of time not exceeding six days so large as the 1-15th of an inch. Henceforth these are visible larvæ, active, and of more complicated organisation, for they possess an intestinal canal, and their cephalic extremity is furnished with organs of perforation, by which they ultimately re-enter the human body.

The female mosquito deposits its eggs on the sea border, and dies. The larvæ of the *filaria* then become free. Manson supposes that most frequently they obtain admission into the human organism through the stomach, being contained in the water, which is never filtered, drunk by the natives. It is admitted by him, likewise, that they are able to penetrate the skin and thus reach the blood, as he believes happens through bathing in water infested with these larvæ. However introduced, they seek in the human body a field more suitable for their existence than the intestinal mucous membrane or the sub-dermic tissue, and this being found, they multiply. All this, according to Manson, it is easy to prove, as he has frequently satisfied himself in the following manner: A Chinese afflicted with hæmatochyluria was enclosed during the night in a mosquito net, one side of which was left open for a few minutes. A light placed by the side of the subject attracted the mosquitoes, and as soon as they were present in sufficient number the net was shut and the light extinguished. The following morning Manson collected with ease the mosquitoes gorged with the blood of the subject, enclosed them within suitable vessels, and followed step by step the successive development of the *filaria*, of which their stomachs were full.

Cobbold completely accepts the conclusions of Manson, but Leuchart and Lewis express doubts. The latter, for example, admits that the embryos of the *filaria sanguinis* pass into the stomach of the mosquito and there undergo certain transformations. He has seen the stomach of the mosquito contain young hematodes, which may be an ulterior state of development of the embryos absorbed; but he contends that absolute proof of this is wanting. Further, the experiments of Manson have failed in other hands. Thus, Myers (at Formosa) caused monkeys to drink of water in which the mosquitoes had laid their eggs, yet these animals did not contract *filaria*. It is, however, true that the mosquitoes of Formosa are a different species to those of Amoy; and Myers admits that the former do not offer a favourable nidus for the development of

the embryos, which become totally developed in their stomachs. It is thus that *filaria sanguinis* is not epidemic at Formosa while it is at Amoy.

The adult parasite in the human body is a rarity. Bancroft, however, states that he has observed it attain to the size of four inches long in the human body; and in this case it has some resemblance to the *filaria* of Medina, which, under certain conditions, attains to dimensions even more considerable. There are still some problems presented by this subject, difficult to solve. Thus, why are the embryos of the *filaria sanguinis* so abundantly distributed in the blood during the night? Why are they so rare during the day? It seems probable that each night a new generation is begotten, to disappear the following day. It is certain that during the day these parasites are hidden in some parts of the economy inaccessible to the experimenter. As to the spontaneous elimination of the embryos of *filaria*, this is accompanied by the various channels of secretion and excretion; they are found especially in the urine, but sometimes even in the tears.

THE CASE OF THE SENIOR SURGEONS-MAJOR, ARMY MEDICAL DEPARTMENT.

As the efficiency of the army depends upon the zeal and ability of its regimental lieutenant-colonels, so undoubtedly does that of the Medical Department upon the excellence or otherwise of those senior executive officers who hold the most responsible charges of our military hospitals. Now, what is their position? A hopeless block in promotion; an ill-defined rank in the service; nothing to show to the public when they leave it that they have spent more than a quarter of a century in her Majesty's my; and an increasing shortness in the term of home service without any corresponding reduction in the period required to be put in abroad; to which may be added the want of charge pay that existed under the old regimental system in India. That these are fair and legitimate grievances can be shown without much difficulty.

In the nine years previous to 1873 the average annual strength of medical officers was 1,048; during the last nine years, since the introduction of unification, 880, or 168 less. The Government having thus gained largely at the expense of the comfort and health of its medical officers, the least it may be asked to do is to remedy those evils which they justly complain of. Dr. Boileau, in his admirable set of tables, has shown that previous to 1874 the rank of deputy surgeon-general was obtained at an average age of 48.5 years, and 25 years' service, while many officers were promoted much earlier. Of late, things have come to such a pass that a large proportion of the brigade-surgeons can never hope to reach the rank, or the senior surgeons-major that of brigade-surgeon, until they are nearly fifty years of age and thirty of service—a sharp contrast to the recommendation of the War Office Committee, of which the late Director-General Sir William Muir was a member, that in the interest of efficiency this rank should be reached at 22 years' service, and that of deputy surgeon-general at 48 years of age. The ill-defined rank of surgeon-major ranking with lieutenant-

colonels is also a just cause of complaint. An officer is at least entitled to ask that his relative rank should be properly put before the army and the public, and that officers of 20 to 30 years' service should have as distinct a title in the army as their brother fleet surgeons have in the navy. Under the Royal Warrant of 1858 many of the present senior surgeons-major would have been entitled to the honorary rank of deputy surgeon-general on retirement, while now they can only obtain that of brigade-surgeon—a meaningless designation conveying to the outside public no defined military rank whatever. Had these officers (as originally suggested) been called assistant surgeons-general, it would have been infinitely more satisfactory to all parties. The impolicy of withholding charge pay to medical officers in India is self-evident in face of the fact that the Indian Government have saved so largely in numbers and forage allowance, and that command pay is given to every officer holding an independent responsible position in that trying climate. It is of the last importance to the medical service that the evils we have pointed out should be grappled with in a common sense kind of way. A small present increase in the number of brigade-surgeons would bring down the rate of normal promotion to 25 years' service at most. There is a precedent for this in the course recommended by Sir Galbraith Logan in 1873, when the then senior assistant surgeons were verging upon 16 years' service, and acted upon by the Government. We believe Sir James McGrigor had to adopt a similar course when he obtained for the old regimental surgeons of his day the new rank of second class staff surgeon as a "fillip towards promotion." We could never see any reason why medical officers of 20 years' service should not be styled surgeons-lieutenant-colonel, being just as *apropos* as surgeon-major or surgeon-general. This would have the great advantage of at once defining the relative military status of the officer without ignoring a profession of which they are justly proud. Some better name may be suggested, but we doubt it. Why the officers of the Medical Department should not have the same proportion of home service as have those of the chaplains, commissariat, and combatant branches, is a mystery not difficult to solve, being a simple question of numbers. That the present short term of home service is much felt by the senior members of the Department who have borne the brunt of the fight against climate and disease is only too evident from what we hear around us. That Dr. Crawford has at heart the well being of the service of which he is so distinguished a member we have no doubt. We hope he will see his way to remedy the grievances we have pointed out.

Notes on Current Topics.

Nightmare.

It is a little remarkable that medical men have given such scant consideration to the subject of nightmare, which as a nosological entity certainly holds no place in medicine, and yet the probability is great that this condition possesses an importance that demands appreciation, and this view is defended in a recent issue of the *Philadelphia Medical Times*, by Dr. George Hamilton, who

remarks that it is well nigh impossible to determine, in the numerous instances where persons, apparently in good health, retire to rest at night, and yet are found dead in the morning, how many of them have succumbed to attacks of nightmare. The almost invariable custom in such cases is to give a certificate or render a verdict of apoplexy or disease of the heart; whether there has been a post-mortem examination of the body or not; or should a more than usually impressionable jury be empanelled, the record will be "Died by the visitation of God." The pathology of nightmare can lay some claim to acceptance, inasmuch as its victims are usually persons suffering from some form of cardiac mischief; and in cases of long standing it is quite possible to understand how nervous complications, such as partial paralysis, may be sequential to an attack, owing to implication of the brain and cord through continued derangement of the circulation. There is good reason for believing that an attentive study of nightmare in all its relations would be productive of valuable results, and it offers a field which has not hitherto been worked.

Medical Society of London.

THE annual meeting of the Medical Society of London was held on Wednesday, March 3rd, when an election of officers and council for the ensuing year took place. The state of the Society is of the most encouraging description, and is more flourishing than it has been during any previous part of its existence. The interest taken in it by the profession is shown by the considerable accession of members which has recently been announced; and in the scientific work performed by the Society of late is every indication of considerable activity in the way of producing papers of permanent value. Many of the discussions, too, which have been conducted at the Society, have exerted a marked influence on the progress of medicine, and those on rheumatic fever, catheter fever, and the treatment of enteric fever by cold bathing will be long remembered in this connection. The Society enters on a new year of its existence with every prospect of increased success and usefulness.

The Dalrymple Home.

THE first annual meeting of the Dalrymple Home for Inebriates took place at the Mansion House last week, when a report of the working of the Home for three months was presented. From this it appears that seventeen patients have been received during the quarter, nine being committed under the Habitual Drunkards Act. Four of these voluntarily consented to resign their liberty for the full period allowed by the Act—twelve months, four others for three months, and one for nine months. The eight remaining patients entered the institution privately. It is gratifying to hear, as is stated in the report, that no trouble has been experienced on the score of drinking, the more so as some little unpleasantness might very reasonably have been anticipated in this connection. Stimulated by the success of their undertaking [so far, the committee now make an appeal for funds to carry out an extension of their premises, a step, however, which might perhaps be better deferred until

more permanency in the result has been shown. At the same time every encouragement deserves to be given to the effort simultaneously made to found a home for destitute women; and this movement will doubtless command the sympathy and support of many who might hesitate to promote extension of the male home until further trial has proved that it will be a lasting success.

Hospital Pupils as Deputy Prescribers.

At some large hospitals, chiefly, we believe, in the provinces, it is customary for physicians, when making their rounds, to dictate prescriptions to pupils having charge of the cases. This plan possesses many disadvantages, and is attended with some amount of risk to the patients themselves, as was shown by a distressing accident which occurred a few days ago at the Gloucester Infirmary. Dr. Washbourne, physician to this institution, ordered a sleeping draught for a woman suffering from bronchitis, and directed the clerk to the case to write on the board a prescription containing one drachm of syrup of chloral. Under the impression that the syrup and actual chloral were the same, the pupil ordered a drachm of the latter, and this, by some unaccountable negligence, being supplied by the dispenser, the unfortunate woman who took it naturally died. At the inquest which followed the jury appended to their verdict a rider "that the system disclosed by this inquiry as existing at the infirmary, with reference to the dictating of prescriptions without any signature of any responsible medical officer being appended is a very dangerous one, and one which should be remedied forthwith; and we also consider that in cases of special prescriptions there should be some communication between the house-surgeon and the dispenser on the subject."

Women Students at Oxford.

In a recent congregation at Oxford a proposal was made to allow women to enter for the same honour examinations as men, and, contrary to expectation, it did not meet with any very strenuous opposition, having passed by 100 votes to 46. It will come before Convocation to be confirmed this week, and there is every likelihood that it will here also meet with success. Under this rule both classical and mathematical honours at the moderation examination will be accessible to women, and the final schools of natural science, history, and mathematics.

Garlic in Hydrophobia.

ALTHOUGH numerous remedies have been proposed from time to time for the cure of hydrophobia, hardly any of them appear to have been the object of careful physiological experiment. The use of garlic in the same disease has also recently been revived. M. Gibier, desirous of ascertaining whether these drugs were of any real value, has submitted them to the test of careful experiments (*Comptes Rendus*), and has found that rats inoculated with the poison, in spite of being fed with a mixture of meat and garlic every day to the extent of 4 grams of garlic per day, succumbed to the disease in ten or thirteen days, even when their systems had been saturated with garlic by feeding on it a month

previous to inoculation. Garlic, therefore, is neither a prophylactic nor an antidote to the poison. The same results followed the trial of hydrochlorate of pilocarpine as a remedy. The cats and rats experimented on died of hydrophobia, and the inoculation of the nervous matter produced the same disease in other subjects of experiment.

The Case of Dr. A. E. Rawson.

IN our last week's issue we referred to the refusal of the Board of Guardians of the Carlow Union to grant superannuation allowance to Dr. Rawson, who, at the early age of 40 years, with a wife and four children dependent upon him, has been permanently disabled by paralysis, caused by a blow on the head from a stone which was thrown during a riot at the last general election. Dr. Rawson's is a truly pitiable story. We are, however, pleased to be enabled to inform our readers that Professor Thorold Rogers, M.P. for Southwark, having had his attention drawn to the subject by his brother, Dr. Joseph Rogers, of the Westminster Union, has given notice of his intention to interrogate Mr. Trevelyan, the Secretary for Ireland, with the view of ascertaining whether the Local Government Board can, under the special circumstances of this case, intervene, so as to reverse the decision of the Carlow Board of Guardians.

The Progress of Cremation.

THE decision of Mr. Justice Stephen in the recent case of cremation of a child by Dr. Price, of Llantrissant, that the disposal of a dead body by this method, if conducted without nuisance to the living, is not in itself an illegal act, has given the Cremation Society of England a *raison d'être*, and created quite a flutter of pleasurable excitement among its upholders. The fear of legal proceedings being now removed, the Society have issued a circular, setting forth that they are ready with freehold ground and apparatus for effecting cremation at Woking, in Surrey; but that as they are aware that the chief practical objection urged against the employment of cremation consists in the opportunity which it offers for removing the traces of poison or other injury which are retained by an undestroyed body, they impose the following restrictions upon relatives or friends of deceased persons:—

I. An application in writing must be made by the friends or executors of the deceased—unless it has been made by the deceased person himself during life—stating that it was the wish of the deceased to be cremated after death.

II. A certificate must be sent in by one qualified medical man at least, who attended the deceased until the time of death, unhesitatingly stating that the cause of death was natural, and what that cause was.

III. If no medical man attended during the illness, an autopsy must be made by a medical officer appointed by the Society, or no cremation can take place.

Retiring Rooms for Men and Women.

At the meeting of the Paddington Vestry on Tuesday (March 4th) Mr. Mark H. Judge, A.R.I.B.A., proposed the following resolution, which was carried by a large majority, viz., "That in the opinion of this Vestry it

is highly desirable that public laboratory accommodation (with w.c.'s, &c.) for both men and women should be provided for the use of every part of the parish, and that a special committee of ten members be appointed to consider and report as to whether this accommodation cannot be provided in such a way as to be a boon to the immediate vicinity in which it is placed, instead of being a nuisance, as must be the case, more or less, where structures for this purpose are erected in the centre of the public thoroughfare." A committee was at once appointed to carry out the resolution.

THE notoriety gained by Dr. Price for cremating his illegitimate child has not altogether subsided. Last week this *soi-disant* Druid appeared at the Llantrissant Police Court, with his housekeeper, Gwenllian Llewellyn, who was fined 35s. for an assault on Constable Francis. While this officer was endeavouring to serve her with a summons for refusing to pay a fine for not registering a child of which Dr. Price was admitted to be the father, she playfully boxed the constable's ears and laid a cane about his shoulders—rather an expensive bit of fun for the doctor.

THE deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 20·3 per 1,000 of their aggregate population. The death-rates in the several towns were:—Norwich, Brighton 12; Derby 13; Birkenhead, Bradford 15; Leicester 16; Huddersfield, Hull 17; London, Bolton 19; Edinburgh, Plymouth, Leeds, Portsmouth, Halifax, Salford 20; Birmingham, Blackburn, Cardiff, Sheffield 21; Bristol, Newcastle-on-Tyne 22; Nottingham, Liverpool, Sunderland 23; Preston 24; Dublin, Oldham 25; Wolverhampton 26; Glasgow 27; Manchester 29.

THE highest annual death-rates from diseases of the zymotic class in the large towns last week were—From measles, 3·9 in Portsmouth, and 3·4 in Oldham; from scarlet fever, 2·6 in Preston, 2·4 in Leeds, and 1·7 both in Sheffield and Newcastle-upon-Tyne; and from whooping-cough, 1·2 in Liverpool and in Manchester. The 34 deaths from diphtheria included 12 in London, 3 in Sunderland, 3 in Edinburgh, 2 in Glasgow, 2 in Birmingham, 2 in Preston, and 2 in Leeds. Small-pox caused 8 deaths in London, 6 in Sunderland, 2 in Birmingham, and one each in Liverpool, Glasgow, and Sheffield.

PROFESSOR C. A. CAMERON, of Dublin, has just been elected President of No. 3 Section (Chemistry, Geology, and Meteorology) of the Sanitary Congress for 1884, Vice-President of the Institute of Chemistry of Great Britain and Ireland, and a Honorary Corresponding Member of the Agricultural Research Association. We understand that a bill to incorporate the Institute of Chemistry and to confer certain privileges in reference to examinations on chemistry is about to be introduced into Parliament.

IN the principal foreign cities the rates of mortality per 1,000 of the various populations were, according

to the latest official returns, as follow:—Calcutta 26, Bombay 27, Paris 24, Geneva 28, Brussels 22, Amsterdam 25, Rotterdam 27, The Hague 21, Copenhagen 18, Stockholm 28, Christiania 26, St. Petersburg 38, Berlin 21, Hamburg 23, Dresden 26, Breslau 34, Munich 35, Vienna 28, Prague 35, Trieste 36, Rome 31, Turin 48, Venice 26, Lisbon 36, Brooklyn 17, Philadelphia 22, and Baltimore 21.

DR. CLIFFORD ALLBUTT's first Gulstonian Lecture at the London College of Physicians, on Friday last, on "Visceral Neuroses," was a happy effort, and evoked frequent outbursts of applause. The second and third lectures in continuation will be delivered at same time and place this afternoon and on Friday next. By the courtesy of Dr. Allbutt we are enabled to place Lecture I. before our readers to-day.

THE subject of the "Croonian Lectures" for the present year is "Evolution and Dissolution of the Nervous System." Dr. Hughlings Jackson has been selected as lecturer, and they will be delivered at the London College of Physicians on the afternoons of March 19, 21, and 26, admission, as in the case of the Gulstonian Lectures, being free to members of the profession.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

THE ADVERTISING OF MEDICAL BOOKS IN THE LAY PAPERS.—A short time ago the London College of Physicians passed a resolution against the advertising of medical books in lay newspapers, a custom which was very prevalent among its Fellows and Members. We are of those who believe that it is completely *ultra vires* of any of the medical corporations to dictate to its Licentiates or Fellows whether he will or will not advertise his books in this manner, and against the advertising of an honestly-written book we cannot see how objection can be taken. To do so would in our opinion be an unwarrantable interference with every man's perfect liberty. There is no calling in which affectation against advertising is carried to a greater extent than in the medical, and none in which it is to a greater extent obliquely resorted to. These remarks are made in view of Messrs. Churchill's list recently, and regularly published in the *Athenæum*, and in which the names of Fellows of the Royal Society and of the College of Physicians figure prominently. We have no earthly objection to the advertising; we wish to know, however, what has become of the resolution of the College of Physicians, and by what principle in ethics it is permitted to these prominent members thus to advertise, while humbler members would be tabooed for doing the selfsame thing? We notice, likewise, that readers of the *Scottsman* are informed by advertisement that Sir Andrew Clark's address on Catheter Fever, delivered at a special meeting of the Edinburgh Medical-Chirurgical Society, will be found in the *Edinburgh Clinical and Pathological Journal* for March 1st. It is difficult to see that this announcement is intended merely for members of the medical profession.

THE GLASGOW HOSPITAL AND DISPENSARY FOR DISEASES OF THE EAR.—In consequence of the indisposition of Dr.

Cassells, a vacancy has occurred in the office of Surgeon to this dispensary, and several candidates are in the field and actively canvassing. Among others we are surprised to learn that Dr. Thomas Barr is a candidate, and on this account, viz., that Dr. Barr is at present Aural Surgeon to the Western Infirmary, Lecturer on Aural Surgery at Anderson's College, and Aural Surgeon to the Sick Children's Hospital. One would have thought that, in all conscience, Dr. Barr's hands must be already pretty full, and that he ought to be contented with the measure of public aural appointments which he holds. We wonder if there is anything else in Glasgow, in the aural department, to which he could possibly aspire. Dr. A. D. Stewart, a talented aural surgeon, Dr. Erskine, and Dr. Downie are also candidates. Dr. Cassells has our entire sympathy in his continued illness, and our best wishes for a speedy convalescence.

DEATH-RATE OF GLASGOW.—For the week ending with Saturday, the 1st inst., the deaths in Glasgow were at the rate of 28 per 1,000, as compared with 25 in the preceding week, and 29, 25, and 27 in the corresponding periods of 1883, 1882, and 1881.

EDINBURGH ROYAL HOSPITAL FOR SICK CHILDREN.—The number of patients treated in this hospital during February was 103. Of these 57 were in the hospital on the 31st January, and 46 were admitted during the month. 30 were discharged from the hospital cured and 8 were relieved. The average daily sick in the hospital during the month was 58. 773 patients were treated at the dispensary, and 11 were vaccinated, making in all 784. Of 403 new cases during the month, 302 were from the city, 79 from Leith, and 22 from the country. Thus the number of patients treated at the hospital during the month was 887.

HEALTH OF EDINBURGH.—The mortality in Edinburgh for the week ending with Saturday, the 1st inst., was 92, and the death-rate 19 per 1,000. Diseases of the chest accounted for 50 deaths, and zymotic causes for 15, of which 2 were due to fever, 4 to scarlatina, and 4 to measles, the intimations of these diseases for the week being 13, 50, and 99.

INFECTIOUS DISEASES IN EDINBURGH.—According to the report of the Medical Officer of Health for the city, submitted to the Town Council's Public Health Committee on the 4th inst., 759 cases of infectious diseases were reported during the month of February—measles, 555; scarlatina, 166; typhoid, 25; diphtheria, 12; typhus, 1. In the New Town 267 of the cases of measles existed, 158 in the Old Town, and 130 in the southern suburbs. Nine of the typhoid cases were in the New Town, 12 in the Old Town, and 4 in the southern suburbs; and the single case of typhus occurred in the Old Town. There were 28 cases in the City Hospital, 60 in the Old Infirmary, and 28 in the Sick Children's Hospital—total, 116. As compared with the total number at 12th February, this shows an increase of 17.

ST. ANDREWS UNIVERSITY MUSEUM.—A large and important addition has lately been made to the St. Andrews University Museum by the acquisition of a number of rare and interesting specimens of marine life from the London Fisheries Exhibition. These have been mounted and arranged meantime in the large hall of the United College by Professors McIntosh and Pettigrew; and on Thursday night last, on the joint invitation of the Principal and Professors of the United College and the Council of the Literary and Philosophical Society, a largely-attended conversation was held in the hall for the purpose of publicly introducing the collection. The specimens were excellently classified, the first section being

devoted to the protozoa or elementary forms of life, and proceeding sectionally to the higher and more complex forms. The crustaceans included many fine specimens from Australia. There was also a beautiful series of dried Indian and Chilian crustaceans, and a complete collection of Indian molluscs, presented by Dr. F. Day, F.L.S., Commissioner for India at the Fisheries Exhibition.

THE MEDICAL BILL.

THE Bill has passed through its two first stages in the Lords without opposition, and stands for committee on the 20th, its principle being now established and its details remaining to be worked out. The Huxley dogma and the "Buccleuch compromise," intended for preserving the free trade in diplomas, were not even heard of in the brief debate, and it may reasonably be assumed that those visionary expedients are dead and buried, and that the principle of a minimum competency test is established. As regards its details, the Bill is admitted on all sides, even by the Government, to need amendment, and the only question which remains to be thought over is as to what these changes must be, to which problem those interested, if they be wise, are now applying themselves. We indicate a few of these alterations in the analysis of the first portion of the Bill which we publish to-day, and we shall have to point out—next week—many other respects in which changes for the better ought to be made; but we do so in no hostile spirit, but rather to contribute to the perfection of the measure, and to make it acceptable to the House of Commons. We are not at one with those who consider it good policy that the profession should "open its mouth and see what the king would send it," and we do not think we are at all the worse friends of the Bill because we offer suggestions to those in charge of it who must necessarily be dependent for hints upon those whose experience of medico-educational matters enables them to hit the blots of the measure.

We are truly gratified that the Bill has got so good a start, and that the determination of Government is manifested to put it through both Houses before any chance of a dissolution arises on the Franchise Bill. On the one hand we hope that the licensing bodies whose interests are involved will show their wisdom by meeting the measure in a conciliatory spirit; on the other, we look for a determined and clamorous support of its principles by the profession at large. If any of the Colleges assume a mulish attitude of anti-reform, so much the worse for them; they will deserve no pity if their interests are overridden; and if the profession at large be lacking in enthusiasm, so much the worse for it: it will only have itself to blame if it has to endure the diploma traffic, free trade in quackery, and the incubus of the General Medical Council for years to come.

If this come to pass it will not be the fault of Government or of Lord Carlingford, who have done their duty against all discouragements. We shall have ourselves alone to blame.

THE FELLOWSHIP OF THE EDINBURGH COLLEGE OF SURGEONS.

THE College has taken, within the past month, a step apparently intended to re-establish the F.R.C.S. Edin. in the public estimation, from which it has fallen in consequence of the free sale of it to all who pleased to pay and could pass muster for respectability. On the 4th of February a code of laws was enacted which will come into operation on the 15th of October next, and which declares that "every candidate, with the exception of those admissible under the old Consti-

tution, shall be required to show that he is twenty-five years of age, and that he has for at least two years subsequent to the date of his licence been engaged in the study or practice of his profession, and shall pass an examination."

So far so good; but the examination does not seem to be a very terrible ordeal. The Licentiates of the College are to answer "on clinical and operative surgery, and one out of six specified optional subjects;" while those not Licentiates of the College have to superadd surgical anatomy. To appreciate to what extent the higher education of the surgeon may be disregarded by a candidate seeking the F.R.C.S.Edin., our readers must be informed that the candidate is expressly permitted to produce no evidence of acquaintance with any five out of the following six subjects:—

- a. Surgery in any one of its ophthalmic, aural, laryngeal, or other special branches;
- b. Advanced anatomy and physiology;
- c. Pathology and morbid anatomy;
- d. Midwifery and gynaecological medicine and surgery;
- e. Medical jurisprudence and hygiene;
- f. Practice of medicine and therapeutics.

Finally, for fear these examinational requirements should prove too severe for the senior candidates for the Fellowship of the College, it is provided that any practitioner of forty years of age may be let in by ballot without being subjected to this trying ordeal. Furthermore, "candidates who do not find it convenient to repair to Edinburgh, may be permitted, by a vote of the College, to be enrolled as Fellows in absence."

In these times, when there is no check save public opinion upon the sale of higher medical or surgical titles, we may be thankful for any little recognition of the principle that a practitioner should not be a Fellow without some other qualification than a money payment; but under the new system for which we hope, we venture to anticipate that the F.R.C.S. will not be conferred without some better qualification than an undefined examination in "clinical and operative surgery." Such a test is obviously a farce.

LIABILITY OF HOSPITAL SURGEONS FOR POST-MORTEM EXAMINATIONS.

We have heard that Dr. Quinlan, of St. Vincent's Hospital, has been threatened with an action at law for having performed the post-mortem examination on a patient who was the subject of an inquest, as recorded in our last issue. We trust Dr. Quinlan will not be induced to buy off this demand, for the point raised is of the highest importance to hospital surgeons generally, and we are confident that Dr. Quinlan will be supported by the opinion of the profession at large. As a question of law it is more than doubtful whether any action lies for the making of a post-mortem examination, because, as we believe, no one has a right of property in a *cadaver*, and no money claim can be made for injured feelings. But if any personal right to recover damages existed, we doubt that such right could be enforced against a surgeon who performed an autopsy in the *bond fide* discharge of his duty, and for scientific or registration purposes. A patient enters an hospital subject to all contingencies which may arise in the case of his or her death, and when it becomes the duty of the surgeon to ascertain the cause of death either for the elucidation of the nature of the disease or for the purpose of giving a true certificate of the cause of death, we do not see how he could be made responsible. If he be not legally answerable, no rule of the hospital administration could make him so, even if he knew

of it, and we will go so far as to say that it is the duty of every hospital surgeon, while giving proper consideration to the wishes of friends when it may be possible to do so, to disregard those wishes and make an autopsy when the obscurity of the disease requires it.

ANALYSIS OF THE MEDICAL BILL.

Read a second time in the House of Lords, March 6th. To be Committed March 20th.

In this Analysis of the Bill all important phrases are printed verbatim.

BE it enacted, &c.

PART I.

ADMISSION TO MEDICAL PRACTICE.

2. The Medical Register shall be continued.
3. A person only, *whether male or female*, who has proved his or her competency in medicine, surgery, and midwifery by passing the final examination shall be entitled to be registered.

Affiliation.—It is expedient, for the purpose of putting the practitioner under control of a licensing body, and in order to provide for the life of these bodies, through whom the future educating and examining systems are to be worked, to require that each State examinee shall take a diploma or degree before he is admitted to registration, for which object it is necessary that the foregoing clause and clause 28, subsec. a, should be amended. The necessity for this "affiliation" of the examinee to his licensing body was recognised by Lord Ripon in 1871, and by the Duke of Richmond in 1873, both of whom amended their bills in this direction. Moreover, all private bills have contained the same "affiliation" provisions. The chief difficulty in the way of the amendment is that women are included in the final examination, but are not admitted by certain Colleges; so that it was found necessary to introduce into the Bill a proviso which declared that if a College should refuse its diploma to any State examinee, the State certificate should in that case be a registrable qualification—a cumbersome, but, we imagine, an indispensable provision.

4. A registered practitioner may "practise the callings of medicine, surgery, and midwifery, or any of said, and may recover any expenses, charges in respect of medicaments or other appliances or any fees to which he may be entitled," Members of Colleges of Physicians exempt.

5. Shall be exempt from serving on all juries and corporate offices.

6. A person shall not be entitled to recover any expenses, charges or fees for any medical or surgical advice or attendance, or for any operation, unless he proves that he is registered.

8. Nobody but a registered practitioner shall hold any appointment—

- (a) In the military or naval services, or
- (b) In any hospital, &c., not supported wholly by voluntary contributions, or in any lunatic asylum, &c., union workhouse, or other public establishment, or
- (c) To any friendly or other society, or
- (d) As a medical officer of health, or
- (e) In any emigrant or other vessel.

Medical Boards.

9. (1.) There shall be established in each part of the United Kingdom a medical board.

- (2.) The numbers of the medical boards shall be—

- (3.) Sixteen chosen for England. Two each by Oxford, Cambridge, and London Universities; one each by Durham and Victoria Universities; four each by the London Colleges of Physicians and Surgeons.

- (4.) Thirteen for Scotland. Three by Edinburgh University; two each by Glasgow and Aberdeen Universities; one each by St. Andrews University, Edinburgh College of Surgeons, and Glasgow Faculty; two by Edinburgh College of Physicians; and one by the College of Surgeons and Glasgow Faculty collectively.

- (5.) Eleven for Ireland. Three each by Dublin and Royal

Universities; two by College of Physicians; three by College of Surgeons.

Representation on Medical Boards.—These have been materially altered since the Bill was first introduced. The London Colleges are given four delegates each, and the Scotch Colleges are allowed five representatives as against eight returned by the Scotch Universities. These are very necessary and just changes. The Irish Board stands as last year, the Dublin College of Physicians being out off with two delegates only. This is not only an injustice to the College, but it imperils the impartiality of the Irish Local Board by giving the two Universities a predominance of voting power to which they have no just title. On the principle by which the English and Scotch Boards are regulated (i.e., the number of delegates given to a body to be proportionate to the educational work done by it) the Irish College of Physicians is certainly entitled to a third representative. This is, moreover, a very serious question, because, inasmuch as the delegates to the Medical Council are to be elected by the Local Board, it is quite possible, and, we fear, by no means unlikely, that the Irish Corporations would find themselves outvoted by the University interest, and thus deprived of any voice in the General Council.

The "Direct Representative" and Crown Nominee.—The clause, as it stands in the Bill, also excludes from each Local Board the direct representative and the Crown nominee for that division of the Kingdom, and thus excludes the profession at large and the Government from a voice in the local administration of the education and examination. By this omission the exclusive power of the licensing bodies, which it is the aim of the Bill to dilute, is perpetuated in the Local Boards, which will thus, as the Medical Council now does, express the interests—not of the profession and the public—but of teachers, lecturers, and licensing bodies. To place the Board in this condition would be a fatal error, especially as the examination and education schemes are to be made by it, and not by the Central Council, and thus the independent members of the Council (so to speak) would be bereft of all influence save that which they might exercise for a few days once a year, in the dog days while the Central Council was sitting. We hope that the profession will insist on the Bill being amended so as to place the direct representatives and Crown nominees for each division of the Kingdom on the Local Boards *ipso facto*.

(6.) A medical board shall be renewed every five years; all its members being eligible for re-election.

The system of re-electing the whole medical board every five years is objectionable, as it would create periodical turmoil, break up the administrative integrity of the board, and put each licensing body in the hands of its representative for so long a period as five years. Rotation would be much better as a method of renewal of the board.

(8.) Any person of full age shall be qualified to be elected a member of a medical board.

(11.) The same person may be a member of more than one board.

This clause would admit non-medical persons to a local board which is to be charged solely with medical functions, a proposal which is objectionable. Considering that the elective function is, in the case of many licensing bodies, almost exclusively in the hands of laymen (e.g., the University of Dublin, in which seven aged clergymen elect), the contingency of having the medical affairs of the country settled by inexperienced laymen would under this clause be by no means remote.

(12.) Privy Council on report of Medical Council may increase the number of authorities entitled to return a member.

(13.) Or may deprive any authority of the privilege.

(14.) And shall every ten years take into consideration the number of members returned by the constituent authorities, and add to, or reduce the number of members.

10. The medical board shall make or change a scheme for—

(1.) The holding of final examinations; and

(2.) The appointment of examiners; and

It will be noted that the divisional board examination is to deal with "final," i.e., practical subjects, the primary or fundamental subjects (such as anatomy, chemistry, and physiology) being left to the licensing bodies. The scope of the final examination might with advantage be more clearly defined, but we believe it will be sufficiently comprehensive to serve as a check upon the primaries.

This proposition is clearly a wise one, inasmuch as it reserves to the educational institutions their function and their reason for existence. Provision for supervision and control of the primary examining bodies by the divisional board will be found at sec. 20, but that provision ought to be strengthened, and no opportunity for laxity permitted.

(3.) The nature and conduct of such examinations, and the qualification of candidates as to age, moral character, and any other matter necessary or expedient to be determined by rules. Provided that—

(b.) Provision shall be made for the admission of women, but such distinctions (if any) may be made as may be judged proper between the cases of men and women, so however that the examinations of men and women shall be in all general respects equal as respects proficiency in medical knowledge and experience.

All schemes shall be framed so as to secure as far as is practicable in each division of the United Kingdom an equality of standard in each final examination and an equal capacity for testing proficiency; also, care shall be taken that the same comparative value shall be assigned to the different branches of knowledge, and for that purpose the same maximum number of marks shall be assigned for the same branch of knowledge throughout the United Kingdom.

This is the only clause introduced into the Bill to ensure that one divisional board shall not underbid those of the sister kingdoms for the patronage of the student. It is altogether insufficient, because it does not order any similarity of the period of study or scope of curriculum accepted by the various boards. The establishment of a standard of competency in the practitioner by means of sufficiently high minimum standard of curriculum, examination, and fee throughout the kingdom, to secure which has always been admitted to be the chief object of medical legislation, was embodied in every Medical Bill from that of Sir James Graham to the present date, whether the measures were promoted by Government or by private members. In the Marquis of Ripon's Bill of 1871 it was provided (sec. 10) that the General Medical Council should frame rules for the purpose, *inter alia*, of "securing the equally strict application of the rules so that a licence under this Act may be granted on like terms throughout the whole of the United Kingdom." Again, in the Duke of Richmond's Bill of 1878 it is declared "expedient to give the General Medical Council powers to ensure" that the qualifying "certificate may be granted on the like terms in all cases," and the General Medical Council is accordingly ordered to "frame . . . rules . . . for regulating the curriculum . . . and the examination . . . and the subjects thereof, and the standard or passing, and the method of conducting the same . . . and it shall be the duty of the Council to see that the examination rules in each part of the kingdom are so framed that the qualifying certificate shall—as nearly as possible—be granted on equal terms so far as regards the curriculum of study, examinations, and standard."

It is almost needless to point out that it would be futile

for one divisional board to proceed to fix upon a sufficient curriculum of study, a comprehensive examination, or an adequate examination fee, if it were obliged to act in apprehension of being underbid in all these respects by a divisional board elsewhere. It is clearly in the public interest—setting aside all medical considerations—that the student shall not be bribed by brevity of study, ease of examination, or cheapness, to run from London or Dublin to Glasgow or Edinburgh.

There is no provision in this Bill against such competition amongst divisional boards, and without it the measure is unsatisfactory.

Medical Council.

13. The Medical Council shall consist of eighteen persons, viz. :—

- Six Crown nominees ;
- Two direct representatives for England ;
- One do. for Scotland ;
- One do. for Ireland ;
- Four elected by the medical board of England ;
- Two, Scotland ; and
- Two Ireland.

This clause abrogates the existing law, which orders that four Crown representatives shall be appointed for England, one for Scotland, and one for Ireland, and thus enables the Privy Council to appoint six Crown representatives of one nationality, a proceeding all the more invidious because the Crown acquires by the Bill a vote of one-third of the whole Council, whereas it at present only possesses a vote of one-fourth.

Any person of full age shall be qualified to be a member of the Medical Council, and may be a member of medical board and also of the Medical Council.

See note to Clause 9, Sub-section 8.

The Medical Council shall be renewed every five years, places being filled up as above set forth.

A casual vacancy occurring amongst the direct representatives shall be filled up by election by the registered medical practitioners. If it occurs during the fourth or fifth year after any quinquennial renewal of the Medical Council, shall not be filled up.

See note to Clause 9, Sub-clause 6.

15. The Medical Council shall visit recognised examinations, and inquire into the sufficiency thereof.

The Medical Council shall have power by order to regulate the performance of their duties by each medical board. Any medical board aggrieved may appeal to the Privy Council.

PART II.

Medical Education.

19. Every candidate for final examination

- (1.) Must have passed a preliminary examination, and
- (2.) been admitted as a medical student, and
- (3.) passed through a prescribed course of medical education, and such medical education shall comprise such experience in the practice of medicine, surgery, midwifery, and the acquisition of such professional and scientific knowledge as may be necessary for the purpose of securing efficiency in his exercise of the profession of medicine, surgery, and midwifery.

20. Each medical board shall make or alter a scheme with respect to the following :—

- (1.) The preliminary examinations, and
 - (2.) The course of medical education.
- In defining the course, the scheme shall describe—
- (a) The schools which are to be considered proper places of education ;
 - (b) The times and places at which examinations are to be held ; and
 - (c) The authorities which are to be considered competent for conducting or for appointing examiners to conduct such examinations, or any medical authority.

A scheme shall be of no validity until it has been approved by the Medical Council.

21. Each medical board shall ascertain by inspection or

otherwise the sufficiency of the education provided by schools, and by visitation or otherwise to inquire as to the examinations held by any recognised examining authority, and to take such steps as may be necessary for depriving any school or any authority of recognition.

The analysis of the portions of the Bill referring to titles, distribution of funds, foreign practitioners, and quacks will be continued in our next.

Correspondence.

THE POSITION OF THE "DIRECT REPRESENTATIVE" UNDER THE MEDICAL BILL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—As the Bill has now received its second reading in the Lords, and the necessary amendments will be considered on the 20th inst., I think it right to call the attention of the profession to the humiliating position to which the Bill relegates our elected representatives, in order that immediate steps may be taken to claim for them the influence in medical affairs to which they are entitled.

The Medical Reform Bill has been forced upon the attention of the public and of Parliament by the incessant demands of the profession that they should have some voice in the settlement of their own affairs. That demand was obstructed and made the occasion for sneers at the general practitioner by the majority of the Medical Council and by those who considered themselves placed above sympathising with the claims of the working men of our profession ; but, in spite of this hostility, the point has been carried, and now none—not even the Medical Council—ventures to challenge the clauses of the Bill which decree the election of "direct representatives." But the same influences have been used, and are still being used, to clip the wings of our future delegates, and prevent them exercising due authority in medico-educational affairs.

As the Bill now stands, the scheme of medical education and examination in each division of the Kingdom is to be worked out in all its details—the course of education and standard of examination to be regulated ; the examining bodies to be recognised, and the examiners to be appointed by the local boards ; and the power of the Medical Council is limited to the registering of the decrees of these boards, or suggesting alterations, if necessary.

But these local boards are to be made up exclusively by the licensing bodies, neither the Crown nominee nor the direct representative being admitted to the conclave, and, consequently, neither of the delegates to the Central Council, who are supposed to be independent of pocket interests, are permitted by the Bill any more authority than may be exercised during a few days' meeting of the Central Council once a year, convened to supervise arrangements already decreed by the local board.

This concentration of the power in the hands of the delegates of the licensing bodies is the evil which the Bill is constructed to remedy, and yet it perpetuates it in its worst form.

I appeal, therefore, to you and to the organisations which are entrusted to protect the interests of the profession at large, to exercise all influence to cause each "direct representative" and the Crown nominee to be placed, *ipso facto*, on the local board for his own division of the Kingdom. I have every reason to hope that, if an amendment of the Bill to this effect be forcibly urged, the Government will be willing to accede to it, and I know that the opposition is limited to a few who are interested in reducing to a minimum the power of the general practitioner. I trust you will aid me in counteracting that attempt.

I am, Sir, yours, &c.,

ARCHIBALD H. JACOB, M.D. Dub., F.R.C.S.I.,
President, Irish Medical Association.

THE HISTORY OF SURGERY AND ANATOMY IN IRELAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR.—I am at present engaged in writing a history of the Royal College of Surgeons in Ireland and of the schools of ana-

tomy, surgery, and medicine which have from time to time been established in Ireland. I would feel grateful for any information in reference to the following points:—Titles of works on medicine and surgery published in Ireland previous to the year 1800; information relative to Surgeon White's "School of Anatomy," Ormond Quay, Dublin, which was in existence in 1824; the "Moore Street School of Medicine," in which Dr. John O'Brien delivered a course of lectures on Medicine in 1827; the various dissecting-rooms of Crampton, Wright, and other surgeons, their situation, &c. I should be glad to see old lecture tickets issued before 1840, and to receive any information of interest in connection with the History of Surgery in Ireland.

I am, Sir, yours, &c.,

CHARLES A. CAMERON.

15 Pembroke Road, Dublin.

Royal College of Physicians, Edinburgh.—The following gentlemen have obtained the licence of the Royal College of Physicians, Edinburgh:—

Mallach, A., Barrow-in-Furness.
Ward, J. S., Lisburn, Co. Antrim.
Fall, E. A., London.
Stevens, Arthur P., London.
Hale, George Ernest, London.

Hewson, C. W., Nova Scotia.
Brookless, Edward L., Banbury.
Thomas, George, Manchester.
Luckman, Edward L., Manchester.
Carr, Alfred A., London.

The Medical Society of London.—At a general meeting of this Society held on Monday, March 3rd, the following office-bearers were elected for the current year:—President: Arthur Edward Durham. Vice-Presidents: John Brunton, M.D.; Alfred Cooper; Richard Douglas Powell, M.D.; Sydney Jones. Treasurer: Alfred Wiltshire, M.D. Librarian: William Henry Allchin, M.B., F.R.S.E. Honorary Secretaries: Alfred Pearce Gould, M.S.; James Kingston Fowler, M.D. Secretary for Foreign Correspondence: Sir William MacCormac, D.Sc. Council: Samuel Benton; Thomas Lander Brunton, M.D., F.R.S.; R. Brudenell Carter; Samuel Cartwright; John Cavafy, M.D.; Henry Radcliffe Crocker, M.D.; John Henry Drew; Sir Joseph Fayrer, K.C.S.I., M.D., F.R.S.; Henesage Gibbes, M.D.; F. de Havilland Hall, M.D.; Jonathan Hutchinson, F.R.S.; Edward Lead; Francis Mason; Edmund Owen; Isambard Owen, M.D.; Arthur Ernest Sansom, M.D.; Charles Brodie Sewell, M.D.; Thomas Gilbert-Smith, M.D.; William Heath Strange, M.D.; William Henry White, M.D.

The Cancer Hospital, Brompton.—The annual general meeting of the governors of this Hospital was held at Brompton on Wednesday, the 5th inst., under the presidency of George T. Hertslet, Esq. (Treasurer). From the 33rd annual report of the committee, it appeared that the hospital was progressing satisfactorily, and that, although there had been a falling off in the income from legacies during the year, this was more than compensated in the increased amount received from donations and annual subscriptions. The works in connection with the extension of the building have been completed, and many additional beds are available, and now occupied by patients, which has made it necessary to appoint a clinical dresser and superintendent of nurses. The surgeons' report showed that the number of new patients was 1,245, of these, 408 were admitted to the wards, and 837 treated by other means. The total number of visits made by new and old patients, was 4,173. The report having been adopted, the usual votes of thanks terminated the proceedings.

National Health Society.—The eleventh annual report of the National Health Society, which was read on the 4th inst. at the Society's rooms, 44 Berners Street (Dr. Robert Farquharson, M.P., in the chair), shows that the Society has carried on its work during the past year in a most practical manner. Hundreds of lectures on sanitary subjects have been delivered, not only all over the poorer parts of London, but in provincial towns, to large audiences of working men and women, classes of girls, district visitors, and others engaged in work amongst the poor. The Society is much encouraged by the practical results of their lectures on keeping the house healthy, rearing of infants, prevention of the spread of infectious diseases, preparation of food and kindred subjects, knowledge of which is so much needed in our densely-crowded neighbourhoods. The questions of poisonous dyes in domestic fabrics, of smoke abatement, dust collection, and the prevention of cholera, have been investigated and reported upon by special committees appointed for the purpose. The Health Exhibition held by the Society last June was commented upon, and the Secretary stated that more than one hundred members had joined the Society during the year.

OPERATION DAYS AT THE LONDON HOSPITALS.

MONDAY—Hospital for Women, 2 p.m.—Metropolitan Free, 2 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Orthopaedic, 2 p.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. Mark's, 2 p.m.
TUESDAY—Cancer Hospital, Brompton, 3 p.m.—Guy's 1.30 p.m.—St. Mark's, 9 a.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—Westminster, 2 p.m.—West London, 8 p.m.
WEDNESDAY—Great Northern, 2 p.m.—London, 2 p.m.—Middlesex, 1 p.m.—National Orthopaedic, 10 a.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—Samaritan Free Hospital for Women and Children, 2.30 p.m.—St. Bartholomew's, 1.30 p.m.—St. Mary's, 1.30 p.m.—St. Peter's, 2 p.m.—St. Thomas's, 1.30 p.m.—University College, 2 p.m.
THURSDAY—Central London Ophthalmic, 1 p.m.—Charing Cross, 2 p.m.—Hospital for Diseases of the Throat 2 p.m.—Hospital for Women, 2 p.m.—London, 2 p.m.—North-west London, 2.30 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. George's, 1 p.m.
FRIDAY—Central London Ophthalmic, 2 p.m.—East London Hospital for Children, 2 p.m.—Guy's, 1.30 p.m.—King's College, 2 p.m.—Royal London Ophthalmic, 11 a.m.—Royal South London Ophthalmic, 2 p.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. Thomas's (Ophthalmic Department), 2 p.m.
SATURDAY—King's College, 1 p.m.—London, 2 p.m.—Royal Free, 9 a.m. and 2 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. Bartholomew's, 1.30 p.m.—St. Thomas's, 1.30 p.m.

Notices to Correspondents.

MR. NIXON (Shrivenham).—Residents of almshouses are not usually paupers within the meaning of the Act, and cannot, therefore, claim free medical attendance of the parish doctor. With very few exceptions, almshouses are tenanted by indigent persons who are in receipt of a small allowance to keep them above parochial relief. It is only in the rare case where an almshouse is supported out of the parochial rates or funds that an inmate could by law claim gratuitous medical attendance.

DR. J. O. F.—The "Medical Register" for the current year is not yet published.

THE LONDON HOSPITAL.—Once again it is announced that financial difficulties have overtaken the London Hospital, the expenditure of which now exceeds its income by £15,000 per annum. Unless this deficit is in some way made up, no alternative to closing a portion of the institution presents itself, and thus the sole general hospital in East London will be compelled to limit the amount of good it is able to do amongst a teeming population of over one million of people, all more or less poor.

THE SERVICES OF MIDWIVES.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I shall feel much obliged if you or some of your readers would kindly answer the following questions: What is the experience of dispensary surgeons as to the value of a qualified midwife? What is the usual mode of obtaining one? What are her required qualifications; what are her duties; and who orders her services to a case? What is her tenure of office? What is her ordinary salary? If sent to the country is her travelling expenses paid?

Yours, &c.,

A DISPENSARY SURGEON.

[In country districts especially qualified midwives are a great help to dispensary medical officers, as they relieve them of much trouble and visiting in serious cases of labour, and of all trouble in natural cases. The appointment of district midwife is made by the dispensary committee, with the approval of the board of guardians and Local Government Board; the salary, usually £20 to £30 a year, is fixed by the guardians. Candidates are advertised for. A certificate qualifying to practise midwifery from the College of Physicians, Rotunda or Coombe Lying-in Hospitals, or Maternity of St. P. Dun's Hospital is all that is required, beyond testimonials as to character, &c. Her duties are to attend to cases when called on, and when directed so to do by the medical officer, but her attendance does not relieve the medical officer of any responsibility, unless he is satisfied that the case is one of natural labour and that she is competent to take charge of it. She is bound to send for the medical officer if anything goes wrong. Her tenure of office depends on the will of the dispensary committee, guardians, and Local Government Board. As a candidate for appointment, her travelling expenses would not of course be paid, nor would such expenses of an appointed midwife be paid unless she had an agreement with those appointing her that they should be paid. See General Rules and Regulations for Government of Dispensary Districts, 1832, pp. 100-102, Circular No. 23, dated August 2, 1861.—ED.]

MR. DUNNAN (Cloveley).—We are not aware that Dr. Moffatt's lecture, which was referred to in a recent issue of this journal, has been published; in any case, the theory therein propounded has been entirely upset by previous and subsequent experiments; this fact you will find noted at p. 171 of the current volume of the *Medical Press*.

MR. I. I. (Leeds).—The number is already nearly out of print.

DR. STOKER.—We hope to refer to your apparatus in our next.

DR. C. T.—The occurrence is much to be regretted, but we do not see from the facts before us that the gentleman concerned can be fairly charged with anything more serious than thoughtlessness, and we counsel you to accept his apology, although we agree with you that it is scarcely couched in the language of a man who sincerely regretted an error.

MONTICARLOW.—The Annual Metropolitan Dinner of the Irish Graduates' Association will take place at the Holborn Restaurant on Monday next. Full particulars will be found in our advertisement columns.

MEDICAL CERTIFICATES OF DEATH.

Is a dispensary medical officer obliged by any law or rule to give a medical certificate of death to the Registrar of the same district—the relieving officer being the Registrar.

[Yes. Every medical practitioner is bound to certify to the Registrar under sec. 20 of Births and Deaths Registration Act. See back of certificate form. The penalty for omission is £2.—Ed.]

DR. S. L. W.—Were we to expose the proceedings of every quack to whom our attention is drawn a considerable portion of our space would be thus occupied. The instance of black-mail levying you record differs v no essential respect from the usual course of these pests of society. You can do no good single-handed, and pending legislation it is better to let the matter rest for a time.

NEMO.—The action of Jequrity has been attributed to the presence of the bacilli, which speedily develop in the extract prepared from. Its use in the treatment of granular lids seems to be well established.

MR. SANDERSON.—In all cases where deficiency can be proved there is a remedy; but it would be unwise to seek it unless the grounds on which it is claimed are thoroughly well made out, and clear to everyone interested.

H. R. H.—The gentleman who wrote the article has requested to be allowed to make a personal reply to the communication; and he will, therefore, be glad to know how the information had best be conveyed. The matter is now in his hands.

DR. CLEAVER.—The formula is CHCl_3 .

DR. COUSINS (Portsmouth).—Your communication was crowded out of present number. We hope to find space for it in our next.

MR. SYMONDS.—A treatise on the subject was announced as in the press three months since, but we have not yet heard that it has appeared.

MR. PILKINGTON.—Your communication is better suited to the columns of the *Students' Journal* than to a medical journal which is read chiefly by practitioners of medicine. We hold the MS. at your disposal and will hand it over to the editor of our junior contemporary if desired.

DR. RIDLEY DALE's interesting case of Retroversion with Puerperal Convulsions shall appear in an early number.

Meetings of the Societies.

WEDNESDAY, MARCH 12TH.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—At 4 p.m., Professor Flower, On the Principal Types of the Human Species.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At 5 p.m., Gulstonian Lecture: Dr. Clifford Allbutt, Chapters on Visceral Neuroses.

ROYAL MICROSCOPICAL SOCIETY.—At 8 p.m., Professor Abbe, On the Distance of Distinct Vision.—Mr. T. E. Rosseter, Further Observations on *Stephanoceros* Eichbornii.

EPIDEMIOLOGICAL SOCIETY OF LONDON.—At 8 p.m., Dr. George Gulliver, On Etiology and Pathology of Cholera.—7.30, Council Meeting.

HUNTERIAN SOCIETY.—At 7.30 p.m., Council.—3 p.m., Mr. Poland, On a Case of Acute Suppuration of the Hip and Elbow-joints.—Dr. G. H. Savage, Cases on the Borderland of Insanity and their Treatment.

EDINBURGH OBSTETRICAL SOCIETY.—At 8 p.m., Professor Simpson, On a Case of Porro's Operation for Fibroid Tumour of the Uterus.—Dr. Freeland Barbour, On the Anatomy and Relations of the Post-Partum Uterus.

THURSDAY, MARCH 13TH.

ROYAL INSTITUTION.—At 3 p.m., Professor Tyndall, On the Older Electricity.

THE PARKES MUSEUM OF HYGIENE.—At 5 p.m., Dr. Henry Veale, On Organisation and Management of Field Hospitals.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.—At 8 p.m., Living and Card Specimens.—8.30 p.m., Mr. Hartridge, Tumour of Choroid.—Mr. R. Marcus Gunn, Case of Arterio-Venous Communication on the Retina.—Mr. A. Stanford Morton, Hemorrhage in Region of Macula.—Mr. Adams Frost, An Artificial Eye.—Dr. H. H. Benson: (1) A Case of Coloboma of the Iris; (2) Drawings of Ophthalmic Cases.—Mr. Nettleship: (1) Case showing Blood-vessels in the Vitreous; (2) Lymphatic Nævus of Orbit and Eye; (3) Central Senile Guttate Choroiditis; (4) Central Senile Arterial Choroidal Atrophy; (5) Thickening of Retinal Vessels in a Case of Glaucoma.—Mr. S. Snell, Two Cases of Retinal Glioma, in one of which Shrinking of the Eyeball occurred without Perforation.—Dr. G. A. Brown, A Case of severe Conjunctivitis, with formation of Membrane on the Cornea.—Mr. M'Hardy, Observations which appear to indicate a means of reducing the danger from Malignant Glaucoma while increasing the efficacy of Iridectomy in the Treatment of Chronic Glaucoma.—Mr. G. E. Walker: (1) Acute Glaucoma of four week's duration, with Recovery of good Vision; (2) Sympathetic Ophthalmia, Evulsion of False Membranes and part of Iris; Recovery of good Vision—with living specimens.—Dr. Gowers, On some Cases of Spasm of the Ocular Muscles.—Dr. D. M'Keown, On a means of Diminishing the Blindness from Purulent Ophthalmia in Infancy.—Dr. A. H. Benson, On Jequirity and its value as a Thera-

peutic Agent.—Mr. R. M. Gunn and Dr. J. Anderson, A Case of Nerve Disease with Ocular Symptoms, including alleged Unilateral Diplopia.—Mr. Nettleship: (1) Cases of Recovery from Amaurosis in Infants; (2) Cases of Retro-ocular Neuritis.

FRIDAY, MARCH 14TH.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—At 4 p.m., Professor Flower, On the Principal Types of the Human Species.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At 5 p.m., Gulstonian Lecture: Dr. Clifford Allbutt, Chapters on Visceral Neuroses.

ROYAL INSTITUTION.—At 8 p.m., Mr. J. N. Langley, On Mesmerism.

CLINICAL SOCIETY OF LONDON.—At 8.30 p.m., Dr. S. West, On a Case of Multiple Hepatic Abscesses in a Boy.—Mr. Butlin, On a Case of Foreign Body in the Oesophagus: Oesophagotomy.—Dr. Finlay, On Cases of Enteric Fever associated with Rheumatism.—Mr. Davis Colley, On a Case of Dislocation of the Spine.—Living Specimens: Perforating Ulcer of the Foot, by Mr. Edmund Owen; Dislocation of the Patella, by Mr. Golding-Bird.

ACADEMY OF MEDICINE IN IRELAND (Medical Section).—At 8 p.m., Specimen by Card: Dr. C. J. Nixon, Cirrhosis of the Kidneys and its Effects. Papers: Dr. Wallace Beatty, Urticaria Pigmentosa (patient exhibited).—Dr. McSwiney, Report of a Case of Paralysis in a Child (patient exhibited).—Surgeon-Major Gore, A.M.D., On the Etiology of the Common Climatic Fevers of the Kumaoon Hill ranges.—Dr. C. J. Nixon, Sudden Death in Croupous Pneumonia.

TUESDAY, MARCH 18TH.

STATISTICAL SOCIETY.—At 7.45 p.m., Dr. G. B. Longstaff, The Recent Decline in the English Death Rate, considered in connection with the Causes of Death.

Vacancies.

Bridgnorth Infirmary.—House Surgeon and Secretary. Salary, £150, with rooms, &c. Applications to the Secretary by March 15.

Coombe Hospital, Dublin.—Assistant Master, Applications to Master, or at Coombe Hospital.

Essex and Colchester General Hospital.—Physician. Applications to the Secretary by March 19.

Flintshire Dispensary.—House Surgeon. Salary, £100, with furnished house, &c. Applications to the Secretary by April 15.

Kent Hospital.—Physician on the Staff. Applications to the Secretary at the Hospital, Canterbury, by March 22.

Sussex County Hospital, Brighton.—Assistant Surgeon (honorary) also a House Surgeon, salary, £80, and £10 per annum for each resident pupil. And an Assistant House Surgeon, salary, £40, with board, &c. Applications to the Secretary by March 19.

Appointments.

BUCHAN, W. A., M.B. Edin., House Surgeon to the South Devon Hospital, Plymouth.

DOWNIE, J. W., M.B., Lecturer on Diseases of the Ear and Throat at the Western Medical School, Glasgow.

GIBBS, R., M.B.C.S., Medical Officer for the Teignmouth District of Newton Abbott Union.

MCLELLAND, J., M.D., M.B.C.S., Honorary Physician to the Liverpool Infirmary for Children.

MARSH, J. H., M.B.C.S., Medical Officer for the Hulton District of the Bolton Union.

POWELL, S., M.B., M.R.C.S., Assistant Physician to the Hospital for Epilepsy and Paralysis, Regent's Park.

RYGATE, D. J., L.R.C.P. Lond., M.R.C.S., Medical Officer for the Second District of the Cambridge Union.

SPOKER, E. H. S., M.B., B.Sc. Lond., Medical Superintendent to the new Infirmary, Fulham, S.W.

TURNELL, A. P., M.R.C.S., Medical Officer for the Fourth District of the Cambridge Union.

WOOD, G. B., M.B., C.M. Ed., Resident Medical Officer to the Jersey General Dispensary.

Births.

CASSAN.—March 2, at Gainsboro', the wife of Theodore Cassan, M.B.C.S., of a son.

Deaths.

CHRISTIE.—February 27, at Tunbridge Wells, James Christie, M.D. Aberd., of Gowanlee, Westfield, Dundee.

DEMPSKY.—February 29, suddenly, Meldon Joseph Dempsey, M.D., of Charterhouse Square, London, aged 54.

DOHERTY.—March 7, at his residence, 16 Merrion Square, Dublin, William Izod Doherty, L.D.S., R.C.S.E.

EASTES.—March 2, at his residence, London Street, Folkestone, Silvester Eastes, M.R.C.S., J.P., aged 71.

GREIG.—February 27, at his residence, York Place, Clifton, Bristol, Charles Greig, F.R.C.S.

HART.—February 27, at Springfield Place, Bath, William Hamilton Hart, M.R.C.S., of Poona, India, aged 25.

HOGG.—March 3, at Clebury Mortimer, Shropshire, Henry Lee Hogg, M.R.C.S., and L.S.A., aged 70.

KIDD.—March 4, suddenly, at Killarney Hill, Bray, from disease of the heart, Fanny, the wife of George H. Kidd, M.D.

MADDEN.—February 29, at his residence, Bloomfield Place, Bath, Henry Ridewood Madden, M.D., aged 65.

REMINGTON.—March 2, Thomas Remington, M.D., formerly of Bristol, aged 67.

WALKER.—March 6, at Brierley Hill, Henry Walker, M.D., J.P., aged 64.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 19, 1884.

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A Course of Lectures

Delivered at the London Hospital during February, 1884.

By JONATHAN HUTCHINSON, F.R.C.S., F.R.S.,

Emeritus Professor of Clinical Surgery at the London Hospital; Consulting Surgeon to the London Hospital, and to the Royal London Ophthalmic Hospital.

ON DISLOCATIONS AND FRACTURES. (a)

MR. HUTCHINSON announced his intention in this lecture of dealing, in the way of rapid survey, with the general principles involved in the recognition and treatment of dislocations and fractures; and of the first kind of injury he especially insisted on the great importance attaching to their diagnosis by the practitioner. By the commission of errors in this respect, and by failing to appreciate the true nature of an injury involving dislocation of a limb, the surgeon is not unlikely to secure for himself a greater amount of discredit than would follow from almost any mistake that he could make in professional practice. Nor is it difficult to understand the reason for this, since by the permitted existence of dislocation for any considerable length of time, deformities may be set up, and discomfort to the patient thereby produced, which no attempt to cure will succeed in removing; but, as a general rule, all such consequences arise from the carelessness of the practitioner, who never ought, unless guilty of insufficient or incautious examination, to overlook any ordinary case of dislocation. In order, however, to prevent this untoward occurrence, it is well to bear in mind, and to call into use on every occasion, the fact that a dislocation comes under treatment under two safe rules, as follow:—

1. Never examine a patient in these circumstances without stripping him, and making accurate comparison of the two sides of the body; and
2. Should any doubt arise as to the existence of a

dislocation after cursory examination, conducted according to Rule 1, then refuse to be satisfied until the patient has been put under the influence of an anæsthetic, and then, while in this condition, subjected to every available test, with a view to absolute accuracy of diagnosis. Especially should this precaution be observed in the case of young patients, who naturally resist manipulation when awake, and with those also who are unusually sensitive or restive under examination.

In many cases it will occur that, instead of being simple, a dislocation will be complicated by co-existence of fracture along with it, whereby the difficulty connected with its diagnosis will be much increased; and in young children particularly, complications of this nature are very frequently met with, dislocations of a simple character being rare amongst them. In his own experience, Mr. Hutchinson declared he had never met with simple dislocation of the shoulder-joint in a child; but, on the other hand, he had seen numbers in which there had been separation of the upper epiphysis of the humerus, with consequent simulation of dislocation. In the wrist this form of injury does not occur, the hip being by far the most usual site of it; and in the case of children it is important to remember that when symptoms of dislocation are apparent, then they should be taken as affording indication of the occurrence of other injuries as well.

Among young children separation of the epiphysis of the long bones is a common accident, and it is not to be regarded in any way as a fracture either of surgical or anatomical neck. In consequence of the force required to produce complete displacement of the sundere parts being very great, this condition is, as a rule, replaced by one of incomplete displacement, which also the extensive surfaces of the disconnected portions of bone contribute a good deal to bring about,—in the humerus, e.g.—in which, when so injured, a forward sliding of the bone takes place for a little distance; but the combination of this separation of the epiphysis and dislocation of the bone at the joint is one of those accidents which, in Mr. Hutchinson's experience, do not occur.

(a) Abstract of Lecture delivered on Friday, Feb. 15th.

Special risks of danger, even to a fatal termination of the case, attend those examples of separation of the epiphysis in which irregular stripping away of the periosteum from the shaft of the bone occurs, the epiphyseal end adhering, and a periosteal sleeve with muscular attachments being thus loosened from the subjacent bone. Museum specimens of this kind of injury are rare, notwithstanding they are not infrequent; but when produced they rapidly end in death. Suppuration, too, which in fractures of bone rarely occurs, may attend the separation of epiphyses, being in such case due to the separation of the periosteum.

In adults dislocation of both bones of the forearm at the elbow-joint is not uncommon, but among children it is exceedingly so: in this class of patients that form of injury which is described as a dislocation of such nature consists in the clean separation of the epiphysis, which is encouraged at the elbow-joint by the profusion of ossifying centres found in that region, and which when it is seen is usually said to be a dislocation backwards. The amount of displacement produced by such an accident will depend on the position assumed by the bones affected in relation to the joint, and the possibility of the confusing appearances that may be seen ought to be an effectual guard against the issue of a hasty or unwarranted utterance respecting the absence of any fracture. The ease with which displacement of the epiphyses can take place in children is the main reason why so-called dislocations at the elbow-joint are so commonly seen in them; and the factor is found in the low position of the coronoid process, the principal opponent to backward dislocation in young subjects. This process is, indeed, itself practically an epiphysis at this age, being of soft, yielding structure, and being easily broken down.

In treatment of separation of the epiphysis at the elbow in children, the plan most successfully practised is that of fixation on a moulded splint adjusted to the back of the limb, which is to be bent into a position in which the forearm is at right angles to the upper part of the limb. The splint is to extend high up the arm, and in fastening it strapping should be employed, a pad being so adjusted as to bring steady pressure to bear on the lower part of the humerus. All the steps of the operation should be carried out while the patient is completely under the influence of an anæsthetic, the free and invariable use of which was very strongly advocated by the lecturer in these cases. The pressure, moreover, thus applied to the lower end of the humerus must be considerable in order to secure the desired result, and should not be omitted on account of swelling, which in some cases will be found present to some extent, being occasioned by the tearing injury inflicted on the periosteum. In a recent case seen by Mr. Hutchinson neglect of these precautionary details had resulted in ankylosis at the joint, and it is desirable that the practitioner should always be guarded in his prognosis of a recovery without stiffness of the elbow in all such cases. In separation of the lower epiphysis of the radius it is common for a mistaken diagnosis to be made, the injury being under such circumstances assigned as dislocation of the wrist-joint. One of the best examples of the condition so produced is to be found in a preparation at the London Hospital Museum, and it is highly important to recognise the nature of the lesion whenever it occurs. As a rule, there is only an incomplete displacement of the epiphysis, but one case at least is on record in which the part was entirely separated. The disunited parts should be placed in apposition, under an anæsthetic, as a first step towards treatment; and then the limb should be put up in the ordinary way.

In proof of the infrequent occurrence of dislocation of the wrist, Mr. Hutchinson said he had never seen a case himself, and those injuries which were described as such dislocations invariably turned out to be, in the young, separation of the epiphysis, and in the adult, fracture. Likewise, he questioned the existence of so-called sub-glenoid dislocation at the shoulder; and in every case that he had examined with a view to testing the existence

of such a deformity he found it to be one of sub-coracoid dislocation, the certainty of which could be made clear by resort to accurate measurement; by which means the absence of any lengthening of the limb, a condition which must necessarily occur to the extent of one and a-half or two inches in sub-glenoid dislocation, is at once rendered apparent. To Professor Flower is due the credit of drawing attention to the facts here explained, and which imply that what has been called sub-glenoid is in reality sub-coracoid dislocation. Dr. Howe also had, previously to Flower's observations, noticed that lengthening must necessarily follow on sub-glenoid dislocation; but in spite of all the correction the error had received, a well-known manual of surgery continues in its latest edition to perpetuate it, and by means of illustrations depicts the two forms of displacement, showing the limbs as being of equal length in both forms of injury.

Among children displacements of the elbow may be treated with very favourable prospects of obtaining good results; but the case is very different when the patient is advanced in years, for although in them reduction may be completely effected without fracture, still there is ever present danger of subsequent development of chronic rheumatic arthritis in the joint, this being an almost invariable sequel to such cases. Different opinions, however, have been expressed respecting the order in which the two events occur; whether, that is, the dislocation is primary; but the lecturer decidedly averred that there can be no question that such is the fact. In consequence, therefore, of the extreme probability of future occurrence of rheumatic arthritis in the majority of elderly patients who come under treatment for displaced elbow, it is incumbent on the surgeon to speak with the greatest caution when called upon to give promise of a useful limb, the chances of any result of this kind being very small in comparison with the almost certain probability of permanent arthritic mischief setting in.

Fractures are grouped under two heads, viz:

A. Fractures with displacement.

B. Fractures without displacement.

In connection with these injuries it should be remembered that, though occurring in the same bone, and bearing the same distinctive name, as, e.g., Potts' or Colles' fractures, still a very great amount of diversity may be exhibited by them, and it must not be expected that any two examples of the same variety of fracture will be exactly similar in all respects.

As in cases of separation of epiphyses, so in fractures, the nearer the injury is to the joint extremity of the bone the greater probability there will be that displacement of the fragments will only partially ensue. Impaction of the pieces may occur, and as a result it often happens that the favourable position assumed on recovery is due, not to the surgeon's skilful treatment, but to the accidental fixation of the fragments of bone at the time when the injury has been received. For this reason it is advisable to avoid hurry in placing retentive apparatus around the limb under such circumstances, for it is quite possible to set up a great deal of harm by injudicious application of pressure in this way. In his own practice Mr. Hutchinson said he had often treated Colles' fractures at the wrist without employing any kind of splint whatever, and he urged the necessity of carefully considering the needs of every case separately, and then to treat it in accordance with the particular requirements it possesses.

In the majority of cases of Colles' fractures but a small amount of displacement is found to exist, but exceptional instances do occur in which the reverse condition obtains, and such cases present difficulties in the way of treatment. Some years ago Mr. Hutchinson dissected many examples of this form of fracture, and he had come across none in which any great amount of displacement existed, and in some cases, though crepitus could be felt, it was not until the periosteum was removed that actual evidence of displacement could be obtained.

Complete reduction is imperatively requisite when displacement accompanies fracture; and in all such

cases it is very much wiser to bring the patient under the influence of an anæsthetic before commencing to restore its contour to the distorted limb. This proceeding is the more desirable also on account of the absolute safety with which anæsthetics can now be administered; and aided by this means of assistance, the surgeon should not rest contented until his efforts are rewarded by perfect restoration of its lost symmetry to the injured part, except, of course, in cases where an extreme degree of impaction renders any such occurrence impossible.

Once the fragments have been restored to their proper place, however, there is no tendency in them to resume the vicious position assumed as a result of fracture; and hence necessity for confining the limb in a splint apparatus will not exist. This method of treatment will be demanded in a certain number of instances, being those which form exceptions to the general rule just laid down; but Mr. Hutchinson considers that quite 4-5ths of the fractures of limbs can be most satisfactorily treated without applying any splint whatever, the harm caused by which through pressure far exceeds the benefit conferred. Whenever they are employed, the simpler the kind of splint that is used the better will be the result, the straight form being the best possible, admitting of free extension, and being also easily retained in place. Fourteen days should, Mr. Hutchinson urged, be the maximum time during which, if it must be applied, a splint should be allowed to remain, as otherwise there arises much danger of rheumatic stiffening of the joint.

As a commentary on the fatuity of inventing complicated splints and apparatus for fixing fractured limbs, none of which have ever received general approval, the lecturer referred to an ingenious instrument devised by Dr. Gordon, of Belfast, after long-continued anatomical study of Colles' fractures. This, which was intended for general use among surgeons, is figured, said Mr. Hutchinson, in a text-book by a leading surgeon, *upside down*; and assuming from this that even the author of the work is practically unacquainted with the splint, although he writes about it, what chance is there of its ever being universally adopted?

Not only Colles', but all fractures, are most successfully treated by extension, which can readily be applied through the agency of the simple straight splint. Very thick pads should be fitted to the splint, and in ordering from instrument makers it is necessary to insist on this especially, particularly with regard to splints for treatment of fractured femur. Finally, on this subject of splints, Mr. Hutchinson declared that he had seen many more instances of bad union follow the use of modern improved apparatus than ever were witnessed under the old plan of treatment of fractures by the straight splint.

Fractures of the neck of the femur occur in a great variety of forms, and it is an unfortunate conventionality which divides them into extra- and intra-capsular fractures, as though the bone was always broken straight across either in or outside the capsule of the joint. As a matter of fact, examination of numerous specimens showed this to be an occurrence of great rarity, and the varieties assumed are very considerable. Thus the great trochanter may be broken across, or both trochanters, and the fracture itself may be partly without the capsule. When great deformity exists, however, the existence of extra-capsular fracture may be suspected, and on grasping both hips if there is found greater thickness on the injured side it may be taken as certain that the fracture is at any rate not entirely in the capsule. In all cases of this class of fracture, whether so-called extra- or intra-capsular, union by bone should be the surgeon's principal aim; and such a result may, in Mr. Hutchinson's opinion, be expected.

SMALL-POX has for many months past been virtually absent in a fatal form from London, and at the meeting of the Asylums Board on Saturday last it was reported that there had been but six deaths during the present month, 78 had been discharged cured, and that but few cases were now under treatment.

The Gulstonian Lectures

FOR 1884.

Delivered at the Royal College of Physicians, London,
March 7th, 12th, and 14th.

By T. CLIFFORD ALLBUTT, M.D. Cantab., F.R.C.P. Lond.,
F.R.S.,

Senior Physician to the Leeds General Infirmary; Consulting Physician
to the Leeds Hospital for Women and to the Fever Hospital.

LECTURE I.—CHAPTERS ON VISCERAL NEUROSES.—

(Continued).

THAT which I have illustrated by the examples of the stomach may be likewise illustrated by examples taken from the other viscera. Jaundice may be set up simply and directly by causes acting upon the nervous system, or it may be due to local causes only. Or, again, it may owe its origin to some admixture of the two sets of causes. So, again, in the functions of the intestines, either constipation on the one hand, or diarrhoea on the other, may be due to nervous causes acting alone, to local causes acting alone, or to local changes reinforced by nervous reactions. I will only refer in this connection to one more organ out of many—to the uterus and its appendages. How intimately this organ, or this system, is associated with the nervous system is well known, but, unfortunately, the weight of our knowledge all leans one way—it leans to a curious and busy search for every local ill which may arise in the female pelvis, while blind oblivion scatters the poppy over every outer evil, which in its turn may hurt the uterus—nay, more, a resolute prejudice would deny that, in the woman, any distress can arise which owes not its origin to these mischievous parts. "*L'utérus c'est la femme*" is a proverb which has received a new development in these days; for, if by courtesy, rather than by conviction, women be granted the possession of a few subsidiary organs, these, at best, have no prerogative nor any order of their own.

The uterus has its maladies of local causation, its maladies of nervous causation, and its maladies of mixed causation, as other organs have; and to assume, as is constantly assumed, that all uterine neuroses, or even all general neuroses in women, are due to coarse changes in the womb itself, is as dull as to suppose that the stomach can never be the seat of pain except it be the seat of some local affection, or that the face can never be the seat of *tic douloureux* unless there be decayed teeth in the jaw. All mucous membranes, indeed, seem readily to betray nervous suffering by relaxation or changed secretion; and I make no doubt whatever that a very large number of uterine disorders which are elevated to the place and name of diseases of the uterine system, are but manifestations of neurosis. All neuroses are commoner in women than in men. Facial neuralgia is commoner in them, migraine is commoner; so is gastralgia, again, and the pseudo-angina. Not only so, but in the uterus, they possess one organ the more, with its own rich nervous connections, and its own chapter of added neuroses; but to say that all these maladies are due primarily to uterine vagaries is to talk wide of all analogy. Again, some men as brave as others feel equal sums of pain far more acutely than the others; women, speaking generally, feel pain more than men do; patient as they are, they seem to have less reserve of force, and less resistance, more susceptibility and resentment, and less capacity. Yet there is no standard of pain, nor of men, by which you shall say this patient is a coward, and his outcry exaggerated. Men and women are variously organised in respect of resistance to pain, and their fortitude or their despair must be tested, not by their cries, but by the other features of their characters. What right have we to say that a man writhing in the pangs of a toothache is a great sufferer while, in the same breath, we hint that a woman complaining of a pain in the abdomen is hysterical? The pain is equally invi-

sible, equally unmeasured in the two cases, and the degree of credit to be given to the complaint is to be gauged by other probabilities.

A neuralgic woman seems thus to be peculiarly unfortunate. However bitter and repeated may be her visceral neuralgias, she is either told she is hysterical, or that it is all uterus. In the first case, she is comparatively fortunate, for she is only alighted; in the second case, she is entangled in the net of the gynecologist, who finds her uterus, like her nose, is a little on one side, or, again, like that organ, is running a little, or it is as flabby as her biceps, so that the unhappy viscous is impaled upon a stem, or perched upon a prop, or is painted with carbolic acid every week in the year, except during the long vacation when the gynecologist is grouse-shooting, or salmon-catching, or leading the fashion in the upper Engadine. Her mind thus fastened to a more or less nasty mystery, becomes newly apprehensive and physically introspective, and the morbid chains are riveted more strongly than ever. Arraign the uterus, and you fix in the woman the arrow of hypochondria, it may be for life.

Now, gentlemen, it is time we complete our reaction from this gynecological tyranny, and that we of this College no longer permit ourselves to be snubbed by these brethren of ours, who calmly tell us, with their superior airs, that our use of such expressions as uterine neuralgia, irritable uterus, ovarian neuralgia, neurasthenia, and the like, comes of a shallow sciolism, and is grounded upon the emptiness of our knowledge of uterine diagnosis.

The spirit of meekness alone restrains me from throwing the same stone again, and accusing our gynecological friends of ignorance of neuropathies and of the neurotic diathesis. That no man limited by the bounds of human intelligence can have a fine knowledge of medicine, surgery, and obstetrics is true, is as true of obstetricians as of physicians, but every man can have, and must have, a good all-round knowledge of a kind which will enable him to take the main bearings of any case which may come to him.

For my own part, no conventions arrest me when my opinion is asked by a sufferer. The speculum and the uterine sound were invented as much for my benefit as for other people, and I feel it both my duty and goodwill to examine into every detail of a case, whether medical, surgical or pelvic.

This done, I am able to judge under whose care a patient may best be placed, and the more I thus incidentally learn of surgery and gynecology the more gladly and intelligently I recognise the extensive and dexterous attainments of those of my colleagues who work in those departments, and who can deal with such cases far better than I can. But, I repeat, and repeat again, that the main lines of the diagnosis of any malady whatsoever should be within the province and abilities of any medical man whatsoever. What should we think of a family practitioner who made no diagnosis of a case of acute pneumonia, because his work lay chiefly with mothers, because he had not a stethoscope, and because he intended to call in a physician. On these grounds, I say that any well-educated physician who does his duty to his cases, who does not idly turn them over to specialists, and who is armed with proper instruments of research, should know, as well as another, the main bearings of all his cases, and should claim to be heard on the diagnosis, although he may not and cannot pretend to distinguish minor differences, nor to have complete mastery of all the more refined devices of modern therapeutics. We physicians have been a feeble folk in this, we have shrugged our shoulders and submitted to gynecological taunts in a way that may be very modest, but in a way that betrays our trust and our art. If the gynecologists pelt us with stories of long pain and sickness uncured by medical futilities, but rapidly cured under uterine medication, we can mate their stories, and check them by double the number of cases received by the physician from the sofa, the manipulations and mental abuse-

ments of narrow uterine specialism. To underrate our debt to gynecologists, to forget the great work they have done in the past half century, were as foolish as ungracious; but, like all great movements in special fields of inquiry, it must be subject to reaction, and its results must be checked by those which have been obtained by other methods and in other directions. The wisest and most disinterested of gynecologists now know well how lamentable have been the exaggerations, how narrow the views, and how deceptive the data of many opinions which have passed current in their school, and they are ready to declare that if medicine is not wholly to reclaim a great part of the field occupied by them, its culture must at any rate be shared with the physician. The physician has been at least as much to blame, in that he has contemptuously thrown aside many cases of genuine malady and of genuine suffering as hysteria. Even hysteria is a complaint to be treated and relieved, but the central blunder has been the stupid confusion between the hysteric and the neurotic subject. On adding up the cases in my chamber notebook for the year 1883, I find that under the three heads of neuralgia, neurosis and neurasthenia, 151 new cases were entered in that one year. What a tale of misery does this limited experience of mine indicate! Add together all the patients of all the doctors in the West Riding alone and compute the manifold suffering. Yet I do not hesitate to say, that in our vigorous northern people, hysteria is far from a like extension. On the contrary, if the word be used with due care, I would go so far as to say it is rare.

I remember but one case of hysterio-epilepsy in the Leeds Infirmary in the last year or two, no cases of contracture, and of other hysterical affections but a few, and these often paraplegics, who relapse, and, returning twice or thrice to our care, swell the apparent numbers in our books. Take a hysterical person, man or woman, in its common and, so far, proper sense; take it to mean a person of feeble purpose, of limited reason, of foolish impulses, of wanton humours, of irregular or depraved appetites, of indefinite and inconsistent complaints, seeing things as they are not, often fat and lazy, always selfish; or, to take it in less degree, one capricious, listless, wistful, attractive perhaps, yet having always the chief notes of hysteria—selfishness and feebleness of purpose; and if such persons complain of globus, of palpitation which is never perceived by the stethoscope, of sleeplessness of which the nurse has no record, of dyspepsia which does not lessen the labours of the cook, of pains which never flush the cheek; and, if such person have, or have had, anæsthesia, unreal epilepsy, unreal syncope, unreal palsy, unreal cramps, then set down such person as hysterical, but forget not, nevertheless, to cure her mind and body. Such a patient is, no doubt, a member, a degenerate member, of the neurotic family; but it is almost with indignation that I repudiate the application of her adjective to the nervous sufferer, whom we may call the neuralgic member of that group. Why, gentlemen, my neurotic patients, if I can indicate them by a name, are almost the best people in this wicked world. Rarely endowed with the capacity, endurance, and profounder imagination, of the greatest, they form a large number of those in the second rank who are the salt of society. Let us suppose that Mr. Galton had photographed four hundred of these, inside and outside: the resulting ideal neurotic might be much as follows.

His entry into your room tells of him at once. He enters with a brisk step, and a quick observant eye. You see a slightly built, meagre man; of sallow complexion, or, if coloured, with the colour painted high upon the cheek-bone, the cheeks and the temples are hollow, the temporal arteries being visible under the lean skin, which often shows tanned markings deepened during attacks of pain; the hair is straight, fine, and sparse upon the scalp; the features are sharp, often prominent, the lips thin and the skin dry; with it may be some dry remnants of eczema about the ears or chin. The tongue is protruded and retired quickly, and is generally narrow and pointed; it is rarely indented, and its tip, even when the health is best, does

not cease to be red. There is often a light silvery coating upon the dorsum and mid-line. The bodily frame is lightly and often finely built, the bony fingers and wrists and the visible sinews and radials betraying the absence of fat. Here and there, in later life, a knotty knuckle may tell of gouty parentage. The pulse, when most tranquil, usually ranges between 70 and 80, and accelerates on the least excitement. The clavicles and ribs, in like manner, are prominent, and the heart's apex may be seen to beat sharply before the eye. Its systole to the ear is likewise short and sharp, and the second sound very audible over a wide area. The limbs are small, but often very sinewy; such persons are as active as birds, and the absence of fat in their muscles often gives to these, in states of health, the quality of hardness under the hand. Their conversation, again, is lively and voluble, often keen and brilliant, but impressions able rather than imaginative. Usually, such a patient does not readily come to you; he is brought, half reluctant, by his wife or friend; he says, apologetically, he is an old dyspeptic, and you can do him no good. He has visited all the springs and half the doctors in Europe, and he lays a bundle of old prescriptions upon your desk. Once agate, however, his story will be a long and minute one, but never mauding, wandering, nor whining. His companions will tell you that he is subject to great fluctuations of the animal spirits—gay, even fascinating, in society, brisk, orderly, and thorough in business, but at home dejected or fretful. He is a small eater, a light sleeper, and a worn worker. These persons are the heirs of every true neurosis, from insanity to toothache; and, on the whole, when we consider the infinite perturbations of intermarriage, it is surprising how true they run, or how clearly you may detect the neurotic strain in mixed descendants. Of their visceral neuroses, I shall have to speak hereafter, and would only say now that in both sexes of them migraine, stomach ache, and windy colic are frequent and eminent, and receive the name of dyspepsia; and in the women are added to these uterine and ovarian neuralgias and hyperæsthesias. To call these suffering women of the neurotic type hysterical is to confuse all the due acceptance of names, and, what is worse still, it is to confuse the real relations of things. The neurotic woman is sensitive, zealous, managing, self-forgetful, wearing herself for others; the hysteric, whether languid or impulsive, is purposeless, introspective, and selfish. In the one is defect of endurance, but in the other defect of the higher gifts and dominion of mind.

Now if we turn our eyes upon the flock of women who lie under the wand of the gynecologist, we shall find it so largely composed of the neurotic and hysteric, that we may say in our haste the uterus has no substantial diseases; that its affections are all neurotic, or so far reinforced by neurosis as to depend for their cure mainly upon neuropathic medicine. Herein we in our turn should be to blame. Many a woman, otherwise robust enough, and many a woman, whose weakness may lie not in her nervous system, suffers from uterine disorder, from painful uterine states, nay even from distant sympathetic pains also, which comes of mischief wholly local, or of mischief reinforced by diathesis other than the neurotic. Making, however, the utmost allowance for all these, I contend that a vast number, I will go further, and say a preponderating number, of such sufferers, lie under the scourge of neurosis, and that their uterine and ovarian disorders are either wholly neurotic, or, as I have said, so reinforced by neurosis as to depend chiefly or wholly upon general medicine.

Let me take as an instance a young lady coming of a family in which great mental gifts had thrown into relief the many eccentricities and humours which accompanied them; a family, too, of which no household had been free from nervous disease. She possessed the gifts and the attractions of the neurotic diathesis, and laboured under its defects. It is possible also that she was in some degree under the stress of what Anstie called the unconscious sexual impulse. She was restless, excitable, and suffering. Her pains were mostly pelvic and abdominal.

She never put her feet to the ground, partly because it intensified her pain, partly because she had been forbidden to do so. She had lain on her back for months. Pessaries had often been introduced, but, being intolerable to her, were withdrawn. Her periods were agonisingly painful for the first two days, and were profuse, and she had constant leucorrhœa. Her appetite was almost gone, her stomach queasy, her frame emaciated; but she was unselfish, full of courage, and would have scorned the wiles and exacting whims of hysteria. Her womb had been incessantly under specular and other examinations for a year or two, and, like nearly all such patients, she had uterus on the brain. I found the vagina tender, and the womb exquisitely tender; its substance was soft, and its attachments lax. Its position, therefore, was somewhat backwards and downwards. Acute suffering was caused in the upper hypogastrium when the fundus of the uterus was pressed upon *per rectum*. The rectum was full of fœces. By the speculum, I noted that there was both uterine and vaginal catarrh, and that the os uteri was excoriated—in the state, that is, of the upper lip of a scrofulous and snivelling little boy.

My most difficult task was to win my patient over to the belief that her disease was not mainly uterine, but mainly neuralgic; this once accomplished, our progress though slow was sure. I declined to initiate any treatment whatever until she would get her feet to the ground, and thenceforth cautiously regain the use of her legs. This took three months. Meanwhile, I declined to "cure the ulceration of the womb" for the twentieth time, but made her content with rectal and vaginal astringent douches, first hot and afterwards cold. As soon as she could walk, we perched her upon horseback. She was treated with the phosphide and valerianate of zinc, with bromide of ammonium, iron, quinine, and like remedies, with occasional sedative suppositories. In six months, I found the uterus more compact, the ligaments braced, and the os clean and sound; the leucorrhœa had ceased, and all the parts could be handled without pain. Menstruation was still painful, but less so than formerly, and there was some menorrhagia. She was mixing, however, in general society, could ride gently to hounds, had regained appetite and looks; and, although I then lost sight of her, I have every reason to suppose she is as well as she is ever likely to become.

Now, gentlemen, is not this case one of those which in their degrees could be multiplied a hundredfold from our case-books or our memories, and yet these are they which form a great part of the women who are caged up in London back drawing-rooms and visited almost daily for uterine disease, their brave and active spirits broken under a false belief in the presence of a secret and overmastering local malady, and the best years of their lives honoured only by a distressful victory over pain.

The case I have described was selected by me because it was not one of mere irritable uterus without apparent disorder. Irritable uterus is a genuine malady in spite of the denial given to it in high places. It corresponds to the hyperæsthesia of the stomach which is found in the same diathesis, and which often simulates ulcer of the stomach.

But I pass over all these as neurotic enough, and I assert that, in such neurotic subjects, uterine laxities, moderate displacements, and catarrhs, owe their continuance, and often their very initiation to an atonic state of body, and to a special instability of nerve-endowment which may show itself in local trophic changes, and in perverted secretions. Such changes or such settlements of perverted action are often, no doubt, called to this spot or the other by some local deviation from the normal, as a consumption may take its beginning from some trivial and forgotten catarrh; but the essence of the malady is not there, and to try to cure such a malady by local means is as wise as to try to cure a syphilis by antiseptic dressing of its ulcers.

Such subsidiary means are often needed, often indeed

necessary; but in cases like those under discussion should be used as little as possible, because of the tendency of such methods to arouse and perpetuate a morbid possession of mind in the woman. All this our more robust, more clear-sighted, and more candid gynecologists know well enough; in the rest, the fault may lie rather with modern fashion than with themselves.

Looking only to the uterine organs, their reason bounded by the confines of the pelvis, they attempt to stem the tides of general and diathetic maladies with little Partington-mops of cotton-wool on the ends of little sticks. That many of the cases we have discussed need a judicious combination of local with general treatment is true, but in most of them the patient and the doctor are fascinated by the local phenomena, while nature herself is performing on a far larger scale. If we are to cure disease, we must be able to fly with her and to run with her, as well as to creep with her. In my later chapters, I shall recall the truth which should be ever before us—that the fundamental difficulty in all neurotics, not hysterics, is their nutrition. More fresh air, without expenditure of the slender store of strength, the permeation of their starved tissues with the fat which they themselves so often loathe in their food—these two reforms accomplished, all their organs will take on a more generous and a more vigorous life, all their tissues will brace and cleanse themselves from a purer and richer fountain of blood, and force will be stored up and energy developed, wherein before was dilapidation and sterility. As a shrewd old Yorkshire doctor once said to me: "It's no use, my lad, putting the hands right upon the clock-face if you haven't cleaned the works."

Gentlemen, we are all one-sided; I speak to-day from my own one-sidedness, and my convictions are upon the side of cleaning and repairing the works. Sometimes, no doubt, when the general state of the health is restored, some local trouble set up originally by the constitutional state—be it gout, scrofula, or what not—smoulders on, forgotten, as it were, after the general malady is cured. For such local trouble diathetic treatment no longer avails; it must be wiped out by some local alterative. But, on the other hand, to contend daily with local troubles which daily are regenerated by some vicious habit of the whole system, is to roll up daily the shameless stone of Sisypheus.

STATE CONTROL FOR CHRONIC INEBRIATES. (a)

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We live in an age of paradox. Strange that a country that vaunts of a heritage of freedom—freedom of thought, word, and action—should be held in thralldom by those very laws which it has enacted for the preservation of its own liberty; but of the many social anomalies which abound, none is more conspicuous than that which permits the harmony of domestic life to be imperilled, the substance of families to be wantonly squandered, and the moral tone of society to be threatened by unhappy beings who, themselves the slaves of a degrading and all-powerful passion, are enabled with comparative impunity to impose troubles without end upon others, because, forsooth, the "liberty of the subject must not be interfered with."

The fallacy under which such a system of oppression is possible has long been recognised.

John Stuart Mill, in his work on "Liberty," has the following passage:—"As soon as any part of a person's conduct affects prejudicially the interests of others, society has jurisdiction over it; and the question, whether the general welfare will or will not be promoted by interfering with it becomes open to discussion."

(a) A Paper read before the Public Health Sub-Section of the Academy of Medicine in Ireland, February 14th, 1884.

This fairly enough applies to the question of "State Control for Chronic Inebriates," which, when seriously brought under the notice of the public some five-and-twenty years ago, found at first few advocates, but which, under the healthy influence of fair and impartial discussion, has gained importance in public estimation. At the present time so strongly impressed is a large proportion of the community that more stringent measures are needed, both with a view to the permanent cure of habitual drunkards, as well as for the protection of those who are sufferers through their instrumentality, that we may confidently hope to see at no distant day, in more extended legislation, that full measure of justice of which the Act of 1879 offers but an instalment.

But before entering into details of what has been done and what we conceive ought to be done in this direction, it will be necessary to say a few words regarding the individuals, for whom such legislative control is demanded—in other words, what class of persons may be considered as included in the category of chronic inebriates.

In some cases there seems to be a hereditary propensity to intemperance. In others it shows itself as the manifestation of a disordered nervous system, resulting, it may be, from mechanical injury, or from disease of the brain itself, or again appearing as the result of nervous shock or some wasting bodily ailment, perhaps most frequently of all it appears as the result of a persistent and vicious abuse of stimulants. Be the cause, however, what it may, there are now-a-days many supporters of the belief that such a condition constitutes a form of insanity, quite as real and quite as formidable as any other species of monomania.

Let us take for example an ordinary typical case of so-called dipsomania. We find in the patient an utter absence of power in the will to control the impulses of the senses. We find a complete disregard of the dictates of duty—self-interest. He appears to have no sense of any moral obligation to himself or to others. He is uninfluenced by any feeling of honour, self-respect, or natural affection. He is absolutely regardless of truth, and breaks without hesitation the most solemn promises; and also, which is noteworthy, exhibits in a remarkable degree the most artful cunning and ingenuity in obtaining the means of gratifying an overwhelming and unreasoning craving for alcoholic stimulants.

Can such a person be regarded as sane? Surely a calm and dispassionate consideration of the subject must force upon us the conviction, that the man who, unable to follow the dictates of reason, becomes reduced to a condition which cannot be distinguished from insanity, should become amenable to the laws affecting lunatics, and under proper restrictions should be deprived of that liberty of which he has proved himself incapable of making a worthy use.

Many objections have been raised to this proposition, some of them specious enough, but all capable of being fully answered. That most relied upon by its opponents is the statement that compulsory measures would involve an unwarrantable interference with the liberties of the subject.

This argument, now worn threadbare, may by this time be fairly set aside, so often has it been refuted, and therefore but little shall be said regarding it. The question, however, may in all justice be asked, whether it is not a greater infringement of this liberty, that one individual should be permitted to trespass upon the rights and privileges of many upon whom, of necessity, the chronic inebriate brings trouble and disgrace. Sacred as are the rights of individuals, they are but secondary in importance to the peace and well being of the community. Self-destruction is a crime in the eye of the law, and he who attempts it is justly liable to punishment; but the question has yet to be answered, why the slowness or rapidity of the process should enter as factors in estimating the magnitude of the offence;

or, in other words, why there should be summary jurisdiction for the suicide who attempts by one decisive act to put an end to his existence, while the chronic inebriate can with equal certainty and with the utmost obtrusiveness shorten his days without becoming amenable to any legislative power. There is a grim joke in Robertson's well-known comedy, which never fails to secure the plaudits of our educated fellow-countrymen. When Mr. Eccles is asked whether, on the receipt of a certain annuity, he could manage to drink himself to death, say, within a year; he replies with much alacrity, "I don't know, I'm sure, Sir, but I'll do my best."

This is a fair illustration of the levity with which this mode of self destruction is popularly regarded.

Another plea advanced by those adverse to state control is this: that facilities would thus be afforded to unprincipled persons who might wish, from sinister motives, to put a troublesome relative out of the way. The answer to this is simply, that the same objection is applicable to the law for the confinement of lunatics, and it would be practically impossible that any proceeding of so infamous a character could take place with the sanction and connivance of a magistrate and two medical men of known integrity, who must concur in pronouncing the patient "a fit person to be confined," before any order for his detention could be issued.

Two further difficulties were suggested by Mr. Cross, the Home Secretary, in reply to a deputation which waited on him in 1875, relative to this subject. These were:—1st. The great numbers that would probably have to be taken in charge; and 2ndly. The question of expense.

The former of these objections is sufficiently met by proposing to deal only with the class of persons defined by Mr. Dalrymple as being "dangerous to themselves or others, or incapable of managing their affairs."

In answer to the second objection, it may be urged, in the first place, that many, if not most, of those for whom state control would be desirable are to be found among the wealthier classes, and could readily pay more or less for their maintenance and treatment; while, for those who are not so circumstanced, a plan which has been pursued with much success in America could be adopted—that, instead of allowing the patients to remain idle in the institutions where they were confined, they should be employed at some remunerative labour, the proceeds of which, after paying for the cost of their maintenance, &c., should be handed over towards the support of their families, or should be funded for their own use, and handed over to them on leaving.

Let us now take a glance at the history of this question, and notice the slow but sure progress in public estimation that has marked its course. From first to last we may fairly concede to Scotland the foremost place in ventilating the subject, as well as in achieving whatever legislative success has been attained up to the present time.

In 1855, before the Scottish Lunacy Commission, special prominence was given to the consideration of the best means of dealing with insane drunkards; so also in the report of the Commissioners published in 1857; and the question was favourably discussed in the leading journals of the period. In the same year a paper on the "Medico-legal Relations of the Habit of Intemperance," by Sir Robert Christison, tended to keep up the interest which had been excited. This was followed up by a paper on the subject by Dr. Peddie, in the Medico-Chirurgical Society of Edinburgh, and by numerous able contributions in medical and literary journals. And in 1869, in a paper of very great power, Dr. Symonde brought the matter under the consideration of the Health Department of the Social Science Congress, at the annual meeting held that year at Bristol. Little has been written or said since which has not had its foreshadowings in that admirable paper. Shortly after this Mr. Donald Dalrymple, the member for Bath, encouraged by statements as to the successful treatment

of inebriates in America, brought in, in 1870, his first Bill "to Amend the Law of Lunacy, and to provide for the Management of Habitual Drunkards." This Bill not meeting with success, he then visited the institutions of Canada and the United States to get an insight into their method of working, and so form an idea of the success likely to attend the establishment of similar institutions in this country. Satisfied with what he saw, he brought the subject before the House of Commons in 1872, with the result that a Select Committee of Inquiry was appointed. A vast amount of evidence was taken, and in the report which was handed in in June, 1872, it was stated—

"That there exists an entire concurrence of all the witnesses in the absolute inadequacy of existing laws to check drunkenness, whether casual or constant—that 'it is in evidence that a large proportion of the criminals passing through our gaols attributed their fall to drink. One witness having stated the amount as equal to 75 per cent. in one particular gaol,' and that 'about 20 per cent. of the insanity in Great Britain is placed to the same cause'—that 'there is a very large amount of drunkenness among all classes and both sexes, which never becomes public, and, that without further legislation it must go unchecked.'"

The report of this Committee formed the basis of the well-known "Dalrymple Bill of 1872," and as future enactments must, we believe, draw largely from its provisions, it may not be out of place on this occasion to give a brief *résumé* of its contents.

It defines as an "habitual drunkard"—1. One who in consequence of the habitual intemperate drinking of intoxicating liquor is dangerous to himself or others, or incapable of managing himself or his affairs; or, 2. Is three times within six months convicted in a Court of Summary Jurisdiction of some offence or offences of the definition whereof drunkenness forms part, for which purpose a Court of Summary Jurisdiction may take judicial notice of previous convictions in the same court, or allow the same to be shown by such evidence as to the court seems sufficient. And it provides that "an habitual drunkard may be received as a patient for treatment into a private house. 1. On their own request in writing; or 2. On the request in writing of a guardian of his person, appointed as in this Act provided, and not otherwise.

"An habitual drunkard, being convicted as an offender, as aforesaid, may be received as a patient for treatment in a certified Industrial Hospital on the order of a Court of Summary Jurisdiction, made as in this Act provided and not otherwise.

"No house shall be licensed at the same time both for the reception of habitual drunkards and for the reception of lunatics."

The asylums must be licensed, and will be visited by two magistrates and a medical man annually appointed as visitors, twice at least in each quarter of the year. Patients received into a licensed house at their own request may be detained by compulsion for the time mentioned in their application.

Persons received at the request of others may be detained for periods not definitely specified. The application for the detention of such a person must be made to the Court of Chancery, which may appoint a guardian of the person being a habitual drunkard, who shall have like powers and authority as the committee of the person of a lunatic made so by inquisition. The guardian shall also have power to request the reception of the ward into a licensed house. The Court will appoint a manager to the estate of the patient.

Persons convicted as habitual drunkards by magistrates, under the second definition, are to be sent to a certified industrial hospital, in which such persons only are to be lodged, clothed, fed, and treated, and which will be inspected by a government inspector as well as also by the visitors to the licensed houses. The sentence of detention to be for a period of not less than three,

nor more than twelve months; and the manager of the hospital may after two months permit the habitual drunkard to live with any respectable person willing to receive and take charge of him. If the patient forfeit his license by misconduct he will have to serve his full time in the hospital. If a patient refuses to conform to the rules of the hospital he may be imprisoned for twenty-one days, and will then have to return to serve his original term of detention. Persons inducing patients to escape, or harbouring them, are liable to a penalty of £10, or else three months' imprisonment without fine. Managers or servants of hospitals ill-treating patients, or permitting them the use of liquors or drugs, are liable, beyond other punishment to which existing laws render them liable, to a penalty of £25.

Such are the main provisions of the Bill, which was not read a second time, owing to political changes which took place the same year. It, however, attracted much attention, and became the subject of an animated debate at the Social Science Congress held in 1873.

In July, 1875, a most influential deputation waited, as we have mentioned before, on Mr. Cross, Secretary of State for the Home Department, urging upon the Government the "desirability of introducing in the next Session of Parliament a measure founded on the recommendation of the Select Committee of the House of Commons, for the control and management of a class of persons known as habitual drunkards or dipsomaniacs; but notwithstanding the earnest and forcible advocacy of the petition by the veteran Sir Thomas Watson, the deputation was politely dismissed with a few specious suggestions of difficulties to be overcome, and the result was *nil*.

In August, the same year, the subject excited much attention at the annual meeting of the British Medical Association in Edinburgh. Two very valuable and exhaustive papers on the subject were contributed by Dr. Peddie and Dr. Boddington, and the following resolution was carried by acclamation:—"That excessive intemperance is in many cases a special form of insanity which requires special treatment, with a view, first, to the recovery of those affected; secondly, to the protection and advantage of them and of society. That in the present state of the law such treatment is not attainable, and that it is desirable that legal provision should be made to render it attainable."

In the following year the question was again ably handled at the Social Science Congress by Dr. Alfred Carpenter; and in the subsequent discussion a part was taken by Dr. Cameron, the member for Glasgow, to whom the country owes the Habitual Drunkards Act of 1879, which is in force, is force it can be called, at the present time.

Dr. Cameron's Act, as originally framed, was sound in principle and vigorous in design, combining, as it did, the necessary powers for detention with the permissive character which it still retains; but now, shorn of its compulsory clauses, like the play of *Hamlet* with the part of *Hamlet* left out, it can only be regarded as an indication that the current of public opinion has begun to flow in the direction we would wish; and thus we can accept it as an instalment of more effective legislation in the future. The last words are used advisedly; for as it stands at present, no statute could be more inert. A more adverse criticism on an Act than the three official reports already published by the Inspector of Retreats it would be difficult to find.

The first report was published on the 29th July, 1881, and contained a record of the operation of the Act up to December 31st, 1880. Up to that date only two retreats had been established, and these for male patients exclusively, one being licensed for four patients, and the other for ten patients. During the year 1880, fifteen patients were admitted to the two establishments, five patients were discharged, ten patients remaining under treatment on the 31st December. The Inspector adds (July 1, 1881):—"In the hope of being able to give a

more encouraging account of the number of retreats licensed under the Act, and to gain a little more time for observation upon those which existed, I have ventured to delay submitting my report to you; but I regret to say that, up to the present time, so far from any fresh applications for licenses being made, one even of the two retreats now reported upon has ceased to exist since April last, in consequence of the licensee having decided not to seek a renewal of his license."

The second report is dated July 1, 1882. As a set-off against the closure of one of the two retreats, another was opened for the accommodation of five male and five female patients. During the year ending December 31, 1881, twelve patients, all males, were admitted to the two retreats and fourteen were discharged, four remaining under treatment at the end of the year (four patients at Sheepshead having been discharged by a magistrate on the closing of that institution).

The third annual report, bearing the date July 1, 1883, shows a slight improvement in numbers. Into the two retreats twenty-five patients were admitted, and fifteen discharged, leaving fourteen inmates under treatment on the 31st December, 1881.

It will thus be seen that only three retreats have been licensed since the passing of the Act, and that of these three one has been closed. It is likewise noteworthy that the total number of patients admitted to the retreats during three years amounted in all to fifty-two for the United Kingdom. These numbers speak for themselves. In his first report Mr. Hoffman states that the weekly payments in the retreats ranged from three to four guineas for each patient.

Anyone who reads the Habitual Drunkards Act of 1879 must see that the main cause of its failure is its purely permissive character. The drunkard must, in every case, take the initiative in providing for his own detention. Now, those who are acquainted with the habits of such persons must be aware that one of their leading characteristics is vacillation. They may be perfectly ready one day to sign away their liberty and enter a retreat, and the next day they are as likely as not to give an obstinate refusal; and as certain legal forms have to be gone through, and the machinery of the law moves slowly, the dipsomaniac is exceedingly unlikely to remain in a docile frame of mind sufficiently long for his detention to be accomplished.

Another weak point in the Act seems to be this—that in it there seems to be no provision for the treatment of pauper patients. At the Westminster Police Court, shortly after the passing of the Act, a woman named Jane Elliott was brought before the presiding magistrate as a habitual drunkard. She applied to be placed in a retreat, but the magistrate had no jurisdiction in the matter, as no funds were forthcoming.

Several boards of Poor-law guardians who were applied to with reference to the same difficulty replied that their duty was to provide for the relief of the poor, but not for their moral improvement. Up to the opening of the Dalrymple Home for Inebriates, where the terms are £1 11s. 6d. per week upwards, and an entrance fee of £1 1s., the Act was apparently only intended for persons who were able to pay, as Mr. Hoffmann states, the prohibitive tariff of three to four guineas per week.

Again, the fact that the Act is limited to a period of ten years must act as an effectual barrier to private enterprise. Few, except the most philanthropic, or else the most speculative, individuals would care to hazard their capital on so precarious a venture. The only persons who could safely do so were those who might expect to derive a profit from other sources as well; for example, the proprietors of lunatic asylums, who are, to my mind, unwisely and unfairly excluded by the Act from having inebriate retreats attached to their establishments, the objections usually brought forward being—1st, that the constant association with lunatics might be injurious to dipsomaniac patients; 2ndly, that a stigma might attach to those known to have been confined in asylums for the

insane; and 3rdly, that the inmates of lunatic asylums, not being necessarily teetotalers, and total abstinence being a necessary condition to be observed in the treatment of dipsomaniacs, these latter might be exposed to a temptation from which it would be desirable they should be protected. In answer to the first objection it may be stated, as is known to anyone who has frequently visited well-managed asylums, that cases of an aggravated nature, or such as would be likely to cause injury or annoyance to others, are kept separate from the rest, and that the majority of the patients under control are perfectly harmless, and in many instances are persons of culture and refinement, who may be insane upon some one point only. Besides, it would be quite possible to have the inebriate retreat separate from the rest of the establishment, were there a sufficient number of patients of the inebriate class to warrant the additional expense. The second objection is readily answered thus: that there is no necessity for any publicity, as both duty and self interest would insure the silence of the certifying medical men and the proprietor of the asylum; and it would be only through the indiscreet utterances of friends that any information could be gleaned by the curious as to the whereabouts of the patient. And with regard to the third objection, without entering into the question of the desirability of supplying lunatics with stimulants not ordered medicinally, it might be suggested that stimulants should not appear habitually on the table at meal-times, or else, as was stated in answer to the first objection, that a separate portion of the establishment should be reserved for dipsomaniacs only.

That retreats for chronic inebriates exclusively would be most desirable no one can deny. There are two such at present, which seem to be working in a fairly satisfactory manner, and these two have not their full number of inmates; but should the scope of the present Act be extended by the addition of compulsory clauses, it would be found in a very short time that the demand far exceeded the supply, and a block would inevitably occur, unless the utilisation of existing institutions were at least provisionally permitted. In fact there does not seem to have been any necessity for special legislation on the subject, an intelligent public being quite competent to decide for themselves regarding such matters of detail.

Of course, it goes without saying, that in the case of pauper dipsomaniacs the Government asylums would be for some time the only available retreats, as dipsomaniacs, not being criminals, could not legitimately be sent to prison. There are one or two points which must be touched upon in conclusion.

The question is often asked, How can you draw an exact line between drunkenness as a vice, and drunkenness where it merges into disease or insanity? The best answer that can be given to this is to quote from the words of Sir Robert Christison, who, in reply to a similar question, said that he was always very cautious about giving definitions. He was once asked in a witness-box to give a definition of insanity. He knew very well that this was but the introduction to a dexterous cross-examination, and he replied that that was a problem on which twelve judges in England had tried their ingenuity and failed; that many men had written on the subject and failed; that, therefore, it was not to be expected that he should succeed; but that if counsel would bring a case before him, and he should not only satisfy himself, but satisfy his questioner, whether it was a case of insanity or not. The point is one which must invariably require skilled evidence, and any shrewd and well-educated physician should be equal to the occasion.

There are two other points at issue, both of which in a great measure hinge upon a third point. These three points are:—1. The question of cure. 2. The question of the time occupied in treatment. 3. The provisions in a Bill most likely to affect both these questions.

That chronic inebriates may in many cases be cured there can be little doubt, as was clearly maintained by Sir Thomas Watson, when addressing Mr. Cross on the subject, in 1875. He then said, "that if such persons can be strictly debarred from all access to alcoholic drinks, they will surely, though slowly, recover from this form of mania." This is abundantly proved by statistics. In Mr. Hoffmann's report for 1882, before alluded to, we read in Clause 5, "the results of treatment have been, on the whole, satisfactory."

From the detailed returns made to me by the two licensees, I find that in one case three out of the five patients admitted during the year received decided benefit, and in the other cases nine out of the twenty are spoken of as "certain or probable cures;" and in a recently published Report of the Fort Hamilton Home, near New York, furnished to the Legislature of the State of New York, we learn that, out of six hundred cases treated in that institution, there were one hundred cases under treatment, and five hundred discharged. Of this five hundred, the history of two hundred and eighty-three was known. Of these two hundred and eighty-three, about one-half were improved, twenty-six per cent. relapsed, and seven per cent. had either died or were in hospitals or lunatic asylums.

As regards the time necessary for the requisite treatment, most of those who can speak with authority agree in saying that it is useless to detain a patient for less than twelve months, but that a longer period is desirable, and that the earlier the patients can be brought under treatment the greater will be the prospect of success; and this brings us to our last point, viz., the provisions in a future Bill which would be likely to further both these objects.

In America over ninety per cent. of those admitted to inebriate retreats are volunteers. The reason of this is, that those who are refractory can be compelled to go under treatment, and that by voluntary submission to treatment all publicity is avoided. The knowledge of this power of compulsion in *terrorem* exercises a most salutary effect, and without it the tentative system would be useless. In France, when it is deemed desirable to take proceedings in regard to such persons, the members of the family meet together, constituting what is called a *conseil de famille*, and is presided over by a judge. This body has power to prevent an individual from recklessly wasting his property, and, if violent, of placing him in an asylum. A hint might be taken from this in framing future legislation in this country.

No Bill can be expected to be successful which shall not be partly permissive and partly compulsory—permissive in allowing those who are anxious to be cured to place themselves voluntarily under the control, without which cure is impossible; and compulsory for those who are not willing to be so restrained.

An habitual drunkard might then be restrained—1. On his own request in writing (as in Act of 1879); 2. On the joint certificate of—(a) his nearest of kin, (b) a magistrate, (c) two medical men who should previously have examined him separately, and who should be selected by the relative and magistrate aforesaid; 3. On having been three times within six months convicted in a court of summary jurisdiction of some offence or offences whereof drunkenness forms part (*vide* Dalrymple Bill, 1872, secs. 7 & 9).

The effect of the first two clauses would be the avoidance of all unnecessary exposure, and that of the last two to secure for the patient that early treatment without which a permanent cure has been found to be a practical impossibility. There can be little doubt that the success of such a system would be marked, and that an Act framed on these or similar lines would be found a lasting blessing to the whole community.

Clinical Records.

BALTINGLASS UNION HOSPITAL.

Amputation of Leg for Malignant Ulcer.

By F. V. MACDOWELL, L.R.C.S.I.,

Medical Officer, Baltinglass District and Union Hospital.

J. B., army pensioner, æt. 61, suffering from an epithelial ulcer of leg, was admitted under my care into Baltinglass Union Hospital on 2nd June, 1882. He moved about on crutches, and it was observed that he carried his right leg flexed up and bent at the knee. On examination a prominent ulcer was observed on the front and inner side of right leg, occupying a circumference of about four inches. The diseased surface presented the cauliflower excrescence peculiar to epithelial cancer. The man had a haggard look of suffering, some years previously his leg had been crushed by a wheel, but as no external wound was produced he continued to discharge his duty. A few months after receipt of the injury his attention was directed to the leg by feeling a prominence on the shin bone a few inches above the ankle. The swelling increased, accompanied by pain and loss of sleep, for the relief of which he was sent to Chelsea Hospital from whence he was returned home "unfit," with a pension, and he remained in his own district for some time before coming to me.

The ulcer (which was of a most loathsome nature) had an irregular appearance and was bathed in dark sanious pus, beneath which a vascular net-work was visible. On pressure being used with a probe the tibia could be felt on the inner side, roughened and bare of periosteum. The ulcer was surrounded by a dense epithelial margin but the absorbents and glands in its neighbourhood were free from any contamination; the surface was very irritable and bled on the slightest touch, and no doubt the irritating nature of the discharge, with infrequent dressings favoured the development of the growth. I placed him on a tonic treatment, with the usual astringent lotions, and tried this for one month without any marked change resulting. About this time I took my usual holiday when the case was taken up by my substitute. On my return I considered that amputation of the limb offered the only chance (and a poor one it seemed) of saving the patient's life. An obstacle now presented itself, which it was feared would greatly interfere with union at the stump, as owing to the pain which he felt on placing his foot on the ground, he had latterly acquired the habit of moving about on his crutches with the diseased limb flexed at the knee. This resulted in an angle being formed at the knee-joint with permanent contraction of the hamstring tendons, which even under the anæsthetic it was found impossible to remove.

On 15th August, ether being administered by my friend Dr. Weldon, of Rathvilly, by means of "Ormsby's Inhaler," which acted in the most efficient and rapid manner, I proceeded to operate in the following way:—

Esmarch's bandage was applied from the knee upwards, and the femoral artery secured by a tourniquet, the popliteal being inaccessible owing to the deformity. The flap method was adopted, the incision being made one inch below the tubercle of the tibia, and the vessels secured with carbolic catgut, which was also used in closing the flaps of the stump. I may truly say the operation was almost bloodless, carbolic oil was unsparingly used, and the stump when dressed was allowed to resume the old angle and maintained in that position with bandages. It is unnecessary to give the daily details of this case, the man made a good recovery, leaving hospital three months after operation with a pin leg.

It is now 18 months since this patient was operated upon, and he has not had the slightest symptom of any return of the disease, and is quite well.

Two causes *ce'lebres* in which medical men appear prominently are just now before the law courts. Dr. L. S. Forbes Winslow is sued by Mrs. Weldon for damages for false imprisonment, and as she has subpoenaed nearly 100 witnesses, including her Majesty's judges, divines, and doctors, it is likely to be a prolonged one. In the other case Dr. Page, of Solihull, near Birmingham, brings an action for slander against the husband of a patient, who alleges improper intercourse with his wife.

Transactions of Societies.

ACADEMY OF MEDICINE IN IRELAND.

SUB-SECTION OF PUBLIC HEALTH.

A MEETING of the Sub-Section of Public Health was held on Thursday evening, February 14th, at the College of Physicians, the REGISTRAR-GENERAL of IRELAND, President of the Sub-Section, in the chair.

Dr. DUFFEY acted as Secretary in the absence of Dr. Woodhouse.

THE PRESIDENTIAL ADDRESS.

The PRESIDENT delivered an address reviewing the Parliamentary work of the past year conversant with public health and social questions, and giving his views on pending measures of a kindred nature.

On the motion of Dr. CAMERON, seconded by Dr. J. W. MOORE, a vote of thanks to the President for his address was passed by acclamation.

Dr. H. C. TWEEDY read a paper on

STATE CONTROL FOR CHRONIC INEBRIATES,

which will be found on page 250.

Dr. DUFFEY said nobody was more cognisant of the defects of the Act referred to than the member for Glasgow himself who had introduced it in the House of Commons. Unfortunately in its passage through the House of Lords it had been considerably emasculated. The real defect in the Act was its limitation to ten years, for it would be absurd to suppose anyone would spend money in starting an institution on the probability of the measure being renewed by Parliament. That was why Dr. Cameron and others had started the Dairymple Home. If the "Homes" could be placed under the same management as existing institutions for lunatics they would probably be sufficiently numerous throughout the Kingdom.

Dr. HENRY KENNEDY remarked that in the results reported from America he did not hear of any cases that were really cured, and he invited explanation as to whether or not there had been any absolute cures after a year's confinement. The association of inebriates with the inmates of a general lunatic asylum would have a prejudicial effect, as people would not go into a place where there were lunatics. Medical men in practice knew that the number addicted to drink was exceedingly great, and it was lamentable to see persons likely to be benefited allowed to follow their own vicious instincts. He had known men recover, but in no case a woman who had fallen into the degrading vice. The subject of their treatment was, however, surrounded with considerable difficulty.

Dr. CAMERON agreed that every facility should be given for the reclamation of the habitual drunkard, but there had been a little exaggeration of the results of habitual drinking. Dr. Tweedy had represented one authority as stating that 75 per cent. of the crime committed by the prisoners in a certain gaol was due to intemperance. No doubt it often happened that drunkards are thieves and robbers and murderers, but it was simply a coincidence that a man who was a robber, a burglar, or a murderer should also be a drunkard. That 75 per cent. of the persons committed to prison drank was highly probable, but it was equally probable that 75 per cent. of the persons not committed to prison drank too. Were it not so how could the public houses be kept? With regard to the numerous plans proposed for the cure of intemperance he did not think the voluntary system would have the desired result.

The PRESIDENT in confirmation of Dr. Duffey's remarks said the most important provisions of the Bill were destroyed, some, no doubt, in the House of Commons, but the principal in the House of Lords, and its failure was mainly due to the limited period of its operation. As pointed out nobody would put money into a concern that would last only ten years. The great success of some of the institutions in America was due to the fact that compulsory and voluntary seclusion was combined. Those who did not choose to go in ran the chance of being put in by their people. As a member of the Commission on Prison Dietaries he visited a great number of prisons in Ireland, and he was astonished at the number of persons confined for crimes which had been produced directly or indirectly by drink. Touching the question of compulsory confinement for drunken habits,

he saw in a gaol in the north of Ireland a woman who was in for the 235th time merely for drunkenness. She was a "bail prisoner," that is, imprisoned in default of finding bail for good behaviour. Instead of imposing the smaller penalties involved in a conviction for drunkenness, this was the side-wind adopted by the Belfast magistrates for keeping drunkards under control. The woman in question was a lunatic, and ought to be treated as such. She herself said she was sure to get drunk when she went out, and her great desire was to stay in prison. Though not under a sentence compelling her to work, she worked as a matter of taste, and kept herself neat and tidy. It was an outrageous state of the law that she should be treated as a criminal when she was really a lunatic. Having given an example of a dipsomaniac in the upper ranks of life, he said unless means were taken to deal with the disease the number of dipsomaniacs would steadily increase, believing, as he did, in hereditary dipsomania.

Dr. TWENTY, in reply, said he had not alluded to the voluntary system as a defect, but he meant to convey that the voluntary system unbacked by any system of compulsion was a radical defect in the Act. Of course the limitation of the operation of the Act to ten years was a great objection. It was desirable to have retreats for dipsomaniacs, and he advocated the utilisation of lunatic asylums on the principle of using existing means until better were provided. Dr. Kennedy had rightly concluded that the number of cures in America was inconsiderable. In his own experience of individuals with this form of insanity he saw no permanent cure, except where very early treatment was adopted, but there was no means of keeping dipsomaniacs under control for a proper period. Even supposing they were not perfectly cured it would be important to get dipsomaniacs into an establishment where they would be improved. He agreed with Dr. Cameron that the individuals included in the 75 per cent. were guilty of a great number of other crimes besides drunkenness. In reference to the retreat at Kent and the surreptitious introduction there of drink Mr. Hoffman, in his second report, in 1881, had mentioned that public houses in the vicinity of retreats did not cease to give serious trouble to licensees whose establishments were without grounds to confine the inmates within bounds, or where they had not a trustworthy staff to prevent the introduction of drink.

The Sub-Section then adjourned.

OBSTETRICAL SOCIETY OF EDINBURGH.

WEDNESDAY, MARCH 12TH, 1884.

Dr. WILSON in the Chair.

PORRO'S OPERATION FOR A FIBROID TUMOUR OF THE UTERUS.

Dr. BARBOUR exhibited the tumour removed by Professor Simpson.

Professor SIMPSON then read the following account of the case in which he had performed Porro's operation for fibroid tumour of the uterus. The patient in a former case had after a somewhat tedious and lingering labour been delivered without instrumental assistance. The child was, however, stillborn. In the present instance she was being attended by one of the students attached to the Maternity Hospital, who had called in the assistance of the house-surgeon as the case presented some curious points of difficulty. He in turn sought the advice of Professor Simpson, who on visiting the patient found her in a most wretched condition in one of the poorest parts of the town. The patient being anaesthetised and an examination made, a hard body like the head of a child was felt nearly filling the pelvis, and on passing the hand further up the unbroken bag of membranes could be distinctly felt, containing what might be the head of a twin. During her present pregnancy she had suffered greatly from incontinence of urine. She had not been conscious of any abdominal swelling before gestation set in, about the commencement of which she appeared ignorant. Labour pains had set in on the afternoon of the previous day, when she was attended as before stated by a student. On inspection the abdomen was seen to present a quite peculiar appearance. The uterine tumour projected far in front of and close to the lower part of the ensiform cartilage, closely invested by the thin abdominal walls, which were tensely stretched over it. The uterine tumour was nearly in the middle line diverting

but slightly to the right side. Just below the umbilicus there was a depression in the abdominal wall between the uterine projection and a mass which bulged above the symphysis pubis, and occupying the hypogastric and left inguinal regions. It reminded one of an over distended bladder. On palpation the uterus was felt to be almost continuously contracted with occasional access of fuller contractions. A ridge corresponding to Band's furrow was traceable. The lower projection was felt to be solid and continuous with the uterine tumour. Auscultation recognised the foetal heart sounds already somewhat low and feeble, though quite distinct. There was also a hard chancre on the right pudendal labium. The inguinal and pelvic cavities were occupied by a portion of the tumour which blocked up the brim, and was diagnosed to be a fibroid tumour growing from the lower segment of the uterus extending between the layers of the left broad ligament to the side of the pelvis. The partially expanded os uteri could be reached up at the pelvic brim to the right sacro-iliac synchondrosis, the membranes still unbroken. It was clear that the only chance for the woman and her infant lay in an early laparotomy. She was ordered an injection of morphia, and preparations were made for her removal to the hospital. Considerable difficulty was experienced in persuading the patient to come to the hospital, but by the aid of a priest she was at length prevailed upon to enter the hospital, but not till much valuable time had been lost and her chance of recovery very much diminished. When she was at last brought to the hospital, she was in a much exhausted condition, and on examination it was found that the foetal heart had ceased to beat. Drs. Moir, Halliday Croom, and Angus Macdonald all agreed that the only chance for the woman lay in gastrotomy. The abdominal walls, genitals, and vaginal canal having been carefully cleansed and doused with 1 in 2,000 solution of corrosive sublimate, the bladder was emptied and the urine found to be albuminous. The abdomen was opened by an incision, entering two inches above the umbilicus to within two inches of the symphysis pubis, sufficiently long to allow of the protrusion of the unopened uterus. A loop of strong cord was carried round the uterus, as far down toward the cervix as the tumour at its lowest segment admitted of and below the head of the child. The edges of the abdominal wound were kept closely adapted at the back of tumour, whilst by an incision through the anterior part of the fundus and upper part of the body of the uterus, I reached the cavity and easily extracted the infant by seizing the exposed breach. There was very little hæmorrhage, and the turbid contents of the amnion escaped over the abdominal walls. Lawson Tait's clamp was now applied in the site of constricting cord, round the broad ligaments and lower part of the uterus, and the uterine tumour was cut off above. The section on the right side passed outside the right ovary and lower part of the body of the uterus, towards the left side it stopped close to the left Fallopian tube and cut through the left ovary. No fluid had escaped into the peritoneal sac. The long wound was brought together by a series of silk sutures, and the bulk of the tumour, just within the abdominal walls, rendered the adaptation of the edges of the wound close to the stump, which was brought through the lower part of it. The stump and the wound were fully dusted with a powder of equal parts of iodoform and bismuth, and bismuth gauze was applied to the abdomen and bound with a flannel bandage. The patient ultimately died. In some further remarks on the case, Dr. Simpson regretted the fatal result of his case, but said that there was hope in the fact that the mortality from this operation was gradually diminishing.

As a corollary to the above case, Dr. ARNOT, of Bombay, read the accounts of

THREE FATAL CASES OF CÆSARIAN SECTION PERFORMED IN INDIA.

The children were, however, saved. Dr. Arnot made some further remarks on the prevalence of osteomalacia among the Mahomedan immigrants as compared with the Hindoo and Parsee population. Race being an element in the prevalence of the disease.

Dr. CROOM found some difficulty in expressing an opinion on Dr. ARNOT's cases. He, however, preferred Porro's operation to the old Cæsarean section, as it unsexed the woman, and prevented any further trouble.

Dr. BERRY HART suggested that the shortness of the pedicle left had something to do with the fatal result of Dr. Simpson's case. He admitted that the case was unfavourable. He had seen three cases of Porro's and one of Cæsarean section, all fatal.

Dr. UNDERHILL made some remarks on suturing the uterus with metallic sutures, and said that no trouble resulted.

Dr. PETER YOUNG remarked that in Dr. Simpson's case the fibroid tumour had been left when the uterus had been removed, and this might have helped the fatal result.

Dr. BARBOUR remarked that a great difficulty of the case was that of drainage, and was an element of danger to the patient.

Dr. SIMPSON stated, in reply, that, had he not considered the woman, he would have performed Cæsarean section. The case was unfavourable, as labour had proceeded for some time. He also referred to Müller's modification as to the length of the external wound, and drawing the uterus through the wound. Müller's operation has given good results, especially if the liquor amnii be absent. He also replied to Dr. Hart's objection, and showed that the position of the tumour prevented a long stump. After some remarks on Dr. Arnot's cases, he held that suture of the uterus was necessary, especially after the manner suggested by Sanger.

Dr. BARBOUR then read a paper on

THE ANATOMY AND RELATIONS OF THE UTERUS AFTER LABOUR.

The paper was illustrated by some most carefully-prepared specimens, by diagrams, and microscopic preparations.

Special Articles.

PHYSICAL ENDURANCE UNDER TOTAL ABSTINENCE PRINCIPLES.

NEVER, in the history of the Temperance movement, has the value of abstinence from alcoholic or other artificial aids been so signally demonstrated as during the past four months, when, without any preliminary training, the pedestrian Weston has, for one hundred successive days (excluding Sundays and Christmas Day) walked fifty miles a day, until, on Saturday evening last, he completed the number—5,000—which he had undertaken to accomplish in the time specified. Feats of strength and skill have indeed been performed by abstainers and others—feats requiring great force of muscle and steadiness of nerve—some, too, involving great powers of endurance; but all pale into absolute insignificance by the side of the splendid effort just brought to so triumphant a termination. The ancients were wont to point to the pyramids of Egypt, the Ephesian temple of Diana, the mausoleum of Artemisia, the walls and hanging gardens of Babylon, the Colossus at Rhodes, the watch-tower at Alexandria, and the statue of Jupiter Olympus as the seven wonders of the world; and surely we, in our day, may offer to those who talk of the physical degeneracy of the human race this unique example of the contrary—an example worthy to be chronicled as an *additional* "world wonder."

The accomplishment of Weston's undertaking has proved to what capacity for *sustained endurance* the human frame, allowed by temperance in all things, and by abstinence from alcohol in particular, to attain its maximum of development, may be brought. It is not as if, according to the capability of the hour, seventy or any other number of miles were covered in one day and the remainder in another, but the steady effort of walking just fifty miles a day, accomplished with the regularity as it were of clock-work, that is so remarkable.

Fair weather or foul, in sunshine or rain, in tempest or in calm, under every possible form of sky in our ever-varying climate, morning after morning, Weston sallied forth, accompanied by an officer of the Royal Navy and a representative of the press, both mounted on bicycles, and completed his fifty miles (sometimes more, but never less), now

on the public road and now in a prepared enclosure, and, at the close of each day's work, delivered, with unabated energy, an address of twenty minutes' duration on temperance!

During the final week, when the walking took place in London, at the Victoria Coffee Palace, a complete and exhaustive series of observations were made by Dr. Edwin C. Green, a very promising young medical officer, who has just been appointed house-surgeon to the Derby Infirmary, delegated by the Medical Temperance Association for that purpose. The sphygmograph, clinical thermometer, dynamometer, and spirometer were all made to contribute their valuable revelations. The food and excreta were weighed, as was Weston himself—his height being taken before and after each day's walk. The urine, in view to the amount of urea, phosphates, &c., being estimated, was sent daily to that accomplished analyst, Mr. A. Wynter Blyth. The results will be published in detail in due course; but it may here be stated that they were in the main eminently satisfactory. The vital capacity was not, perhaps, quite so great as we were prepared for, and the grip—a matter of little moment, however, in such an undertaking—was what might have been expected from the pedestrian's comparatively slight physique. But the clinical thermometer and the sphygmograph proclaimed that the temperature and the pulse—both unerring indicators of abnormal states of health—were perfectly natural; indeed, the tracings with the former—one of Dudgeon's beautiful little instruments—were typical of the most perfect health. Weston's average rate of walking was over four miles an hour; but he usually raised the figure to six when finishing his final mile for the day. His 4,999th mile was completed in gallant style, amidst the vociferous cheers of the crowd of sympathising spectators, in 9 minutes and 17 seconds, or at the rate of about 6·70 miles an hour. When the pedestrian set out on his tour from the Palace Chambers, Bridge Street, Westminster, on the 21st November last, at midnight, he was suffering from a severe cold, and was strongly advised to wait till he was well; but he determined to make the start on the day that had been fixed, feeling confident that if he could tide over the first week and month all would be well, a confidence which has been abundantly justified, for, as a matter of fact, Weston improved in health and condition as he drew towards the conclusion of his tour; and, so thoroughly *well* did he evidently feel on its completion, that he stated his readiness to walk on the following Monday to Brighton and back—a distance of 106 miles—without a rest, if some generous philanthropist would give £100 to the Police Orphanage, he himself contributing another £50.

The feat, as we have said, is a great victory for the apostles of total abstinence from alcohol, although it would be absurd to contend that because Weston accomplished this extraordinary feat, anyone could do it. As Dr. Richardson and Dr. Norman Kerr truly remarked in their speeches on Saturday, a man may daily take so small an amount in, say, some light beer, as to practically be of no effect one way or the other; but when he resorts to it as a promoter of strength or sustained physical effort, and takes a quantity such as he believes is necessary for that purpose, it is *then* that he will discover his error. Herein lies the value of the present enterprising undertaking.

The festival dinner of the British Home for Incurables took place at the Freemasons' Tavern yesterday (Tuesday), under the presidency of the Lord Mayor, who was supported by the sheriffs of London and Middlesex.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 19, 1884.

THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

On Monday next, March 24th, the general body of Fellows and Members of the Royal College of Surgeons of England will be enabled, for the first time, to exercise privileges which have hitherto been withheld from them, and to give expression to their views and opinions respecting the organisation and management of the corporation to which they are attached. So large a concession of right is in itself a benefit of great importance; and the occasion will, if used aright, be made a precedent for future annual gatherings of a similar description. On the question whether such an arrangement is just in principle, it is impossible to express a doubt; nor is it at present easy to forecast the immense advantages that must accrue, from a participation in matters directly concerning themselves, to younger associates of the College, the interests of whom have, in the past, scarcely received that amount of consideration fairly to be claimed for them. A new era in the history of the College is about to be inaugurated; and on the attitude of those who will take part in the preliminary proceedings depends in a large measure the influence to be exerted by impending changes.

In anticipation of the approaching gathering, the Council of the College have drawn up proposals for such alterations in its constitution as seem to them to be called for in response to the recent agitation. These include amendments of the various charters of the Corporation, by which alterations will be effected as follows:

—1. That the amount of property in lands or rents to

be held by the College be increased from £2,000 to £10,000. 2. That the conditions of admission to, and the arrangements for, the Fellowship examination be henceforth determined by resolution of the Council, instead of, as at present, by bye-laws. 3. That the amount of fee payable on account of such examination be omitted from the section of Charter 7th Vic., and that it be settled by bye-law. 4. That the mode of election to the Council be altered to enable voting by papers as well as in person, and that the quorum of Fellows necessary to be present at such election be fixed by bye-law in place of by Charter. 5. That the payment of fees on election as Fellows by Members of twenty years' standing be dispensed with. 6. That the licence in midwifery of the College be entirely abandoned. 7. That the number of examiners in dental surgery be increased, at the desire of the Council, beyond the six now provided for; and that the members of the Board skilled in dental surgery be elected from persons duly registered under the Dentists' Act of 1878.

With the general character of these six proposed alterations of Charter we may at once admit agreement, except in that set forth in No. 5. It should be remembered that Fellows elected under the section it deals with are in reality honorary Fellows of the College, and that the distinction thus conferred on them is in the nature of a complimentary degree, in the same way as an honorary degree conferred by a University. It is true, however, that in the latter case recipients of the honour are not necessarily already members of the University; whereas the honorary Fellowship of the College is given only to *members* who have been so for at least twenty years. But the circumstances under which both presentations are made are in many respects similar, and, as at Oxford graduation fees are exacted from such distinguished persons as obtain the D.C.L. *honoris causa*, so might it be fairly argued that recipients of the F.R.C.S. Eng., *sine examinatione*, should contribute to the funds of the Corporation. It would still remain with the College to grant its Fellowship diploma to specially-distinguished surgeons whose services to science demand unusual recognition, and who may or may not be already enrolled among its members; and in such cases the non-exaction of any fee would add to the graceful nature of the compliment. It might even be considered worth while proposing that such powers should be sought for when Parliamentary sanction is solicited to the alterations already shadowed forth; and if this suggestion be adopted for that described under the fifth heading above, it would be more in keeping with the dignity and advantage of the College.

As we have said, these six proposals for amendment have emanated from the Council, but it is quite certain that they by no means include all that will be named at the meeting on Monday. The "Association of Fellows," it may be taken for granted, will go prepared to advocate much more trenchant reforms than any contained in the official outline; and that they will deal, also, with matters more nearly affecting the interests of official life itself. One very important question not introduced in the Council's circular will surely demand attention, and that is the division of fees payable by

candidates for examination. The Council has so long ruled as an autocratic government that it will be hard for it to appreciate at once the nature of the discussion its proceedings have aroused; and it will be compelled in all probability to listen to suggestions for drastic measures that it will contemplate with some dismay. The appointment of examiners, for instance, is a subject on which outside feeling has long been greatly exercised; and much concern has been created by what have the appearance of radical abuses in this connection. It is scarcely possible to believe that merit alone has at all times dictated the choice that has been made; or that successive re-elections to the same post have followed in natural sequence to an anxious canvas for fit and proper holders thereof. With all deference to the integrity and conscientiousness of the Council as a whole, we cannot disguise the fact that its duty in respect to official appointments is that of nomination alone. To the absence of any kind of consultation with their constituents is it alone due that the members of the Council have so long been able to exercise the powers of patronage they enjoy, added, it may be, to the apathy of Fellows and Members in permitting their own privileges to be dispensed by their representatives. In future it should be the function of the Council to appear before a general yearly meeting of the College, Fellows, and Members, and to submit to it a list of office-bearers, examiners, and others, previously drawn up in Council. Confirmation or alteration of this list ought then to be in the hands of the meeting; and in this way alone can the reproach of one-sidedness or of partial selections be avoided in a matter which is of the first importance, not only to the College, but to the whole profession.

Casual visitors as well as regular frequenters of the College are able to suggest many details in which great advantage would result from the introduction of a spirit of sympathy with the needs of those who use it as a means of study. The demeanour of subordinate officials and attendants affords constant irritation to those who are not accustomed to see servants assume the attitude of masters unrebuked; and it is quite possible that the offensive want of consideration shown by these minor officers towards those whom they do not recognise as having immediate authority over them, would undergo a wholesome change for the better if they held their posts subject to the approval of the College as a body. It may be said that these are small matters in themselves, but as they materially affect the comfort of those who make use of the educational facilities afforded by the museum and library, they possess an importance too great to be entirely overlooked.

The management of the library, again, is pursued upon a plan which causes the utmost inconvenience to large numbers of readers with whom time is a matter of some moment. Notwithstanding it is well known that many persons go to the expense of lodging in town with the set object of reading in this place, the room is closed at all sorts of times, almost without notice, and at the apparent caprice of one or other of the persons whose duty it is to be in charge. Any excuse seems,

in their eyes, to warrant its clearance; and this state of things we emphatically assert is a grievous injury to everyone who has a wish and a right to use the books it contains. The days on which it shall be closed should be irrevocably fixed by bye-law, passed by a general meeting; and we hope this will be insisted on next Monday.

The result of the meeting will be decisive on the part to be taken in the future management of the College by the body of its Fellows and members; and as long as this is borne well in mind there can be little doubt what the nature of it will be.

THE CONTAGIOUSNESS OF TUBERCULOSIS.

A SHORT time since we laid before our readers the opinion of Virchow on the non-infectiousness of tubercle. In the speech reported by us the distinguished pathologist opposed the idea of infection in the ordinary acceptation of the term, and showed that the virus of tubercle was not in any way similar to that of splenic fever, for instance, the poison in this case being of a chemical nature, whilst in tuberculosis it was the bacillus itself that produced the disease, and that the action of the bacillus was simply mechanical—it acted where it was and nowhere else; and that the mode of its transference from one person to another was exactly similar to that in which the itch was transferred, i.e., by contact. If this view prove correct, it will be a great gain to know how and through what channels the bacillus tuberculosis is likely to find its way into the system; and conversely it will be interesting and reassuring to learn how it is not likely to find an entrance. We do not go so far as to say that our knowledge on these points is complete, and that we are in a position to say definitely and distinctly in what way tuberculosis is produced in the human subject. Light, however, has been thrown upon them by means of experiment; and we now propose to give our readers a short account of some of the results that have been reached.

First, as regards the skin. In the vaccination of infants, there is a strong, widespread, and we think wholesome, prejudice against the employment of lymph from the children of tuberculous parents, and from children generally belonging to families known to have been the subjects of tuberculous disease. With a view of deciding the question whether it be possible to inoculate tubercle through the skin, Professor Bollinger, of Munich, last year instituted a series of experiments in the Munich Pathological Institute. These experiments proved to the satisfaction of Dr. Bollinger that the poison of tubercle could not be introduced into the human body by means of vaccination. This conclusion receives support in another direction through the investigations of Herr Luther Meyer, who carefully sought for tubercle bacilli in the vaccination pustules of seven phthisical individuals and failed to find them, or, to put it more strongly, he demonstrated their absence. These results should not make vaccinators less careful in their selection of arms for lymph, but they

may serve to reassure timid parents that the dangers of inoculating the fatal disease along with the prophylactic are but slight.

Looking at the possible introduction of active bacilli through another channel, Drs. Celli and Guarnieri have recently made observations in the Pathological Institute in Rome. It should be noted that the experiments were conducted under the conditions that modern science has shown to be necessary. The results obtained led to the following conclusions: (1) Fresh or preserved sputa, still moist, when they evaporate and are exposed to a strong current of air, are not capable of imparting their contained tubercle bacilli to the surrounding atmosphere. Bearing in mind, however, the tenacity of life that characterises these organisms, they recommend that the spitting cups and other vessels that are used for the reception of sputa be disinfected every day. (2) The expired air of phthisical patients contains no tubercle bacilli or tubercular virus. This does not preclude the possibility of contagion from particles of sputum containing bacilli, nor the possibility of contagion through contact with any other secretion containing tubercle virus. (3) The stagnant air of sick rooms in which phthisical patients have passed the night, even when the windows and doors have been closed and there has been no ventilation, contains no tubercle bacilli or tubercular virus. Further experiments will be made with a view of ascertaining how far direct and pulverised sputa are capable of propagating the disease.

The possibility of contagion entering the system through still another channel, viz., the intestinal tract, has been investigated by Professor Baumgarten, of Königsberg. Not being satisfied with previous experiments in this direction, as there seemed to him to be a possibility that the intestinal tracts of the animals experimented on (rabbits) were not absolutely free from abrasions, he caused the animals in his experiments to be fed, before making his own experiments, with liquid food exclusively. He then gave them fresh milk to which had been added tubercle bacilli; and in another series, bacilli similarly suspended, but not given until decomposition had taken place. In the latter case, even when large quantities of the mixture were given repeatedly, either no result at all followed or only a slight tubercle eruption limited to the *processus vermiformis* and the mesenteric glands. In the first series, however, that in which active bacilli were administered in fresh milk, the results were very different. The animals in this series received, once only, a small quantity of milk in which the bacilli were suspended, and in almost every instance, after the lapse of from ten to twelve weeks, tuberculosis of the intestinal mucous membrane, the mesenteric glands, and the liver, came on; in addition to these organs the lymph glands of the neck and of the lower jaw became affected, numerous tubercle bacilli being present in every case in the tuberculous nodules of the neck. It must be assumed, therefore, that the uninjured mucous membrane of the mouth and pharynx is capable of absorbing bacilli contained in food, and that apparently the tonsils are especially active as absorbing organs, as in some of the

cases tuberculous ulcers containing bacilli were met with on the tonsils.

Professor Baumgarten attributes the diminished contagiousness of the bacilli, as shown in the second series of experiments, to loss or diminution of pathological activity, which, by the by, is not a very complete explanation, but we suppose the best he can give at present. It is worthy of note, however, that the bacilli suspended in the decomposing liquid, do not differ in numbers, shape, nor reaction from those of the first series of experiments. The question of the relationship of the disease in cattle known as "grapes" to tubercle, and the fitness or unfitness of the milk of animals affected with the disease for consumption by human being is one of great interest, to which we hope to revert at some future time.

Notes on Current Topics.

The Double Diploma of Edinburgh.

OUR readers will note from an advertisement in our columns to-day that the Edinburgh College of Physicians has decreed that from October next it will give its licence only in conjunction with a surgical licence, thus ceasing to grant the qualification as a separate medical title to practise. We were aware that this important movement was in contemplation, and so far as it goes, it is in the direction of a complete Scotch qualification. But it must also be noted that the terms upon which the College surrenders its right to grant separate licences are widely different from those upon which it was proposed that the Irish Colleges should make a similar surrender. In Scotland the College of Physicians is still open to the holder of any surgical licence in existence, and it will therefore alienate no claimants for the L.R.C.P. Edin., save the very few, if there be any such, who take a physician's licence at first hand and proceed to practise thereon. The Irish College of Surgeons, on the contrary, was asked to refuse all claimants who were not provided with a passport viséd by the College of Physicians, and thus it would have deprived itself not only of those who take the L.R.C.S.I. as a first and separate qualification, but of those whose medical licence was not approved by the Irish College of Physicians. In fact, the principle of the Scotch double diploma is comprehensible and practical; that of the Irish scheme was unbusinesslike, and as regards the College of Surgeons, suicidal. We are glad to say that, for the present, the latter is in *nubibus*.

It will be readily understood these private arrangements between Colleges are the indications of helplessness and hopelessness respecting the great reform proposed by the Medical Bill. These changes were not thought of, and probably would not have been listened to, if suggested, as long as old corrupt licensing systems were safe from legislative interference, and it may be expected that, if anything should prevent the passing of a Reform Bill, we should hear very little of the greed for examinational improvement which is now the fashion.

This new-born energy is a compliment to the reform party, and a good omen as regards the passing of the Bill, and, so far, we congratulate the profession and the public upon the evidences of an awakening, however late in the day that awakening may have taken place.

The Medical Services in the Soudan.

WE understand that, in recognition of the efficient manner in which the medical service has been carried out in the operations of the Soudan Expeditionary Force, Brigade-Surgeon E. M'Dowell, A.M.D., will be specially promoted to the rank of Deputy Surgeon-General—a rank which at present he temporarily holds while acting as Principal Medical Officer of Major General Graham's force. Occasion will also be taken of conferring upon Surgeon-General J. Irvine, Principal Medical Officer of the British Army of Occupation, the Companionship of the Order of the Bath, for the energy displayed in organising the medical detachments which proceeded from Cairo to Suakim.

The Public Executioner.

THE infliction of a death penalty in a civilised community must always be associated with more or less that is eminently disagreeable to the feelings of those even who do not demand the abolition of this last dread resource of the law. It is, however, a matter for serious concern that an office so responsible as that filled by the common hangman, should ever be held by any save persons fully qualified to perform the functions pertaining to it; and such qualities include a good deal more than simple ability to despatch a fellow-creature in the most expeditious fashion. That every officer elected to the post is not in all respects fitted to occupy it there can be no manner of question; and it would seem that the present acting executioner falls a good deal short of the expectations justified of so important a functionary; so much so, indeed, that a body of jurymen recently condemned him, in very unmistakable terms, of bungling over his work at an execution which took place in Liverpool. It must be remembered, also, that the *dictum* on questions of this kind is a purely medical one, and that an expression of opinion as to the merit of a particular method of hanging on the part of coroners' juries is founded on the report of the surgeon present at the execution. With all the evidence accumulated since the last appointment of hangman, and bearing on his capacity and proceedings, it seems to be clearly indicated that some amendment of the mode of election at least is required; and in this connection it is well to consider whether the interests both of humanity and of seamliness would not best be conserved by merging the choice of public executioners as part of the routine work of Government. Were this done there is little doubt but that skilled assistance would be sought in carrying out the unpleasant task; and the grand result would be that society would be spared the recurrence of those miserable exhibitions which in recent times have so shocked its better-minded members.

London Water.

DR. PERCY F. FRANKLAND presented a very unflattering picture of the water supply of the metropolis in a paper read by him on "The Upper Thames as a Source of Water Supply," at the Society of Arts, on Thursday evening. Notwithstanding all the improvements made along the river banks, Dr. Frankland maintains that the supply is very unsatisfactory, inasmuch as large quantities of deleterious material are still discharged into the river, in spite of all precautions to the contrary. That water so polluted by sewage and other refuse can be at times a grave source of public danger is quite certain; and it is instructive to be reminded by Dr. Frankland that in nearly all other towns in the Thames basin the Thames and its tributaries are rejected as sources of water supply, these towns being generally supplied with spring or deep well water, which is especially abundant in the valley of the Thames. The great obstacle to any improvement such as is here implied, however, is exactly that which the writer of the paper described—viz., the vast capital sunk in existing water works. So great is the influence permitted to be exercised by the interests of this capital that at present it is hopeless to look for any indication of a spirit of sacrifice among holders of water companies' scrip; and as a striking commentary on this may be taken the fact that on the day succeeding the rejection of the Metropolitan Water Bill by the House of Commons shares advanced in value ten and fifteen pounds per cent.

The Insanity of Members of the Animal Protection Society.

M. MAGNAN announced to the Société de Biologie the fact that he had made a discovery which perhaps, he thinks, ought to immortalise his name. His learned colleagues were, no doubt, well pleased to be able to record something new, and listened patiently for half-an-hour to their honourable member, who, in a lengthy communication, developed his ideas on what he called "The Insanity of Members of the Animal Protection Society." He furnished three examples, the most striking of which was that of a lady whose madness consisted in showing an excessive kindness towards the very animals from whom we derive the most benefit—the horse and the dog. Amongst the acts *bizarres* (*sic*) that the lady was guilty of might be mentioned the picking up of broken glass bottles in the street, so that the horses' feet should not be wounded; refusing to hire a horse that was in the act of feeding on the stand, &c. The Société showed its just appreciation by keeping a mute silence until he had finished, and then proceeded to business more worthy of their attention. M. Magnan made one remark, however, that would be very gratifying to all those whose minds are a little more refined than his own, and that was that the kind of "insanity" in question was hereditary in this lady, and it is to be hoped that it will descend to her posterity if she have any. It would be well if the "malady" became contagious so that all France were affected, and then so much brutality would not be witnessed in the streets.

The Lord Mayor and the London Hospital.

ON Wednesday last the Lord Mayor and the Lady Mayoress entertained at dinner, at the Mansion House, the whole of the honorary officers and governing staff of the London Hospital, including the members of the house committee. This graceful compliment to a great charity had its origin in the association of the Lord Mayor with its government, he being an old member of the house committee; and it is also one in which the whole medical profession, of which many representatives were present as guests, participates. The President of the hospital, H.R.H. the Duke of Cambridge, replying to the toast of his health, took occasion to refer to the financial distress into which the institution he presides over is just now plunged; and referring to the fact that less than one-third of its necessary income is derived from endowments, he very strongly urged the claims it possesses to the generosity of the benevolent. Numerous other speeches were made, among others, by Sir Andrew Clark, Senior Physician to the Hospital, who very eloquently defended the medical profession against the unjust and unmerited slights suffered by it at the hands of the general public. The number of ladies and gentlemen present at the dinner exceeded 150.

Charity Organisation.

FOR some time past statements have been current in newspapers and elsewhere tending to show the great hardships to which applicants for relief at the hands of the Charity Organisation Society have to submit. In many instances respectable persons in reduced circumstances, and standing in urgent need of immediate assistance, are reported to have been kept in cruel suspense. The whole of the officers of the Society have carried out a system of very objectionable inquisition into every detail, past, present, and to come, of the applicant's life. Often, too, rather than call day after day only to be again disappointed, candidates have given up all hope of obtaining aid from the Society's agents; and to such a pitch has the feeling of discontent with these proceedings attained among charitable persons, that strenuous efforts are now being made to oppose organised resistance to the system of petty tyranny so long enforced. The first practical result of this movement has been a largely-attended public meeting held at Bethnal Green, under the auspices of the "Charity Protection League," which consists of persons having for an object the counteraction of what is regarded as the disastrous effect of the Charity Organisation Society on the condition of the poor, and on charity in general. At this meeting, which was intended to inaugurate a series of demonstrations, it was resolved to memorialise the Queen to withdraw her name as patron from the Charity Organisation Society. Letters were read from local clergymen, Nonconformist ministers, magistrates, guardians, and others, regretting their inability to be present, and expressing strong sympathy with the movement, the importance of which, both to the Society assailed and to the indigent poor, can hardly be over-estimated.

Overcrowding in Aberdeen.

AN inquiry held at Aberdeen on Thursday last, under the Citizens' Dwelling Act, elicited evidence of the fact that overcrowding exists there to an extent unsurpassed in the poorest and most densely-populated quarter of any large town in the country. It was stated by the chairman of the Public Health Committee that in one house as many as 30 persons were found living in a single room; in another the total population sheltered in 49 houses numbered 788, the number of individual families represented being 240. Further, more than 192 families possessed but a single room as their sole dwelling accommodation, and notwithstanding their unfavourable condition, they paid as much for them as is charged for much superior rooms elsewhere. Dr. Beveridge stated that the Town Council had sought for powers to clear the district in which this state of things exists, and to provide suitable accommodation for the inhabitants; a result which, in the interests of the wretched people themselves, it is devoutly to be hoped may ensue.

IN a paper contributed to the *Medical News* by Dr. F. C. Wilson, descriptive of a case of severe burn-wound unhealed for six years, the author speaks in high terms of skin grafts from the internal membrane of hen's eggs. He employed grafts from this source, and also from the human skin, and that of young rabbits, but none took so effectually, or gave so good a result, as the egg. It should be fresh laid and warm.

IN the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follow:—Calcutta 28, Bombay 29, Madras 62, Paris 26, Geneva 36, Brussels 26, Amsterdam 25, Rotterdam 23, The Hague 24, Copenhagen 19, Stockholm 23, Christiania 19, St. Petersburg 37, Berlin 21, Hamburg 27, Dresden 29, Breslau 31, Munich 28, Vienna 30, Prague 35, Trieste 40, Rome 36, Turin 43, Venice 30, Lisbon 40, Brooklyn 17, Philadelphia 21, and Baltimore 21.

THE deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 22.5 per 1,000 of their aggregate population. The death-rates in the several towns were:—Birkenhead 13; Derby 16; Brighton, Bristol 17; Wolverhampton 18; Cardiff, Birmingham 19; Edinburgh, Bradford, Portsmouth, Hull, Newcastle-on-Tyne 20; London, Leeds, Norwich 21; Leicester 22; Huddersfield, Sheffield 24; Salford, Liverpool 25; Dublin, Nottingham, Halifax, Blackburn 26; Glasgow 27; Sunderland, Bolton 28; Manchester, Plymouth 29; Oldham 31; Preston 35.

THE highest annual death-rates from diseases of the zymotic class in the large towns last week were—From whooping-cough, 2.4 in Bolton and 1.8 in Huddersfield; from scarlet fever, 2.2 in Leeds, 2.1 in Newcastle-upon-Tyne, and 1.9 in Sheffield; from measles, 3.0 in Nottingham, 2.6 in Oldham, and 2.0 both in Manchester and in Portsmouth; and from "fever," 1.3 in Sunderland. The 32 deaths from diphtheria included 12 in London, 3 each in Edinburgh, Glasgow, and Leeds, 2 in Birmingham, and

2 in Manchester. Small-pox caused 7 deaths in Sunderland, 4 in Birmingham, 2 in Liverpool, 1 in London, and 1 in Wolverhampton.

The Force of Habit in the Insane.

THERE are two very potent factors at work, but exercised in opposite directions, among modern reformers. The *soi-disant* educational reformer in the School Board, for instance, is for cramming the children of the poor with technicalities at the expense of the ratepayer's pocket and the pupil's brain, whilst the workhouse and asylum reformer cuts off such superfluities as beer and tobacco, ostensibly for the saving of the ratepayer's pocket, but at the pauper's loss. A case of the latter kind came before the Metropolitan Asylums Board on Saturday last, on the threat of the auditor to surcharge the Steward of the Leavesden Asylum for the whole year, amounting to about £200, for the allowance of tobacco and snuff to the inmates. Fortunately for the poor lunatics and for the Steward, the opinion of Dr. Case, the medical superintendent, was held to be of greater value than that of Mr. Auditor Roberts, and the Board decided that, as Dr. Case considered the administration of snuff and tobacco to those who had been in the habit of taking them an absolute necessity to imbecile or insane persons, they would call upon the Local Government Board to sanction as legal that which came under the definition of "extras," as ordered by the medical superintendent of the Asylum.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

THE SCOTCH CORPORATIONS' CONJOINT SCHEME.—The conjoint scheme of the Scotch Corporations may now be said to be a *fait accompli*, and will be presented to the Medical Council at its next meeting. Taken as a whole the scheme demands attention, and we hope in an early issue to consider it in detail. Should it come into force, the scandal which for some time has been attached to the Scotch Corporations will be removed, and with a Medical Council endowed with larger powers and more directly representing the medical profession, any change as far as Scotland is concerned will be unnecessary. The days of the chronics are numbered, and those who have long looked upon the Scotch Colleges as an easy road to the Medical Register will find this hope at last cut off. Some matters of detail may require modification, but the principle of the scheme is sound.

THE EDINBURGH UNIVERSITY TRICENTENARY.—Great preparations are being made in Edinburgh for the celebration of this event, and on the 14th inst. the authorities issued their arrangements in a printed form. A large number of distinguished University authorities are to be present from the Continent and America, honorary degrees are to be freely conferred, there is to be great feasting and illuminations. Notwithstanding his heterodoxy, which our contemporary the *Lancet* so piously and "properly" deplores, the University of Edinburgh has the temerity to confer its degree of LL.D. on the arch-heretic Dr. Maudsley! In view of the large influx of illustrious visitors to our modern Athens, every available bed has been secured at the various hotels in advance, and accommodation is likely to

be both difficult and exceedingly expensive. The profession in Edinburgh has come forward nobly with the private accommodation at its disposal, but this is of necessity limited, and can do no more than assist in the general effort to do honour to the celebration. We hope to give a full account thereof in our next.

GLASGOW HOSPITAL AND DISPENSARY FOR DISEASES OF THE EAR.—At a meeting of the directors of this institution held on the 12th inst., Dr. Barr was elected Aural Surgeon in lieu of Dr. Cassella, resigned in consequence of ill-health. It is the rule to applaud all appointments after they are made: we would not be guilty of any such affectation, and we therefore express our regret at Dr. Barr's appointment, not from any personal objection to himself, but from the fact that out of six possible aural appointments in Glasgow he now holds four. This is, however, quite characteristic of the profession in Glasgow, from Gilmore Hill downwards, and some of our University professors hold pluralities of appointments not at all consistent with their high professional and social pretensions. We would advise Drs. Erskine and Downie to start an institution for themselves, do a fortnight's pilgrimage to Berlin and Vienna, and give an occasional consultation to one or two professors to ensure the respectability and recognition of their institution. There are certain other qualifications required, for which we recommend a perusal of "John Bull and his Island."

POISONING OF TRAINING-SHIP "CUMBERLAND" BOYS NEAR HELENSBURGH.—On the 11th inst., while a number of boys belonging to the training-ship *Cumberland* were sent out for their usual morning exercise, they commenced gathering roots and herbs which were strewn along the shore. One of them, believing the herb to be harmless, commenced eating it, and his companions followed his example. Shortly afterwards ten of their number complained of sickness, and before they could return to the ship three of them fell into a kind of stupor, and lay helpless in the road. They were carried into a neighbour's house, where some warm milk was procured, but the lads gradually grew worse, as did also several others. Four of their number were immediately conveyed in a cab to Helensburgh, where they were attended by Dr. Reid, who ordered their removal to the Infirmary. Everything was done to produce nausea, and to prevent them from falling into a stupor, but despite the efforts of the medical men they remained in an unconscious condition for upwards of five hours. The remaining six were taken on board the ship, where they were duly tended, but in the course of the afternoon it was found necessary to send one of them to the Helensburgh Infirmary. These five were in a critical condition for some time, one of the cases being almost hopeless; fortunately, all are now out of danger. The herb is a deadly poison of the hemlock class, having a strong fibre running through the stem. The event has caused great excitement in the neighbourhood.

GLASGOW OPHTHALMIC INSTITUTION.—The fifteenth annual general meeting of the donors and subscribers to the Glasgow Ophthalmic Institution, which owes its origin to the business ability of Dr. Wolfe, was held on the 10th inst., in the Merchants' House, Glasgow, Bailie Hamilton presiding. Sir James Watson, before beginning the business of the meeting, referred in fitting terms to the loss the institution had sustained by the death of their chairman, Mr. James White. The secretary submitted the annual report, which stated that, in addition to a considerable number of patients remaining on the books at the beginning of the year, 3,012 new cases had been admitted, of which 2,627 were dispensary patients, while 385 had been taken into the hospital

for treatment—an increase of 8 indoor patients as compared with the previous year. The average period of each patient's residence in the house had been 22·7 days, as against 21·1 last year. The number of patients dealt with since the opening of the institution in 1870 had been 43,730, and of these 42,189 had been dismissed cured or relieved. Of the 3,012 cases treated during the year, 2,876 had been cured, 84 relieved, and 52 had been dismissed as incapable of further benefit. The income for the past year had been £1,346 19s. 8d. On the motion of the Chairman, seconded by Sir James Watson, the report was approved.

MORTALITY IN GLASGOW.—The deaths in Glasgow for the week ending with Saturday, the 8th inst., were at the rate of 27 per 1,000 per annum of the population, as compared with 28 in the previous week, and 31, 25, and 29 in the corresponding periods of 1883, 1882, and 1881 respectively.

HEALTH OF EDINBURGH.—The mortality in Edinburgh for the week ending with Saturday, the 8th inst., was 90, and the death-rate 19 per 1,000. Diseases of the chest accounted for 50 deaths, and zymotic causes for 7, of which 2 were due to fever, 2 to diphtheria, 1 to scarlatina, and 2 to measles, the intimations of these diseases for the week being 6, 4, 38, and 85 respectively.

THE PROFESSION AT THE LEVEE.

By command of the Queen a levée was held on Monday afternoon, at St. James's Palace, by his Royal Highness the Prince of Wales, on behalf of her Majesty, presentations being at this Court, by the Queen's pleasure, considered as equivalent to presentations to her Majesty. The following members of the profession had the honour of presentation:—Sir W. Guyer Hunter, M.D., on being made a K.C.M.G.; Sir Richard Owen, on being made a K.C.B.; Sir Hy. A. Pitman, M.D., on being made a K.C.B.; Deputy Surgeon-General E. F. O'Leary, M.D.; Acting Surgeon Jas. Reid, M.D., Gordon Highlanders; Reginald Southey, M.D.; Surgeon P. W. Bassett-Smith, R.N.; Surgeon Hy. J. Wyatt, A.M.D.; Surgeon-Major Lloyd-Barrow, M.D.; and Dr. Theodore Acland.

ANALYSIS OF THE MEDICAL BILL.

Read a second time in the House of Lords, March 6th. To be Committed March 20th.

In this Analysis of Bill all the important phrases are printed verbatim.

(Continued from page 241.)

The following is an analysis of the clauses of the Bill additional to those which we published last week:—

PART III.

Colonial and Foreign Practitioners.

22. A person holding a recognised colonial diploma, and being authorised to practice in the British possession in which he resides shall be entitled, without examination, to be registered as a colonial practitioner:

Provided—

- (1.) That he has practised medicine in the United Kingdom for the preceding ten years; or
- (2.) That his diploma was granted to him when he was not domiciled in the U. K.

23. Same enactment as regards foreign practitioner;

Provided—

- (1.) That he is not a British subject; or
- (2.) That being a British subject his diploma was granted when he was not domiciled in the U. K.
- (3.) That being a British subject he has practised in the U. K. the ten preceding years.

24. The recognised medical diplomas shall be such medical

diplomas as may be recognised by the Medical Council "as furnishing a sufficient guarantee of the possession of the requisite knowledge and skill for the efficient practice of medicine, surgery, and midwifery, and as entitling the holder thereof to practise medicine, surgery, and midwifery in such British possessions or foreign country."

It is deserving of serious consideration whether foreign diplomas should be registered in the United Kingdom, considering that certain foreign countries, including France, refuse reciprocity under any circumstances. It is indeed obvious that the Medical Council has, or can have, at its disposal no adequate means of forming a judgment as to whether any particular foreign degree furnishes "sufficient guarantees for the possession of the requisite knowledge and skill for the efficient practice" of the profession, as required by the section, for it must be evident that a mission of a visitor from the Medical Council to inspect an examination in Ohio or Moscow would be utterly impossible, and, if possible, quite futile, inasmuch as such an inspection would not afford the least guarantee that the examination which was adequate at the particular occasion when it was inspected would continue to be so. Moreover, the Medical Council, having once recognised any foreign diploma, could not revoke that recognition without the approval of the Privy Council; and it would be plainly impossible for the Medical Council, even if disposed to trouble itself about the matter, to collect such evidence of the insufficiency of the examination as would justify the Privy Council in revoking the recognition. As a matter of fact, we know that the Medical Council has recognised as sufficient the preliminary examinations held by certain antipodean bodies, of which it knew absolutely nothing, except from the *ex parte* assurances of those bodies themselves; and it would be nothing less than calamitous to the profession if it acted upon the same principle in reference to medical diplomas, and admitted to practice in Great Britain a host of diploma-holders from obscure American and Continental qualifying bodies.

The words of the Bill prohibit the registration of any diploma which does not "entitle the holder thereof to practise medicine and surgery in such British possession or foreign country." This proviso would be a perfectly sufficient protection for us in the case of diplomas issued (as in Germany) after a "Staats Examen," or with a Government impress, but in other places, as in America, any or every diploma entitles the holder thereof to practise, and the phrase of the Bill would, therefore, afford us no protection whatever against Canadian or American diploma-holders.

The proposition contained in the Marquis of Ripon's Bill of 1871, is much preferable. It provides that the foreign medical diploma must "represent the like degree of knowledge, as tested by examination, to that which is required for a licence" in Great Britain. The present Bill, on the other hand, recognises any foreign diploma which "furnishes sufficient guarantees of the possession of the requisite knowledge and skill," a phrase which would enable the Medical Council to register any low-class foreign degree it pleased.

The Marquis of Ripon's Bill recognised only such foreign degrees as were granted under "the authority of the Government of a British possession or foreign country"—a very different proposition from the recognition of every diploma which confers the right to practise in its own country, which is suggested by the Bill.

Recognition of foreign and colonial degrees should not be without—1. A distinct guarantee of the country in which the diploma is granted. 2. A degree of knowledge, so far as the Medical Council can judge, equivalent to that required for the conjoint examination at home. 3. The consideration of the Medical Council of each particular application for registration.

PART IV.

Quacks' Clauses.

26. Any registered practitioner who now holds, or may hereafter obtain, a recognised medical diploma, or who, being on the Register of foreign or colonial practitioners, shall have obtained a recognised colonial or foreign diploma, to cause a description of such diploma to be added to his name in the Register, and to use any medical title which such diploma authorises.

This clause is greatly complained of, because it does not give the State examinee any registrable title independent of his collegiate diploma. As the Bill originally stood it authorised him to call himself "Licentiate of the Medical Council," and to practise under that name, but that provision was struck out for the purpose of inducing, though not coercing, the student to take the diploma of a licensing body. As the Bill now stands the State examinee would appear in the Medical Register as a recognised practitioner; he would enjoy all the consequent privileges, but he would not possess any distinctive title unless he had also taken a diploma or degree, which would be appended to his name in the Register. We recognise that such a proposition is bad in principle, but we think that, under all the circumstances, the want of a title would be met in a better way by requiring the student to attach himself to a licensing body throughout his period of study, and to subsequently obtain its diploma as indispensable to registration, than by giving him a title independent of some such body. This we have advocated in our commentary on Clause 3. The reasons for this "affiliation" are twofold. It would place the student under control and supervision from the first—would impel the licensing body to devote itself to educational work—would maintain a certain amount of control over the licentiate after he entered practice—would provide a *modus vivendi* for the licensing bodies who are to be the motive power of the future examinational system—and would remove most of the difficulties as to division of surplus funds under the Bill.—Note our commentary on Clause 3, in last issue, and Clause 34, below.

27. (1.) If any person, whether registered or not, uses a medical title which he is not entitled to use, a penalty of twenty pounds.

(2.) If any person, whether registered or not, takes or uses a medical title which is by this Act not Registrable, penalty twenty pounds:

Provided that a person shall not be liable—

If he is not ordinarily resident in the Kingdom, and holds a diploma which authorises him to use the title complained of, and to practise in the country in which the diploma was granted.

(3.) If any person not registered represents himself to be a registered medical practitioner, or uses any name, title, addition, or description implying that he is a registered medical practitioner, penalty, twenty pounds:

(4.) If any person who is not registered, and who practises for gain, or professes to practise, or publishes his name as practising medicine or surgery, or who receives any payment for practising medicine or surgery,

(a) represents himself to be a physician, surgeon, doctor, or apothecary; or

(b) uses any designation denoting that he is qualified by law to practise, penalty, twenty pounds.

These clauses as they stand make no provision for preventing ignorant and unlicensed persons from practising medicine and surgery, and receiving fees for medical services rendered. They are limited to prohibiting the use of certain medical titles. The Bill will, we fear, open the door to unlimited practice by unqualified persons in England, because it repeals the Apothecaries (England) Act of 1815, which is the only enactment now existing under which such persons can be prosecuted)

(5.) Prosecutions for these offences may be undertaken only

- (1.) By a person authorised by the Medical Council; and
- (2.) By the Prosecutor, or by a person authorised by the medical board for same, or by a recognised medical authority.

This clause, as it stands, is objectionable, because it will throw a shield before all quacks, and make their punishment very difficult. It forbids the prosecution of an unqualified person without the assent of the Medical Council or of the Public Prosecutor, and it puts no obligations whatever on either of these parties to institute these prosecutions on their own behalf. Considering that the permission of the Public Prosecutor could not probably be obtained—if granted at all—without great expense and delay, and considering that the Medical Council has repeatedly declared that the prevention of unlicensed practice is no part of its business, it is obvious that these clauses, if passed without amendment, will be a protective for all quacks. This restriction, which would prevent individuals or professional organisations from prosecuting quacks, is the less justifiable because a different enactment is proposed in the Bill with regard to prosecution of unqualified dentists. Clause 70 of this Bill enacts that the restriction which is here proposed shall be removed in the case of dentists, and it is difficult to conceive why the legitimate practice of a speciality should be less protected from the invasion of quacks than the legitimate practice of medicine and surgery generally.

This section shall not prevent

- (1.) A person from using the designation of midwife, or
- (2.) A person holding a licence in midwifery from using the designation of licentiate in midwifery, or
- (3.) A registered dentist from using any title which he is entitled to take or use under the Dentists' Act.

Management of Register.

28.—(1.) The Medical Register shall contain the names and addresses—

- (a) Of all persons who are now registered practitioners, and of all persons who afterwards may become entitled to be registered by reason of final examination; and
- (b) Of such colonial and foreign medical practitioners as are entitled to be registered under this Act;

The names shall be divided into three lists—home, colonial, and foreign practitioners.

Where the Medical Council is of opinion that the erasure of the name of a person from the Register will be too severe a punishment for the offence of such person, they may, instead of directing his name to be erased, declare that he is suspended, and thereupon directing the word "suspended" to be entered opposite his name in the Register.

A registered medical practitioner when suspended shall not be deemed during such suspension to be a registered medical practitioner.

The name of a person shall not be erased nor suspended under this section—

- (a) For adopting the practice of any particular theory of medicine or surgery, nor
- (b) For a conviction for a political offence abroad, nor
- (c) On account of a conviction for an offence which does not, either from the trivial nature of the offence, or from the circumstances under which it was committed, or from the time which has elapsed since its commission disqualify a person in the opinion of the Medical Council.

It will be observed that, by these clauses, the Medical Council seeks new powers to condone offences against the profession. Under the existing law a person guilty of "a felony, or misdemeanour, or of infamous or disgraceful conduct in a professional respect" is liable to have his name removed from the Register. The Council now seek powers to mitigate the punishment of such persons, and to "suspend" them from legitimate practice for a short time; but by sub-clause (c) it also seeks power to give such persons a free pardon and retain their names on the Register, or restore

them thereto. Considering that the Council permitted the name of the murderer Lamson, and others nearly as guilty to defile the Register (though their attention was officially called to the matter)—that they placed on the Register more than one person who has served his time in penal servitude, and that they refused to erase the name of a dentist, although they had a few minutes previously declared him guilty of "infamous and disgraceful conduct," it seems needless to urge that as little as possible option should be allowed to them.

Medical Authorities.

34. Any medical authority may grant medical diplomas to persons of both sexes, provided that—

A woman shall not be thereby entitled to any share in the management of that authority.

35. Any authority may admit to its lowest qualification without further examination, any person who has passed a final examination.

This is an important proviso in regard to the affiliation of the state examinee to a licensing body (as proposed in our note to sec. 3) because it enables such bodies to accept the examination of the Local Boards as equivalent to their own, and to give their license to their alumni without further examination or fee.

It would be very desirable if it could be enacted that every licensing body—having passed the student through its non-primary examinations and through the final examination of the State Board—should be bound to grant its diploma without further examination and at a nominal fee. Thus the student would be provided—by virtue of his State examination—with a registrable title. Two impediments exist to prevent this being done—*a.* Certain bodies refuse to admit women to their diplomas on any terms; *b.* The higher Universities object to grant their degrees on the final examination or any other examination not held by themselves.

PART V.

Expenses and Medical Funds.

38. The three medical boards and the Medical Council shall respectively form funds.

Under the Bill two sorts of funds are contemplated—*a.* Three local medical board funds, resulting from the surplus of the fees paid to local boards for final examination, over the expenses of same; *b.* A Medical Council fund, resulting from the assets from the three existing Branch Councils, plus the fees of £5 each for registering practitioners when fully qualified.

(4.) The expenses of maintaining any such medical museums and medical libraries belonging to any medical authority as may before the passing of this Act have been ordinarily maintained for general public purposes by such authority in their capacity of grantors of qualifications for registration under the Medical Act, 1858, and have been so maintained out of fees paid by applicants for such qualifications, and may be of such importance to the promotion of knowledge in medicine or surgery as to deserve to be maintained out of the funds of the Medical Council.

This clause is open to many objections. In the first place it makes the maintenance of Colleges, &c., depend on the local funds, from which there may possibly be no surplus, inasmuch as the final examination fee may possibly not be more than would cover the cost of examination. In the second place, it makes no provision for the maintenance of institutions, but only for the "medical museums and libraries" kept up by them. In the third place, it is complicated, and not applicable generally, and seems to have been originally framed to meet the case of the Hunterian Museum.

The Medical Council fund shall be applied in payment of—

(1.) The reasonable expenses and remuneration to members of the Medical Council.

(2.) Expenses in respect of officers and rooms, &c.

(3.) The expenses of the election of direct representatives. Any surplus shall be applied "for the benefit of the medical profession, or in such manner as the Medical Council may determine."

Fund *b.* (the general fund) would be large. It would start with the aggregate capital of the three existing Branch Councils (£29,000 + £2,000 + £1,869), amounting to £32,869, and yielding an interest income of nearly £2,000 a year. It would have also an income of almost £6,000 arising from registration of practitioners, and against this total income of £8,000 it would expend for the Medical Council and its establishment about £3,500, leaving a yearly profit of about £4,500 available for any purposes within the wide area of the phrase quoted above.

This large fund would be allocated at the unlimited discretion of the Medical Council, which would be a very unwise method of distribution.

In principle all surplus funds accruing from examination or registration should, after satisfaction of the demands upon them for maintenance of the central and local supervising bodies, be allocated for the sustentation of medical education, and to the support of educational bodies in proportion to the public work which those bodies are performing. Therefore, in our opinion, the whole of the surplus from examination and registration should go to a general fund, and, at the end of the year, should be distributed by the Central Council to the three divisional boards in proportion to the number of candidates passed by them, and should be again distributed by each divisional board to educational bodies recognised by it, in proportion to the output of licentiates and the other public work done by each such body.

Some estimate of the share of each divisional board under this arrangement may be formed by calculating from the Students' Register the part taken by England, Ireland, and Scotland in medical education. Taking the three years last past, we find that an average of 2,048 new students were registered each year throughout the Kingdom, of whom

England	supplied	966	annually;
Scotland	"	580	"
Ireland	"	502	"

Total 2,048

Calculating on this basis, which we admit is not the only element in the calculation, and dividing the gross central surplus fund into hundredths, it appears that, in respect of its medical educational work, the English divisional board should receive 47.1 per cent. of the entire fund, Scotland 28.3, and Ireland 24.5.

In estimating the fees to be charged for final examination a distinction shall be made between so much of the fee as is leviable for the purpose of administrative expenses of the board and so much for expenses of the maintenance of museums and libraries; and the fees to be paid by University graduates or undergraduates holding University certificates of having passed the examinations at their University qualifying for admission to the final examination of the board shall not exceed the former portion of the fee.

This clause is intended as an expression of the recommendation of the Royal Commission that students educated in Universities should not be called upon to pay for maintenance of the teaching establishments of other institutions from which such students are said to have derived no benefit, it being arranged that in consideration of this special exemption from fee the Universities to which such students belong should not claim any share of the local Board surplus fund (*a*)

above referred to. This concession to Arts graduates or to undergraduates of at least three years' standing is reasonable; but we altogether dissent from the proposition to extend such privilege to students who are only University graduates in name, and who have not acquired a claim—by *bona fide* academic studies—to the enjoyment of such privileges. A marked distinction must be drawn between Universities such as Oxford, Cambridge, and Dublin, which accept no candidate for their medical degrees but those who have fulfilled a complete curriculum in Arts as well as in Medicine, and those other Universities which grant their highest medical degrees to students who are little more than matriculants, who pass but one, or, at most, two preliminary examinations of no higher standard than the analogous examinations of Colleges—who are examined, but not in any respect educated in these Universities—who do not reside therein, and who are not called upon to pay the cost of complete Arts studies. Such Universities, being simply examination centres, have even less claim to special privileges than those Colleges which both educate and examine and which maintain for purely public purposes an educational establishment of the greatest value without calling upon the public purse for any assistance.

PART VI.

GENERAL PROVISIONS.

As to Medical Boards, Medical Council, and Privy Council.

38. Each medical board may, with the assent of the Medical Council, appoint and remove a secretary, treasurer, and such other officers and servants as the medical board may require.

39. The Medical Council may from time to time, with the sanction of the Privy Council, do likewise.

As to the Approval and Confirmation of Schemes.

41. Where a scheme is required to be approved by the Medical Council—

- (1.) The medical board shall send a copy to the Medical Council.
- (2.) The Medical Council may either annul or approve the same with or without modification made by the Council, or may remit the same to the medical board for modification by them, until it is brought into conformity with the views of the Medical Council.
- (3.) The Medical Council to forward as soon as practicable to the Privy Council for confirmation any scheme approved by the Medical Council.
- (4.) The Privy Council shall take the same into their consideration, and may either annul the same altogether, or may remit the same to the Medical Council for modification by them.

The Medical Council before approving and the Privy Council before confirming any scheme shall hear any objections which may be made to the scheme by any person or body of persons.

These Clauses would all need alteration if the making of the scheme of education and examination were remitted to the Medical Council instead of the respective medical boards, as we have strongly advocated in our comments on Clauses 18 and 19. We repeat that equality of educational standard throughout the Kingdom can never be attained. . . if the three boards are authorised to make three different schemes of different educational standards.

42. If any medical board makes default in the performance of its duty, the Medical Council shall notify to the medical board that it has made such default, and may by order suspend or supersede such board, and direct a fresh election to be held.

43. If the Medical Council makes default in the performance of its duty, the Privy Council shall notify that it has made such default; and the Privy Council may do any

act or thing in respect of which it considers the Medical Council to have been in default.

PART VII.

Transition from Old to New Law.

54. The first election of each medical board shall take place in January, 1885.

Each medical board shall come into office on Feb. 1, 1885. The first meeting shall take place within the first fortnight in February.

For election of direct representatives, the medical registrar shall issue his precept to each medical board, requiring such board to cause the members to be elected within fourteen days, as follows:—

- (1.) The nomination paper of each candidate shall be signed by twelve registered practitioners; and
- (2.) The returning officer shall forward by post to each registered medical practitioner a voting paper.

The first Medical Council shall come into office on April 30, 1885, and its first meeting shall take place during the first fortnight in April.

55. Each medical board shall, before August 1, 1885, submit to the Medical Council a schema. See note on clauses 18 and 41.

The scheme so submitted shall be settled by the Medical Council and forwarded to the Privy Council before Jan. 1, 1886.

Any objections to such scheme shall be considered by the Privy Council before November 1, 1885.

The first final examination shall be held not later than the 1st of March, 1886.

56. Branch Councils shall cease to exist, and all their property shall be transferred to the Medical Council. See our note to clause 38.

58. The existing officers of the Branch Council shall become officers of the Medical Board for their own division of the Kingdom.

This clause should not be permitted to pass, for it would provide the Medical Board at starting with, in some cases, officers entirely unfit for the new duties.

PART VIII.

Saving Clauses.

67. Nothing in this Act contained shall in any way prejudice the lawful occupation of chemists, or druggists, or so far as relates to selling, compounding, or dispensing medicines, the rights, privileges, or employment of duly licensed apothecaries in Ireland.

68. Nothing in this Act contained shall prevent any person not a British subject who has obtained a foreign degree or diploma entitling him to practise medicine, surgery, and midwifery in his own country, from acting as the medical officer of any hospital for the relief of foreigners in sickness, although he is not registered as a foreign practitioner, provided that such person is engaged in no other medical practice.

69. Nothing in this Act contained shall repeal or alter any of the provisions of the Passenger Act, 1855.

70. This Act shall not increase or diminish the privileges of any person who, on December 31st, 1884, is a registered practitioner, and such person shall be entitled to practise in medicine, surgery, and midwifery, or in any one or more of them, according as he was entitled to practise in such callings or any one or more of them, before the said appointed day, but not further or otherwise.

Dentists.

72. There shall be repealed so much of the Dentists' Act as provides that a prosecution shall not be instituted by a private person, and a prosecution for any such offences may be instituted by a private person accordingly. See our note to clause 28.

SCHEDULE.

PROCEEDINGS OF MEDICAL BOARD AND OF COMMITTEES OF MEDICAL BOARD AND MEDICAL COUNCIL.

1. The board or council shall from time to time make such regulations with respect to the transaction and management

of business as they think fit, subject to the following conditions :—

- (a) An extraordinary meeting may be summoned at any time on the requisition of three members addressed to the chairman ;
- (b) The quorum shall consist of not less than three members ;
- (c) Every question shall be decided by a majority of votes of the members present and voting on that question ;
- (d) The names of the members present at a meeting, and upon a requisition made by any member or members voting on a question, the names of the members voting on that question shall be recorded.

2. In case of an equality of votes at any meeting the chairman for the time being of such meeting shall have a second or casting vote.

Correspondence.

LIABILITY OF HOSPITAL PHYSICIANS AND SURGEONS FOR MAKING POST-MORTEM EXAMINATIONS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your editorial remarks upon the post-mortem examination in this hospital (which lately formed the subject of a coroner's inquest), you correctly state the present condition of the law. I have the most eminent advice that there is no property in a dead body ; and that, as the law does not take cognisance of injured feelings, no action for damages can be sustained. This view is supported by English decisions.

The idea of compromising this action never entered into my mind. I believe that if I were to pay even one farthing to settle it I would be purchasing freedom from annoyance by the sacrifice of principle and the betrayal of professional right. On the contrary, my solicitor has been instructed to defend it to the end, and of that end there can be no possible doubt.

The Great Ormond Street case, this time two years, established that no criminal prosecution can be sustained for the making of a post-mortem examination. The present case will establish that, neither in the coroner's court nor in any civil tribunal, is there any legal remedy against a physician for making a post-mortem examination with propriety, and for the legitimate advancement of the medical art. The establishment of this principle here is of great importance to the profession ; and the attainment of it will more than compensate me for the annoyance which I have received for doing what I still believe to have been my simple duty.

Yours, &c.,

F. J. B. QUINLAN, M.D., M.R.I.A.,

Fellow of the King and Queen's College of Physicians.

St. Vincent's Hospital,
March 12, 1884.

Obituary.

MR. JOHN DOUGAN, OF GLASGOW.

We deeply regret to have to record the death of Mr. John Dougan, surgeon, Glasgow, which took place at his residence in Hillhead, on the 12th inst. The deceased was a little over sixty years of age. He studied his profession at the University of Glasgow, and became a Licentiate of the Glasgow Faculty in 1845, since which time he practised in Glasgow, where he was well known and respected for his sterling honesty, pawk Scotch humour, and intellectual attainments. Mr. Dougan was an excellent mathematician and Latin scholar, accomplishments now becoming rare amongst medical men. The former of these studies afforded him solace almost to his death-bed. In politics he was an intellectual Liberal, and his religion was what Froude calls "that of all sensible men." He was much beloved and respected by his patients, and his burly form and honest face will long linger in the memories of the inhabitants of the north-western districts of Glasgow.

Medical News.

The Dental Hospital of London.—The 26th annual meeting of this Institution was held at the Hospital on Wednesday last, under the presidency of Mr. John Eric Erichsen, F.R.S., one of the vice-presidents. In the report, which was unanimously adopted, the continued success and prosperity of the Institution and the great benefits which the Hospital continues to afford to the suffering poor, 35,622 cases having been treated during the year 1883, were adverted to, and the gift of a new wing by Sir Edwin Saunders for the purpose of enlargement was gratefully acknowledged. In order to obtain the funds necessary for fitting up and adapting the new wing, and for redeeming the mortgage debt of £5,000 on the Hospital building, a special appeal had been issued, and the sum of £1,132 4s. had been received in response. There is still a deficit of £3,865 6s. 6d. in the Extension Account, and the Committee are compelled to make a further special appeal for the funds necessary to pay off this debt, which presses so heavily upon the charity and materially curtails the benefits it would otherwise be enabled to confer upon the suffering poor.

Medical Sickness Annuity and Life Assurance Society.—A meeting of the Provisional Executive Committee of this Society was held at 88 Wimpole Street, W., on Thursday, March 6th, Mr. E. Noble Smith, F.R.C.S., in the chair. The following members were present :—Mr. Sibley, Surgeon-Major Evatt (Woolwich), Dr. Clibborn, Mr. Brindley James, Mr. Major Greenwood, jun., Mr. Rasley, (Sec.). The minutes of the last meeting were read and passed. The Secretary presented his report, showing that 800 members had joined them, and that the receipts amounted to £185 7s. 2d. The report was received and adopted. The Chairman stated that a letter had been received from Mr. Ernest Hart expressing his satisfaction at the progress of the Society, and making suggestions with regard to its further extension which were unanimously approved. The Secretary recommended that as it had been decided after consultation with their consulting actuary, Mr. Neison, to accept members for sick pay and annuity combined, that the two funds be kept distinct, and that separate tables be drawn and printed showing the rates for sick pay only. This was duly proposed and carried. A letter was read from Mr. Parsons (Ambleside) asking whether gentlemen retiring from practice after becoming members of the Society were open to receive the benefits of the Society, an answer was directed to be sent in the affirmative. A communication was read from a correspondent who desired to know if members of the army and navy medical services who were liable to be called out of the country on duty, would be eligible as members of the Society. It was decided to reply that the Society was too young to undertake the risks this would involve. The question of holding a general meeting in London was discussed, and its further consideration deferred. A discussion arising out of questions connected with the proposal forms referred to the meeting brought the proceedings to a close.

OPERATION DAYS AT THE LONDON HOSPITALS.

MONDAY—Hospital for Women, 2 p.m.—Metropolitan Free, 2 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Orthopaedic, 2 p.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. Mark's, 2 p.m.

TUESDAY—Cancer Hospital, Brompton, 2 p.m.—Guy's 1.30 p.m.—St. Mark's, 9 a.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—Westminster, 2 p.m.—West London, 3 p.m.

WEDNESDAY—Great Northern, 2 p.m.—London, 2 p.m.—Middlesex, 1 p.m.—National Orthopaedic, 10 a.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—Samaritan Free Hospital for Women and Children, 2.30 p.m.—St. Bartholomew's, 1.30 p.m.—St. Mary's, 1.30 p.m.—St. Peter's, 2 p.m.—St. Thomas's, 1.30 p.m.—University College, 2 p.m.

THURSDAY—Central London Ophthalmic, 1 p.m.—Charing Cross, 2 p.m.—Hospital for Diseases of the Throat, 2 p.m.—Hospital for Women, 2 p.m.—London, 2 p.m.—North-west London, 2.30 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. George's, 1 p.m.

FRIDAY—Central London Ophthalmic, 2 p.m.—East London Hospital for Children, 2 p.m.—Guy's, 1.30 p.m.—King's College, 2 p.m.—Royal London Ophthalmic, 11 a.m.—Royal South London Ophthalmic, 2 p.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. Thomas's (Ophthalmic Department), 2 p.m.

SATURDAY—King's College, 1 p.m.—London, 2 p.m.—Royal Free, 9 a.m. and 2 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. Bartholomew's, 1.30 p.m.—St. Thomas's, 1.30 p.m.

Notices to Correspondents.

SURGEON-GENERAL FRANCIS will please receive our best thanks; he will see that the information has been utilised in another column.

DR. CLIFFORD ALLBUTT.—The instructions shall receive our best attention.

MR. LAWSON TAIT is thanked for his communication, which is much appreciated, and will appear in the earliest possible number.

MR. POWER.—The case will be sent in course of post.

MR. R. F. G. (Melbourne).—We have now a considerable sprinkling of subscribers in the colony. Since your note was written we have appointed an agent for Australia, Mr. Bruck, of Sydney, to whom you can in future pay your subscription, as well as that for your friend at Brisbane to whom you kindly introduced the journal.

DYNAMITE AND MEDICAL ASSISTANTS.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I wish to call the attention of your readers, and especially those hailing from Ireland, to a condition of things which it is important that they should know.

No one who knows me can have any doubt as to the direction of my sympathies, and I trust that I need not say that I do not share the prejudice to which I refer; but I wish to state what that prejudice is, namely, that in consequence of what are called "Irish outrages," dynamite explosions, and so on, gentlemen requiring assistants will not employ Irishmen, no matter what their qualifications or antecedents. A principal, who had come up from the country, and who appointed to meet certain assistants at my office, expressed himself as highly pleased with the gentlemen to whom I had introduced him, but added: "I dare not take an Irishman home with me; my wife would think that she had the smell of dynamite always under her nose." What can be done? I can only recommend patience to live down the prejudice, and express regret that a body of educated gentlemen should be made to suffer for the sins of an unprincipled set of paid agitators.

Yours, &c.
50 Lincoln's Inn Fields, London, W.C., J. BAXTER LANGLEY.
March 11, 1884.

MR. REGINALD HARRISON'S "Case of Ruptured Bladder and Fractured Pelvis" shall appear, if possible, in our next.

MR. WILTON.—We have not seen the report in local paper referred to. We receive dozens of newspapers weekly, correspondents rarely marking the portion to which they desire to draw attention; consequently, in a necessarily hurried glance, many matters are overlooked through this omission on the part of the senders.

SCHOOL HYGIENE.

At a special general meeting of the Committee of the National Health Society, on Thursday last, for the purpose of considering the desirability of establishing a conference on "School Hygiene" during the International Health Exhibition, it was arranged that papers on various topics relating to school life and training should be read, and discussion invited. All those interested in the subject are requested to communicate with the Secretary.

A SANITARIAN.—The body over which the customary drunken orgies were held was not removed for the occasion from one of the metropolitan asylums; on the contrary, the person died in the City of London Infirmary. The managers of the Asylums Board are very particular in this respect, and do not, under any circumstances, allow the bodies of patients dying in their hospitals to be removed until the day of interment, when the bodies are removed direct from the hospitals to the cemetery.

HARD AND FAST.—The line you so strongly object to is likely to be loosened by pending legislation. In our last issue we devoted space to an epitome and editorial consideration of the new Bill to the end of Part II. In our present number we conclude our Analysis of the Bill in all its bearings, and hope thus to have facilitated its study by our readers.

DISPENSARY MEDICAL OFFICERS AS J.P.'S.

ALPHA asks: 1. Can a dispensary medical officer become a J.P.? 2. Is there a property qualification necessary?

[1. Yes, there are many J.P.'s holding dispensaries. We hope to publish a list next week. 2. No.—ED.]

IN MEMORIAM.—Your intention has already been anticipated, and a movement is now on foot to collect an amount sufficient to provide for those dependent on Mr. Wheatley, and who are left most slenderly off. At the Clinical Society, on Friday last, the President announced that the Council of the Society had voted a sum of £25 to the fund, and appealed to members to add their individual contributions.

R. L. W.—Numberless suggestions of articles disguising the smell of iodoform have been made from time to time. The most recent are attar of rose, one drop to a drachm; and oil of citronella. Peruvian balsam also is said to be effectual in this respect; and several other substances.

MR. JAMIESON.—Unless there is palpable evidence that the child is suffering from the irritation of the tooth, it is as well to abstain from interference. If, however, the gum presents indications of inflammation, &c., then it is advisable to relieve it at once by making an incision over the projecting tooth. If it be a molar, the incision should be crucial in form. Hyd. c. cret. with Dover's powder is a useful prescription.

DR. ANDREWS.—The work has not yet been published in this country, but it is not unlikely that an English edition will be announced before long. The arrangement would not be a favourable one on the terms you have mentioned. It would be wiser to consult someone with special experience.

MR. CONSTANTINE.—It is most improbable that any notice would be taken of any proceedings so directly opposed to good taste and justice. You will consult your patient's interest best by letting the subject drop.

Meetings of the Societies.

WEDNESDAY, MARCH 19TH.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—At 4 p.m., Mr. F. E. Eve, Some Points in Pathology.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At 5 p.m., Croonian Lecture: Dr. Hughlings Jackson, Evolution and Dissolution of the Nervous System.

THURSDAY, MARCH 20TH.

ROYAL INSTITUTION.—At 3 p.m., Professor Tyndall, On the Older Electricity.

HARVEIAN SOCIETY.—At 8.30 p.m., Mr. Sewill, On a Case of Cataract and Spasm of the Facial Muscles due to Dental Irritation.—Mr. F. Treves, On certain forms of Intestinal Obstruction that may follow after hernia.

FRIDAY, MARCH 21ST.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—At 4 p.m., Mr. F. E. Eve, Some Points in Pathology.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At 5 p.m., Croonian Lecture: Dr. Hughlings Jackson, Evolution and Dissolution of the Nervous System.

Vacancies.

Birmingham Children's Hospital.—Dispenser. Salary, £80. Applications to the Secretary by April 1.

Brighton Lying-in Institution.—House Surgeon. Salary, £120, with furnished apartments, &c. Applications to the Secretary before April 4.

Coombe Hospital, Dublin.—Assistant Master. Applications to Master, or at Coombe Hospital.

Flintshire Dispensary.—House Surgeon. Salary, £100, with furnished house, &c. Applications to the Secretary by April 15.

Kent Hospital.—Physician on the Staff. Applications to the Secretary at the Hospital, Canterbury, by March 22.

Appointments.

LUCA'S, A. M.R.C.S., Medical Officer for the Eighth District of the Newport Pagnell Union.

MACDONALD, W. C. M.B., C.M. Glas., Government Medical Officer at Ingham, Queensland.

MAYO, F. H. M.R.C.S., L.R.C.P., House Surgeon to the General Infirmary, Leeds.

NANCE, H. C. M.R.C.S., L.R.C.P., Senior Resident Medical Officer to the Hospital for Sick Children, Pendlebury, Manchester.

OLIPHANT, E. H. L. M.B., C.M. Ed., House Surgeon to the Glasgow Maternity Hospital.

PROWSE, K. L. M.B. Durh., L.F.P.S. Glas., Medical Officer for the Workhouse of the Sunderland Union.

RICHARDSON, H. E. L.R.C.P., L.R.C.S., Senior House Surgeon to the Borough Hospital, Birkenhead.

STACPOOL, A. R. L.R.C.P., L.R.C.S. Ed., Resident Medical Officer to the Sydney Hospital.

STEWART, C. W. M.D., Physician on the Staff of Anderson's College Dispensary, Glasgow.

WATT, T. M. L.K.Q.C.P.I., M.R.C.S., Medical Officer for the Hovingham District of the Malton Union.

WHITE, J. M. M.A., M.B. Edin., M.R.C.S., Medical Assistant to the Dundee Royal Infirmary.

WYER, O. F. M.D. Glas., Honorary Physician to the Warfield, Leamington, and South Warwickshire Hospital.

Births.

ATLWARD.—March 10, at Bramley Hill, Croydon, the wife of Ernest Aylward, L.R.C.P. and S. Ed., of a son.

BLATHERWICK.—March 12, at Dunsailon, Dumbartonshire, the wife of Charles Blatherwick, M.D., of a daughter.

COOMBS.—March 12, at Redburn, Bedford, the wife of Rowland E. Coombs, L.R.C.P., of a daughter.

CORBETT.—March 11, at 6 Crofton Terrace, Kingstown, the wife of D. Corbett, jun., F.R.C.S.I., of a daughter.

Marriages.

HARLEY-WHITNEY.—March 10, at Christ Church, Cork, Dr. E. W. Harley, of Dublin, to Harley, youngest daughter of the late Elliott Whitney, Esq., Woodlands, co. Wexford.

Deaths.

CORBOULD.—March 12, at Somers Road, Reigate, Francis John Corbould, M.D., aged 65.

DENTON.—March 9, at his residence, Ivy Lodge, Hornsea, Samuel Best Denton, M.D., F.R.M.C.S.L.

HOOD.—March 10, very suddenly, at the Château de l'Espagnerie, Pas de Calais, France, Thomas Hood, M.R.C.S. Eng., L.R.C.P. Ed.

LESLIE.—February 4, at the Battle of Tob, Surgeon-Major A. Leslie, son of the late David Leslie, M.D., of Leslie Hill, co. Armagh, and of Wandsworth, London, aged 38.

SHARMAN.—March 10, after a short illness, at his residence, Brimingham, Malim Sharmam, M.R.C.S., aged 59.

ULMIN.—March 13, at his residence, Upper Clapton, Francis T. Ulmin, F.R.C.S., aged 82.

WALSH.—March 7, at his residence, Balrath, co. Meath, James C. Walsh, Fleet Surgeon R. N., aged 64.

WATSON.—March 6, at Landsdown Crescent, Bath, Thomas Sander Watson, M.D., aged 83.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 26, 1884.

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A Course of Lectures

Delivered at the London Hospital during February, 1884.

By JONATHAN HUTCHINSON, F.R.C.S., F.R.S.,

V.—ON SYPHILITIC LUPUS.

Emeritus Professor of Clinical Surgery at the London Hospital;
Consulting Surgeon to the London Hospital, and to the Royal
London Ophthalmic Hospital.

In discussing the question whether a distinct disease deserving the name of syphilitic lupus, could be said to exist, Mr. Hutchinson said it would be desirable to make some study of the ordinary form in which lupus presents itself, for although it is held by some persons that it is inconvenient to give the term to any kind of syphilitic eruption, still, in his opinion, it added greatly to simplification and convenience to assign such a term to several of the maladies arising in connection with syphilis, for the reason that they assumed appearances essentially the same as where no syphilitic complication entered into consideration.

Notwithstanding that the affection possesses very marked clinical features sufficient to enable its detection to be made an easy matter, still it does not always exhibit exactly the same characteristics, these varying within somewhat extended limits, and leading to conditions of diversity. The group of skin diseases, however, to which the name "lupus" could be properly applied, are found on the skin or mucous membrane, and progress but slowly. They commence as new growths of inflammatory tissue from which infection extends to contiguous structures, spreading by local infection from the edge and travelling to a distance from the original patch. The extension of the disease proceeds by a serpiginous path, and this, as well as its infective nature, must be borne in mind in examining with a view to its determination. The precise tissue which serves as the

site of the lupous growth has been made the subject of much inquiry, the result of which is to show the probability of its being found in some or any of the deeper layers of the cutis; and it has been asserted by microscopists that it always originates in a situation immediately around the glands which exist so plentifully in the skin. There is a considerable amount of probability that such an explanation approaches the truth, and that the lupous cells are first of all produced through a slight inflammation attacking the tissue circumjacent to these glands, or in the perivascular spaces of the sub-cuticular structures. In their earliest stages such cells are not unlike the ordinary granulation cells, and following their initial development they become thereafter slowly disseminated around. The first half dozen cells become potential agents for unlimited distribution of the disease by extension, so that as soon as one nodule has been formed it becomes the source of origin from which another nodule springs; and so on, from pre-existing collections of lupous cell growth, an almost unlimited multiplication of little masses of the foreign growth constituting it can become possible. It is thus, when once it has been formed in the skin, endowed with the power of perpetuating itself continually; and at the outset it does not demand any very strong cause to act as an exciting agent in its production. If, however, it be attacked at the commencement, and is carefully and completely removed, there is a good chance offered of preventing any further extension of the disease, especially as it is not marked by any strongly constitutional traits; although it cannot be affirmed that it is wholly unattended by constitutional tendency to its development in those individuals who are affected by it. It is, however, highly important to obtain a clear understanding of the causes which do excite to its production, and in this connection the predisposition offered by the tuberculous diathesis holds a very prominent place.

And here it is desirable to appreciate the fact that external agents are by no means essential to the production of tuberculosis in persons predisposed to the disease; but at the same time there is no question of the

great influence exerted in such cases by bacilli, to the development of which in tuberculous subjects the occurrence of a process of inflammation is an essential requisite. Lupous patients, moreover, are frequently found to be related to persons who are suffering from phthisis; or they may themselves be victims of consumption; or they may exhibit undeniable evidence of a scrofulous habit, by reason of their possessing tissues of a low order of organisation, and in which, when once they have become the seat of inflammation, the inflammatory process pursues a course that is manifestly of a more destructive quality than is witnessed in patients who do not inherit the strumous diathesis. Even then, however, in spite of their specific tendency to inflammations of the type described, and under certain circumstances, they become subjects of inflammatory changes that are altogether unattended with the production of any tubercular deposit whatever.

The important assertion having been made, and supported among others, by Sir Erasmus Wilson, that lupus is invariably syphilitic in origin, Mr. Hutchinson offers a denial to the position thus assumed, and does not believe that inherited syphilis is a predisposing cause in this respect. By patient examination of numbers of persons bearing unmistakable signs of hereditary syphilis, and by extending his observations also to inquiries embracing, when feasible, the whole family history of such cases, he has convinced himself that they do not show any tendency to lupus as a consequence of the specific taint. Nor among the same description of patients has he succeeded in discovering any examples of the ordinary form of lupus as being necessarily sequential to inheritance of syphilis. The same statements apply with equal force, also, to generations remoter than the first degree of descent, while there is at present no proof that syphilis is ever transmitted further than the third generation from that in which the primarily affected individual had a place.

Common lupus is a remarkably persistent disease, but nevertheless, it does not exhibit a tendency to indefinite spreading from a simple patch, but it possesses many points of resemblance to malignant affections, in the variations shown in respect to its continuance for long periods in an almost stationary condition. In one case observed, a lupous growth existed for upwards of twenty years on the face of a lady, and many examples have been collected illustrative of the same character of persistence. The case of this lady was further interesting from the fact that the same patient possessed a small cancer on the side of her nose, and from this, and other similar instances, the conclusion seems to be warranted that some sort of alliance between the two diseases, lupus and cancer is not improbable. Lupus, however, cannot be mistaken when once its distinguishing features have been thoroughly understood; it presents an abruptly circumscribed area of limitation, the growth having a semi-transparent appearance, and bearing a close resemblance to apple-jelly. The situations selected by the growth for its development are those parts of the body which offer themselves most readily to the influence of agencies whose effect is to undermine the vigour and promote degeneration of structure; and in this connection the nose is a very favourable part of the face, being easily chilled through exposure, and being at the same time plentifully supplied with those sebaceous tissues for the selection of which lupus has already been shown to have a partiality. The persons most frequently affected by this description of lupus are such as combine with brown coloured eyes a certain peculiar tint of complexion which is rarely dissociated from them, and the existence of which in these subjects of the disease is readily confirmed by inspection.

Another form of lupus exists in which innumerable patches of the characteristic apple-jelly growth will be found scattered over a considerable area of skin, and presenting an appearance almost resembling that given by psoriasis. In this class of cases it was thought that a constitutional factor was at work, to which the multiplicity

of the growth could be attributed; and from the characters by which it was recognised Mr. Hutchinson formerly assigned it the name lupus psoriasis. The multiplicity, however, is of a non-symmetrical type, which it would not be if it were true that it rose from constitutional causes, and the inference is, therefore, unavoidable, that the condition is produced by a process of infection spreading from the parent patch in the first instance. But this explanation does not preclude the acceptance of a belief that, in some cases, a truly constitutional cause exists, and that, as a result of it, a form of multiplied lupus will be exhibited in which the symmetry will be perceptible.

Changes, due to setting up of inflammatory processes, may not act as complicating agents during the growth of lupus; but when these do occur, the most distressing deformities may be produced in consequence. For the double purpose of illustrating this fact, and at the same time cautioning his hearers against a not uncommon error of ascribing all cases of perforation of the septum nasi and hard palate to a syphilitic origin, Mr. Hutchinson mentioned a case recently under his care. It was that of a young lady in whom an attack of lupus had invaded the skin of the face, and whose sister had two years previously suffered from a small sore situated on the septum nasi, and which was what not at once thought to be of the nature of lupus. It progressed to perforation, and the subsequent history of the case, with that also of the sister, left no doubt remaining as to the really lupous character of the growth from the first.

A form of lupus not unlike acne in its appearance is sometimes seen, in which numerous patches of destructive apple-jelly-like tissue are developed, and which may be at once distinguished from acne by the absence of any tendency to healing on the part of the little pustules following the discharge of their contents, a condition which does not obtain in acne proper.

It has already been mentioned that some sort of association seems to be discernible between lupus and cancer, and in this connection cases are met with in which patients who seek relief on account of lupus, and who undergo treatment resulting in the cure of that disease, will subsequently return to the care of the surgeon with cancer developed in place of reproduction of the lupus.

Lupus erythematosus is a form of the disease which is very different to the common kind; but intervening varieties exist in too great number, and exhibiting too finely marked gradations to admit of any doubt respecting the close alliance of the two forms. The main distinction separating them is found in the constitutional causes originating the lupus erythematosus, which form the commencement is a symmetrically distributed affection, whereas lupus vulgaris is never symmetrical in development from the beginning; from which the conclusion is justified that it owes its origin to local influences. Lupus erythematosus may be regarded in the light of a disease produced as the result of an exaggerated chilblain diathesis on the part of those in whom it is found; and it presents itself in persons who are either subject to chilblains themselves, or are directly related to others who exhibit a tendency in this direction. From time to time a large number of varieties of lupus coming under the category of lupus erythematosus have been recognised, but a good many of them are only of rare occurrence. In some cases the disease assumes the hæmorrhagic type; in others gradations between it and lupus vulgaris and ordinary chilblains may be observed, but the situations selected for its development are those parts of the body subject to exposure.

From the foregoing descriptions of the various recognised forms of lupus it is easy to comprehend under what a multitude of shapes it may present itself, and to understand the necessity there is for a liberal definition of the single generic term under which they are grouped, and which includes all those tardily advancing diseases which disorganise the skin of the region in which they are developed, which grow in a serpiginous direction, and which

leave a scar behind to mark the position of their occurrence.

Under the term "syphilitic" it is possible to group certain forms of lupus which occur in subjects of the syphilitic diathesis, whether it be acquired or inherited; and although the particular inflammatory changes in the skin of such persons may assume the most different appearances, still they all agree in exhibiting serpiginous mode of growth, of an infective and disorganising character, and leaving a scar in the skin. Under the circumstances associated with their development in syphilitic individuals these forms of lupus require to be specified as syphilitic varieties, but save for the unlikeness of the cause which originates them they all agree with lupus vulgaris in essential points. This cause in the former class of cases is usually the receipt of a slight injury acting on a part already under the influence of constitutional specific infection. In these, the term syphilitic lupus is more than justified from the difficulty attending determination of the exact nosological relationship of the disease, whether, that is, it ought to be relegated to the class of affections called lupous, or to that known as syphilitic.

The clinical varieties of syphilitic lupus include several forms, among which the "horse-shoe patch" is well marked. This is a slowly creeping, serpiginous sore, which is rarely seen in a complete state, and by the character of which in this respect it may be differentiated from lupus vulgaris. In the latter, the edge of the patch is generally continuous, whereas in the syphilitic variety a gap is usually observed in some portion of the periphery of the sore. The tendency to formation of pus, also, is distinctly less marked in some forms of syphilitic as composed with common lupus; and in other cases a tuberculous lupus may persist in syphilitic patients without undergoing any considerable extension for possibly as long as twenty years. The specific nature of these forms of the disease can, however, be at once demonstrated by watching the influence exerted over them by the administration of iodide of potassium.

In some cases the disease may have the appearance only of an extremely superficial erythema; but its subsidence will in such instances also be followed by the production of a scarring, though of a slight degree.

In the secondary stage of syphilis the mucous membrane is a common seat of infective patches of lupus, and in such cases the disease assumes a more aggressive form than when uncomplicated by syphilis, though occurring in similar situations. Any portion of the mucous membrane of the body may become thus affected, *e.g.*, mouth, vagina, rectum, nose, tongue, &c.

Treatment directed to the cure of lupus, whatever may be the particular plan pursued, always aims at (1) removal of the cell-growth, and (2) eradication of the source of infection; and whether the origin of the disease be ascribed to syphilis or not, the same general plan is invariably pursued, and is equally effectual as regards local treatment, although it is modified by the difference introduced by constitutional infection.

In this connection Mr. Hutchinson impressed upon his hearers the importance of not placing implicit reliance on the powers of cure residing in any single drug, however vaunted its efficacy might be, and narrated the following case as an instructive example to enforce his suggestions. A year ago, a man, *æt.* 30, was admitted to the London Hospital, having been discharged from a special skin hospital as being incurable. His whole body was spotted with huge patches of syphilitic lupus, and had been so for years. Iodide of potassium had been given to him continuously for a long period, and latterly in enormous doses, but without effect, and the disease showed no signs of giving way to the treatment, although, as well as internally, the drug had been administered externally in the form of ointment. After some time the patient was put under the influence of mercury, to salivation, and almost immediately a change for the better ensued, and

ere very long every patch of the lupus disappeared, and the man went away quite well. Hence it is clear that some cases of tertiary syphilitic lupus receive most benefit from a mercurial treatment, while others respond most readily to iodide of potassium, and no case ought to be regarded as having been fairly dealt with until both these remedies, separately and combined, have been employed without producing relief to symptoms. In addition, also, it must not be forgotten that local measures are demanded in both syphilitic and common lupus, the object being to eradicate the cell-growth distinctive of the disease in either case. For this purpose acid nitrate of mercury, or other efficient caustic must be used, and thorough removal of every trace of the infective point be carefully ensured before it can be fairly considered that all has been done that the circumstances require. Early adoption of these measures will suffice to oppose the progress of even the most destructive forms of lupus, those occurring in subjects of inherited syphilis, but success can only be obtained by means of resort to radical modes of treatment, designed with a view to local removal of the disease.

In conclusion, Mr. Hutchinson hinted at the possibility that organs of the body hidden from view might, like surface parts, become the seat of infective lupous patches, evidence of their existence being found in slowly advancing injuries to nerves. The tendency of such processes to spread could be arrested by anti-syphilitic remedies.

The Gulstonian Lectures

ON

NEUROSES OF THE VISCERA.

*Delivered at the Royal College of Physicians, London,
March 7th, 12th, and 14th.*

By T. CLIFFORD ALLBUTT, M.A., M.D. Cantab., F.R.S.,
F.R.C.P. Lond.,

Senior Physician to the Leeds General Infirmary; Consulting Physician
to the Leeds Hospital for Women and to the Fever Hospital.

LECTURE II.

MR. PRESIDENT AND GENTLEMEN,—We all know the story of the resentful lion who had so often been painted by the man, and who longed for the time to come when the man in his turn should be painted by the lion. Is it because all medical books have been written by men that gastralgia, one of the sharpest arrows in the armoury of pain, is in many of them dismissed with a few words as a malady of "hysterical women," of women, that is, whose sufferings are due in part to effeminate habits and constitution, and in part to a kind of fanaticism which prompts them to cherish or to imagine pain, or to make a bitter cry about small matters.

We all ought to know that gastralgia is common enough in man also, though certain writers appear to deny that this or any other visceral neurosis can exist where no uterus is; and in my first lecture I have endeavoured to formulate a distinction between what I may call the upper class of neurotics and their degenerate relations the hysterics; asserting therein that, in hysterics, pain is not a more, but a less common inheritance, and that to neurotics it is chiefly given to suffer pains and the renewal of pain, and to bear all with singular fortitude and spirit. As such a zealous neurotic the Sompnoure posed when he described himself thus:

"I am a man of litle sustenance,
My spirit hath his fostering in the Bible,
My body is ay so redy and so penible
To waken, that my stomak is destroyed."

For of all the neuroses of the stomach gastralgia is the chief; but around it gather, in more or less close association, flatulence, vomiting, hyperæsthesia, and miseries

such as distension, sinkings, cravings, or loathings of food, and these may exist in various associations, or may exist singly.

As in angina pectoris and the pseudo-angina, so in gastralgia, the spinal nerves may be included in the paroxysms, or may take even a chief part in them, the visceral and overlying spinal nerves being grouped in function and in suffering together. In order to study this class of cases more carefully, I have gone over the case-books of my chamber-consultations for ten years past, namely, from the year 1874 to the year 1883 inclusive. From them I have extracted 139 cases of gastric and abdominal neuralgias. These cases remain after eliminating all that are doubtful or comparatively trivial in degree; all cases attended with important uterine disorder, or complicated with substantial defect in any organ whatsoever, or with disease; all hysterical cases, and all cases of fretful or whimsical persons prone to expand or to exaggerate their symptoms.

The selected cases, then, are the cases of persons of whom I have some tolerable notes, who were straightforward and truthful, and who are, or were, the subjects of neurotic or neuralgic affections lying under the diaphragm and above the pelvis. Now, the great majority of these cases are gastralgias, the region of the stomach being by very far the commonest seat of abdominal neuralgia. Of the gastralgics the majority are women, in the ratio of two to one. In men and women gastralgia is by no means confined to middle life, as Leared supposed, but is found at all ages, from 14 to 60, being most common between 20 and 45. Like migraine, it tends to die out in middle life, and, like migraine again, it is attended less and less with vomiting as age increases. Gastralgia comes on earlier in woman than man, apparently by some ten years. A gastralgic man is rare before the twenties; girls often begin in their teens.

The earlier maturity of the girl sufficiently explains this difference, which is also remarkable, though I think in less degree, in migraine. Migraine may, however, begin at very early ages in either sex. Of associated affections migraine is by far the commonest; and, if we associate migraine and neuralgia of the head and face together, the number of cases in which these are found with gastralgia is very great, seeming to be fully 80 per cent. Fortunately, these affections do not often coincide in time, but rather alternate variably one with the other. A large number of gastralgics, then, include migraine or neuralgia of the head and face in their life-histories. Another disorder commonly associated with gastralgia is asthma, an observation which scarcely needs either explanation or much asseveration. Neurotic vomiting may accompany, or rather alternate, with asthma, as the gastralgia may; and so again may voluminous flatulence, borborygmi, and other such neuroses. Like asthma, gastralgia is not unfrequently nocturnal in its recurrence, and is likewise often aroused by improper food, or by the contact of any food whatever. Hence the persistent confusion of gastralgia with dyspepsia. Asthma and gastric neuroses, moreover, if not concurrent in the individual, are often concurrent in families, one member suffering from the latter, and his brother, sister, or other relative from the former. With both these vagus neuroses run the cardiac neuroses, including true angina. I am now attending a gentleman with Mr. Jessop, who suffered terribly from paroxysmal gastralgia in past years, and in whom we have now to deal with the true angina. In gastralgics occur violent attacks of palpitation, or, more characteristically, attacks of slow or intermittent pulse, as in the following case:—

Mrs. —, æt. 24 (No. 371, 1875), suffers from marked gastralgia. She has one child, which she is nursing. She consults me now for pain in the region of the heart of a dull prolonged kind, ending in a sense of exhaustion. The pain may strike to the back and under the left shoulder-blade. At such times the heart becomes very slow (48 to 50), intermittent, and irregular. Curiously enough, such attacks are brought on at once by putting

the child to the breast, even before much milk is withdrawn. This sequence is analogous with the sequence of gastralgia after the ingestion of food, the neuralgia being awakened by a peripheral irritant. She soon recovered on appropriate treatment; but, in 1881, after some menorrhagia, the same thing recurred. She again recovered on like treatment. She had had one child between these dates without any disorder of health.

In No. 371 appeared moderately a radiation of pain upon the spinal nerves; this, in other cases, may extend or intensify itself to a degree of pseudo-angina which may even be indistinguishable from real angina.

No. 283, 1878; male, æt. 37. Of nervous temperament and a zealous worker; is liable more frequently to violent gastralgia, especially after worry and excitement. Less frequently, he has "heart-spasms." In these he has a sense of swelling at the heart, and pain and numbness down the left arm. At the same time, the pulse becomes "much enfeebled," and is said to be slowed down as low as 20 in the minute, or may even become imperceptible (this from his own doctor). These attacks have come occasionally for many years. Physical exertion does not call them forth. All organic factors seemed normal.

Cases like these may be culled from every year's entries. In one lady, æt. 33 (No. 261, 1881), wholly free from menorrhagia or leucorrhœa, an intense aching, with a sense of extreme exhaustion and sinking, would come on at the heart; it recurred then daily, and it was always periodic, appearing about 4 or 5 p.m. She was compelled at such time to lie down and "press the heart," turning over on the left side towards the prone position. These attacks were encouraged especially by any abbreviation of sleep or by fatigue. She herself is subject to gastralgia without dyspepsia, and her mother was mildly epileptic.

Dr. Ramsay, of York, has often consulted me concerning Mrs. —, æt. 43, who more than once, with miscarriage, had lost blood heavily. She is very subject also to menorrhagia, which is scarcely kept in check by close attention to local and general remedies. She is, however, wholly free from any persistent affection of the womb or of other organs. She suffers occasionally from gastralgia, but her great distress consists in attacks of stabbing pain, as if the apex of the heart were pierced by an arrow; the pain then extends with intense cardiac oppression down the left arm to the fingers, causing a numbness there. The pulse falls from an average of 70 to 60, but is not otherwise much embarrassed. She has the faintness and dread, and, in a word, her symptoms are not in themselves to be distinguished from angina pectoris.

The same difficulty of immediate diagnosis is found in the very similar case of Mrs. —, a patient of Mr. Lee, of Dewsbury. In her, also, is a persistent disposition to menorrhagia, and also to utero-vaginal catarrh. In these and like cases diagnosis depends less upon the character of the attacks themselves, and more upon the other records. The attacks are commonly due to such losses as menorrhagia or severe leucorrhœa, or to prolonged mental distress; they are not directly produced by bodily exertion, but are often caused indirectly by the resulting fatigue. In some of my cases, again, the pains are more extensive than is usual in angina. In some the pain runs down both arms alike, or runs down both arm and leg of the left side, or again springs upwards from the cervical plexus to the same side of the face and head. Valleix points may be detected in the course of the spinal nerves, but in many cases of pseudo-angina they are not definitely to be distinguished. In women we may rely on the lesser frequency of true angina in them, though the pseudo-angina is often met with in men. About 20 per cent. of my cases of pseudo-angina were in men. In one gentleman, of neurotic habit and ancestry and whose family-affairs were laden with sorrow, such attacks occurred, involving seriously the action of the heart itself, and producing the dread, the ashen countenance, and other marked signs of true angina. As his luck in many ways turned for the better, his attacks diminished, and I believe he has

now been free from them for nearly ten years. A favourable opinion in his case was founded upon his age (30 to 36), his diathesis, his unhappy circumstances and his organic soundness. The tendency in all these cases to retardation of the pulse brings them, apparently, into the group of vagus neuroses, with asthma and gastralgia; nor will intercostal and cervico-brachial neuralgias cover all their phenomena, such as the dread, the pulse-changes, and (2) the peculiar pains which patients refer instinctively to the heart (as in Case 261, 1881, *supr. cit.*).

It is perhaps impossible duly to attribute to each nerve or system of nerves its own share in these phenomena; even the essay by Professor Eulenberg seems to me to leave the matter pretty much as any intelligent observer may well have guessed it for himself. Still I think it seems clear that the phenomena of pain and spasm are probably due to the pneumogastric nerve and the intercostal and spinal nerves associated with it, while such other sufferings as faintness, sinkings, cravings, distensions, palpitations, abdominal pulsations, flatulence, retching and vomiting, pyrosis, diarrhoea, lithic or watery urine, insomnia, and so forth, may be attributed to the sympathetic alliances. Pulsations of the abdominal aorta in neurotics, whether men or women, may be so definite, may simulate aneurism so closely, and do so often appear after some history of effort or strain, that diagnosis upon direct observation may be as difficult as in the case of pseudo-angina, and may as therein derive most of its force from the history of the patient and of the family disposition. Avoiding digression, however, and returning to the association of pain in the spinal nerves with pain in the viscera, we observe that cervico-brachial and intercostal pains are found with gastralgia as well as with the pseudo-angina. Out of many cases of the kind I may refer to Miss —, (No. 504, 1883), who suffers from gastralgia of the ordinary type, but severely. The attacks are nocturnal. The pain runs down the left arm, until the arm feels quite benumbed and useless. She has faint feelings, but no anginiform distress, her catamenia are regular and normal, and she has no leucorrhœa. Her family history is very neuralgic. She bore arsenic badly, but was quite cured by a careful use of it.

Mrs. —, æt. 30 (No. 403, 1881), had visceral neuralgia ten years ago, and now for two years past, she has ordinary epigastric gastralgia, unconnected with digestion; and her attacks are usually nocturnal. The pain runs into the left submammary and axillary regions, and into the arm. At other times, she had suffered from recurrent enteralgia, similar in character to the former, but then running down into the groin. Her uterus and ovaries are normal, and her catamenia regular. She has no leucorrhœa. At the beginning of her attacks, she passes urine frequently—say six times in an hour; then, as the attack subsides, the bladder likewise goes to rest. She came to me on account of frontal and parietal cephalalgia of fourteen days' duration, during which time she had had no visceral pain.

Mrs. — (No. 38, 1877), æt. 30, has had migraine and cephalalgia for years. Her sister is a pronounced gastralgic. For two years she has been subject to attacks, "pinning the shoulders tight," and girding her with pain round the waist. The pain almost stops the breathing, and so continues for two hours. She then vomits, and the pain departs. She never had jaundice. She looks worn out with pain, but all the organs and functions seem normal.

Mr. —, a cashier (No. 86, 1876), æt. 28, had pains as in the preceding case; they were periodical in recurrence. But in his case the attacks culminated not in vomiting, but in diarrhoea. He recovered completely on tonics, with rest and change of air. He had a neurotic history, personal and inherited.

Miss —, æt. 30 (No. 51, 1876), presented symptoms almost identical with those of No. 38, 1877, including the critical vomiting. She was also subject to morning vomiting, attended by frequent micturition. She used to have headache with the vomiting, but not for some

time past, though she has severe temporal neuralgia occasionally.

Another very curious symptom which occasionally occurs with gastralgia is yawning. I have seen this more than once, and may quote P. T. P., a grocer, æt. 33 (No. 571, 1882), who suffered from gastralgia in the usual way, but with an incessant and irresistible tendency to yawn.

Vomiting is a symptom which, in some cases of gastralgia, takes a very prominent place, but in others is never seen. I have already drawn a parallel between the vomiting of cephalalgia and the vomiting of gastralgia. In either case, the vomiting may stand alone—may stand without headache, or, again, without stomachache. In such cases, it may only be known from the case-history whether the vomiting belong to the one order of things or to the other; but the vomiting allied to migraine is more commonly in the morning, is more periodic, and recurs at longer intervals; the vomiting allied to gastralgia is more dependent upon the ingestion of food, is irregular in recurrence, and may, indeed, be daily or incessant. As an example of the former, of migraine without headache, that is, let us take the following case.

Miss —, æt. 27 (No. 14, 1880), comes of a neurotic family, and she herself had had migraine for nine years. Then the headaches gradually wore off, the vomiting attacks only remaining. These were not very violent, but returned at short intervals. They would last for about two days, during which time she had to keep as quiet as if she had a sick headache. Mental work or excitement most readily recalled the attacks. Her uterine functions and those of the digestion and bowels were all normal. This patient was a lady of attractions both personal and mental, and her case presented many interesting features. Her vivid perceptions, alertness, incessant and beneficent activity, and utter unselfishness, marked her as a type of the more highly endowed neurotic, and I took much interest in her case. A good deal of amendment was obtained by pointing out to her the truest economy of strength and work, and by insisting upon complete rest at times of malaise.

Mrs. — (No. 22, 1880), presented similar symptoms. She used to have full migraine; but from it the headache gradually disappeared, and left only intense and prostrating vomiting, which would recur much as the full migraine used to do, and would last, like it, for five or six hours and then vanish away. In her no functional derangement was present, and she derived great benefit from a mixture of bromides and hypophosphites. The same combination was also very valuable in the preceding case (No. 14).

In such cases, the vomiting, though a visceral neurosis would seem to be of cerebral origin.

Let us now turn to cases in which vomiting seems to be a limb or remnant of gastralgia. The first is such a complex case as we might well expect to find. No. 44, 1875, male, æt. 59, for "all his life," has been liable to sick-headaches. But these would often alternate with gastralgic attacks, which were also attended with vomitings. He is of very nervous temperament, has many cares, and no holidays. Facial neuralgia is a common ailment in him; but, for two years past, his trouble has mainly been vomiting in a morning, a little phlegm only being ejected. Day after day he finds himself unable to retain food until dinner time. Now, this seems to have been gastralgic vomiting; and he was cured by a course of bromide of ammonium, with hydrocyanic acid, followed by a course of Easton's syrup, with much general good advice. Two years later, he had had no return of the vomiting, nor of the gastralgia. I should add that he was a total abstainer of seventeen years' standing, and is so still. Now, it is somewhat remarkable that, although vomiting is common in gastralgia, and is common, also, in migraine, and although migraine and gastralgia may commonly rise in the same patient,

yet migraine and gastralgia seldom or never occur together. I suspect, therefore, that the vomiting of migraine is not identical in mode with that of gastralgia.

Although, as I have said before, vomiting is sometimes a climax-symptom in gastralgia as in migraine, yet in the former case it is perhaps reflex; in the latter it is perhaps allied to the vomiting of encephalic tumour or of concussion. Take, again, for instance, No. 25, 1878, male, æt. 23. At times of a morning he awakes in low spirits, and feels apprehensive and miserable. His appetite has vanished, nausea comes on, he vomits, and, after free vomiting of nothing, is all right. Now, this young man was quite cured by guarana. I have no history of frank migraine in him, but, like the former cases, I believe it to be migraine *sine cephalalgia*.

But Mrs. —, æt. 35 (No. 128, 1878), carries us, on the other hand, towards the stomach. She has leucorrhœa, a soft uterus, and flabby muscles everywhere, her heart-sounds being short and weak. She has no uterine catarrh. Her catamenia are disposed to anticipate, without being any the less in quantity. She is subject at times to intense neuralgia, at the supraorbital notches and in the orbits "poking her eyes out." Now every morning before rising she has nausea, which proceeds to vomiting. This is especially worse when she is much below par. There is also a great expulsion of inoffensive wind, and clear water runs from her mouth. At the same time, there is pain between the shoulders. Her appetite is never good. She is very temperate in the use of alcohol. The family history is phthisical.

Here we clearly have to do with the stomach, and I regard pyrosis as being for the most part a pure neurosis, probably vaso-motor; for the following case of Mrs. —, æt. 41 (No. 503, 1881), takes us a step farther. Seventeen years ago she fell ill, as at present, but, on the whole, she had enjoyed fair health in the interval. Her attacks are as follows:—A sensation of languor and exhaustion is followed by intense pain at the stomach, and vomiting soon sets in. She heaves up clear water, and clear water only. If food comes it is by chance, for the attacks have no connection with diet nor with meal times. The attacks may recur even as often as three or four times in twenty-four hours, and with them she has also a pain in the back, "screwing her to death." But not unfrequently she has the vomiting and ejection of water only, unattended then with either pain. She never has any nausea. Her uterine and other functions are normal, and the attacks do not favour the catamenial periods. All commemorative facts, personal or relating to family, have a neurotic quality. This lady recovered her health at the time under the use of arsenic and like remedies, and remained well until a little while ago, when she called upon me, complaining of some return of the vomiting, but without any gastralgia. The stomach-ache, she said, "used to be terrible."

Here, then, we have in close association, and evidently of one nature, gastralgia, vomiting, and pyrosis or the ejection of water. In the similar case which preceded it we had the ejection of volumes of wind also. This, I say, would lead us to believe that pyrosis, for the most part, is a gastric neurosis; and if we are then led to inquire into the personal and family history of the subjects of pyrosis, we shall find that, as a general rule, these persons present evidence of belonging to the neurotic class. Indeed, the regurgitation of food itself is by no means always due to (3) error of digestion; it occurs in many neurotic persons as a purely reflex neurosis during normal digestion.

Henry B., æt. 25 (No. 631, 1881), tells me that for some time he had been unable to prevent the regurgitation of food after all his meals, which is very annoying and unpleasant to him. He is not conscious of any dyspepsia whatever, nor can I find any evidence of it. His tongue is clean, his bowels are regular, and his urine of normal quality. He called upon me because of a severe attack of neuralgia in the infra-orbital and

dental branches of the right side of the face. No local source of irritation could be found. The remarkable thing is that on that day and thenceforth the regurgitation wholly ceased, and under the use of quinine the facial pain ceased also. He had no return of either disorder during my observation of him.

The grocer, P. T. P. (No. 571, 1882), who yawned so much, had also this vexatious regurgitation of mouthfuls of food after his meals. The symptom is doubtless due to an irritability of the muscular walls of the stomach setting up an excessive, and it may be an inverse, contraction of the viscus under the stimulus of digestion, and is a phenomenon of the same order as painful hyperæsthesia of the inner surface of the organ, of which I shall have to speak at length. Before passing to that symptom, however, I must leave regurgitation to consider another form of vomiting—vomiting, that is, not on the empty stomach, but on the full stomach.

This terrible malady is described commonly enough, yet it seems to me that it is but ill discriminated, being mixed up with hysterical vomiting on the one hand, or handed over to the gynaecologists on the other. Uterine vomiting, on the one side of it, is to be known by due investigation of the case, and is curable by uterine medicine or surgery. Hysterical vomiting, on the other side of it, is not so easy to separate from the malady I have in hand, unless there be, as for the most part there is, the broad difference that hysterical emesis is consistent with fatness, gastralgic emesis never is, but leads straitly to emaciation. In many cases, the vomiting is preceded by pain, more or less severe, and in these ulcer is often suspected, but in others there is no pain whatever. In both cases—in the case of those with pain and those without—the cause is cognate, if not identical. Let me instance a case from Dr. Salter's work on "Asthma" (ed. 1868, p. 256)—one adduced by him as an instance of "perverted innervation of the pneumogastric nerve." Condensed to the utmost, the story is this—

A little girl, æt. 8, rejected food of any kind the moment it was swallowed. There was no pain, no tenderness, no feeling of sickness at any other time. After vomiting had emptied the stomach, she would be quite well. The same thing occurred with any little matter, such as blackberries, that she might eat between meals. She fell into weakness and emaciation; all remedies being useless. Some years afterwards, Dr. Salter made inquiries about her, and found that the vomiting had been supplanted by spasmodic asthma. The two maladies had, indeed, alternated with each other at times, the vomiting coming on when the asthma was better.

It is enough to make one's blood boil to hear of a poor girl, wasted to a shadow by such a distress, treated, almost with gibes, as hysterical, when she is the subject of a malady as real as the doctor's own toothache, which, in its turn, might vanish by the way the moment he should find himself on the dentist's doorstep. I have a case in my mind which was recorded as hysteria by the late Mr. Skey, in the *Medical Times and Gazette*, 1866, vol. ii. (a) In this case, intense suffering followed the ingestion of food. The poor girl had foolishly yielded to the dread of food, and was in a pitiable state of starvation and distress; and yet, because Mr. Skey succeeded, as an entire stranger might well do, in diverting the sufferer by bright conversation on pleasant subjects, he neatly labels her as hysterical. I shall return to these cases presently. Hysteria may simulate gastralgic vomiting, as it may simulate asthma; but we should do ill, for that reason, to treat all asthmatic girls as hysterical, because their dyspnoea is neurotic. Happily, these cases of obstinate gastralgic vomiting, for so I will call them, are not very common, if we carefully separate them from hysterical imitations

a) For this reference and much help of the kind I am indebted to the invaluable labours of Dr. Neale, the compiler of the "Digest."

of them, from gastric catarrh, from alcoholism, from uterine vomitings, and so forth. Still there are too many of them, small as the class may be, and we may properly call the malady gastralgic vomiting, seeing that the mode of them is the same as of the cases wherein pain is also a factor. In some gastralgics, for instance, the two symptoms are not synchronous—the vomiting and the gastralgia replacing each other, as the vomiting and the asthma replaced each other in Dr. Salter's case above cited; or the vomiting may occur at one hour or under one set of circumstances, and the pain at another time and under other circumstances. For instance, in one of my patients, painless vomiting followed the meals, and soon gastralgia of the ordinary type came on in nocturnal seizures, after the manner of its cousin asthma. I find another case, under No. 112, 1881. Miss —, æt. 20. At sixteen years of age, she was subject to facial neuralgia, then to pain in the left chest and down the left arm. This left her in eight weeks, and she remained well for some months. Then gastralgia appeared. At first, this arose immediately on eating, or within ten or fifteen minutes thereafter. Then this pain vanished, and she became subject to gastralgia on the empty stomach only. This, in its turn, disappeared, and vomiting set in. The vomiting had gained upon her, and now she vomits all her food. It comes up in a mass, as eaten. She never brought up blood nor mucus. She is emaciated, but all functions and organs seem normal. There is no evidence of hysteria. She made a good recovery on arsenic.

(To be continued.)

Lectures

ON

THE EYE: ITS DISEASES, AND THEIR REMEDIES.

Being an Abstract of a Course delivered in the Royal College of Surgeons in Ireland.

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(Continued from page 225).

SUPPURATION within the corneal structure is a common effect of acute circumscribed inflammation, and of injuries; it may also take place from simple inanition as a sequela of fevers, and I have seen it occasionally in children ensuing idiopathically from malnutrition and improper dietary. It is usually attended with severe lancinating circumorbital pain, but may, if arising from malnutrition, involve and destroy the entire cornea with very little suffering to the patient. The usual course is the formation of a minute centre of suppuration in connection with a herpetic nodule or a local injury, and the extension of that centre to a greater or less extent; the deposit of pus is shaded off into the outlying healthy cornea by a muddy areola which either breaks down into suppuration or becomes resolved and clears up. Sometimes the pus is from the first of the usual creamy yellow character, and may be drawn off by tapping the abscess, but more frequently at first it is of a cheesy white colour, sometimes closely resembling tuberculous deposit, and so infiltrated within the layers of the cornea that it cannot be removed by incision. These latter forms of suppuration are slower, more likely to spread, and more destructive of the corneal tissue, and they represent the formation of a quantity of fatty detritus within the corneal structure which eventually disintegrates the structure itself, and, breaking down into pus, makes exit either in front of the cornea, or into the anterior chamber. This disintegration without immediate formation of fluid

pus is what takes place when the entire cornea is engaged, as after injuries or operations, and in these cases the infiltration raises the diseased corneal surface above the general level, but the corneal layers still remain, to a certain extent uninjured, and the infiltrated matter is therefore not immediately cast off even when the surface is ulcerated, but gradually breaks down until the whole cornea is lost. Centres of suppuration may occur in any part of the cornea, but the weight of the infiltrated matter has a tendency to burrow downward and to extend the abscess in that direction; if the suppuration be limited in extent, occurring from a pustule or an injury in an other wise healthy subject, it may resolve, become absorbed, and the cornea may clear up, leaving no trace of the diseased condition, but more usually it makes its way to either the front or back surface of the cornea with results which will be described when I come to speak of the sequelæ of corneal suppuration and ulceration. When an abscess breaks into the anterior chamber the pus falls by gravity to the lower part, and filling up the angle between cornea and iris it presents from the front the appearance of a yellow crescent. Any effusion of pus into the anterior chamber is called *hypopion*, and also

from its resemblance in shape to the *lunula* of the nail, it received the name of *onyx*, but of late years this latter has been commonly used to indicate an intra-corneal patch of suppuration, while the name *hypopion* is employed to indicate the crescentic effusion into the anterior chamber, as shown in illustration.

The annexed illustration gives in profile the various forms of corneal abscess: The interstitial abscess suppuration, *e*, in which the broken down fat cells are distributed between the corneal layers. The *onyx*, *a*, *b*, *c*, in which the suppurating points are joined into an intercommunicating abscess. The *hypopion*, *d*, in which the pus has escaped into, or been deposited in, the anterior chamber. *Hypopion* may occur from discharge of abscesses which have their seat elsewhere than in the cornea, as, for instance, those

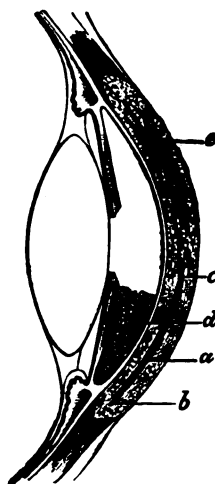


Fig. 19.

Corneal Abscess—*Onyx* and *Hypopion* (STELLWAG).

which occur on the iris in syphilitic iritis, or even in any suppurative disease behind the iris.

Treatment of Corneal Abscess—If a corneal abscess cannot be prevented from bursting, it will produce one of two permanent injuries—an opacity of the cornea or a displacement of iris and other parts behind the cornea. Therefore every effort must be made to obtain resorption of the effused matter, to limit the extension of the abscess, and, if it be impossible to do this, to allow the pus to escape in as harmless a way as possible by tapping the abscess near the corneal margin, where an opacity will do least harm. To obtain resorption the course to be adopted must depend on the urgency of the inflammatory symptoms: if these be violent, and if there be much pain, vascularity, chemosis of lids, and tension of eyeball, the first thing to do is to reduce the inflammatory condition by hot stupes, immediate but transient purgation, antimonial depressants, restricted dietary, and, if necessary, leeches to the temple, with the application of atropine drops once, twice, or thrice daily. To allay the severe pain it may be necessary to give hypodermic morphia injections beneath the skin of the temple, and, if the disease be in the initial stage, before pus has actually formed, the sulphide of calcium granules already referred to may be administered. This treatment is, however, only suitable for the earlier and acute stage, and should be kept within limits and

discontinued as soon as the inflammation is got under. When the acute symptoms are mitigated, the line of treatment should be directed to obtain resorption. The stupes should be discontinued and a compress bandage applied, the dietary improved, and tonics with iodide of potassium administered. Meanwhile the abscess must be watched, in order that it may be tapped if there should be danger of its breaking. This operation is done, as here illustrated, by a simple puncture with a lance-shaped knife, the opening being made as close to the corneal margin as will allow of the escape of matter. The incision should, of

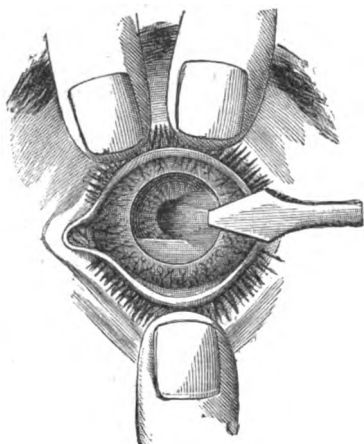


Fig. 20. Tapping of Corneal Abscess, Hypopion (STELLWAG).

course, be confined to the abscess, and should not open the anterior chamber unless there be hypopion; nor should any attempt to tap the abscess be made if there is reason to suppose that the pus is infiltrated between the corneal layers and not free. In such cases the incision does not relieve the tension, while it increases the irritation.

If, notwithstanding every effort to obtain resorption, the abscess bursts on the corneal surface, it cannot fail to leave behind it an ulcer and consequent opaque cicatrix of greater or less extent, possibly only a minute cloud of the cornea, possibly a complete destruction of the entire substance and the substitution for it of a thin layer of cicatricial tissue.

Ulcerations of the Cornea belong, pathologically, to suppurative keratitis, but practically their nature and treatment have nothing in common with the suppurative disease just described. Corneal ulcers are the most common of all eye diseases, being liable to arise as the sequelæ of all corneal and many conjunctival diseases, and from superficial injuries of all sorts.

The chief purposes of treatment of all corneal ulcers is to prevent their extension—to limit the size and thickness of the cicatrices which they leave behind them, and to prevent them from perforating the cornea. These indications are fulfilled by removing any mechanical irritation to which they may be subjected, by allaying the inflammation if they be of the inflammatory, irritable type, and by stimulating them to heal if they are of the indolent type.

The mechanical irritant which is the usual cause of ulceration, and which prevents healing, is granular conjunctiva, and that disease in its full development is almost always accompanied with corneal ulceration which readily heals concurrently with the removal of the granulations, no special treatment of the ulceration being necessary or effectual as long as the granulations remain.

Corneal ulcers may be divided into—*a*, Irritable and inflammatory; and *b*, Chronic indolent, or asthenic.

The irritable ulcer is, generally, the outcome of a corneal herpes, and its nature and treatment are described in connection with that disease; but there are cases of

irritable, spreading ulcers of the cornea which begin from a minute centre without any herpetic phlycten. These are to be seen usually in cachectic cases—often in syphilitic patients—women who have been run down by over-nursing, in persons of intemperate habits, and in those who have been exhausted by fevers. They are usually deep and sharp-cut on the edges, with a narrow ashy margin and a greyish surface, and their disposition is to extend, like serpiginous ulcers elsewhere. They are very painful, but show little vascularity, and are difficult to arrest and dangerous to sight.

The indolent ulcer is extremely common in Ireland, especially in ill-nourished subjects and strumous children. The workhouses provide a large supply of such cases, which arise usually from a corneal herpes which refuses to heal. Ulcers of this class look like simple abrasions, and present no appearance of vascularity or inflammation. They are transparent, and, if small, are visible only by reflected light, the patient's vision being only a little blurred in consequence of the symmetry of the corneal curve being interfered with. There is not, however, any pain, and the patient is cognisant of the presence of the ulcer only by a sensation as if an eyelash was inverted and by the blurring of vision above referred to. These ulcers neither spread nor heal, and may exist for months if not cured.

The treatment of corneal ulceration must vary according to its character. The first thing is to remove granulations, or inverted lashes, or other mechanical hindrances to healing. The shrunk and hardened margin of the lid which remains after a granulation case has been cured often acts in this way, although the lashes may not actually be inverted, for the bowing of the lids caused by the conjunctival shrinkage causes its margin to press unduly against the corneal surface. The removal of mechanical irritants will cure all cases in which the constitutional condition is fair, but ulcers of the irritable or indolent classes need special treatment.

The irritable ulcer needs to be mollified by warm sedative stupes, and on no account should irritants be used. The compress bandage is also essential in most cases, and the ulcerated surface should be dusted with calomel. To do this a rather long-haired, perfectly dry, camel's-hair brush should be dipped in the calomel powder, which must itself be perfectly free from lumps. The lids being then held apart with left-hand finger and thumb, the brush should be held horizontally between the first finger and thumb of the right hand with the brush end opposite the ulcer. By giving it in this position a smart tap with the third finger of the same hand the powder will be thrown on the ulcer. The smaller the amount which adheres, the more evenly it is spread over the ulcerated surface, and the finer the powder, the better will be the result. Atropine solution should be applied diligently; but if there be imminent danger of perforation it should be discontinued, and solution of eserine substituted, for the purpose of keeping the iris away from the cornea and avoiding an adhesion if perforation should occur. In irritable ulcers the constitutional treatment is, however, the chief means of cure. Iodide of potassium in bark infusion, and, in syphilitic subjects, the bichloride or biniodide of mercury, combined with bark or quinine, are especially to be recommended. Iodoform often produces good results. The indolent ulcer, if it shows no sign of healing after the mechanical irritation is got rid of, can only be stimulated to heal by irritating it locally and by improving the constitutional state of the patient. The subjects of indolent ulceration are generally bad-fed, hard-worked, or strumoid cases, but without syphilitic taint or other serious depreciation of system, and they should, therefore, receive treatment as much hygienic as therapeutic. As regards local treatment, stuping, poulticing, or compresses will be inappropriate, but the ulcerated surface may advantageously be stimulated by touching it with the point of a brush shaken dry out of a 16-grain solution of nitrate of silver. This should be accompanied

by tonics, cod-liver oil, iodide of iron, and open air, and the most nutritious and digestible dietary enjoined.

When, under these influences, the ulcer commences to heal, it will lose its indolent appearance, and become more vascular and more grey in colour, the clean-cut transparent appearance of the indolent ulcer being lost. One of the most healthy signs is the presence of a lash of red vessels running into the bottom of the ulcer, as is depicted in the engraving.

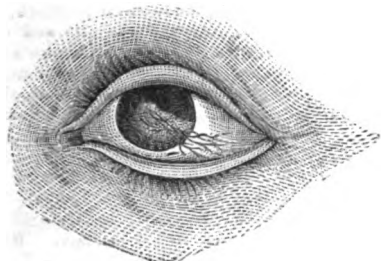


Fig. 21. Indolent Corneal Ulcer (WARDROP).
(To be continued.)

Clinical Records.

CASE OF RETROFLEXION—PUERPERAL CONVULSIONS—RECOVERY.

Under the care of RIDLEY DALE, M.D. (Brux.), M.R.C.S., &c., Sunderland.

On February 27th, 1884, I was called to Mrs. D., who had engaged me to attend her in her second confinement, which she expected to take place at the end of March. She was twenty-two, and had with her previous child a normal pregnancy and labour. On my arrival at 6 p.m., I found her writhing in convulsions, the convulsive seizures occurring in series of three with intervals of a quarter of an hour. She was sensible between the attacks, but appeared in a dazed condition. On vaginal examination, the uterus was found much retroflexed and retroverted, with the os so high above the pubes that it could only be reached with the finger with great difficulty. I sent at once for my friend Dr. Murphy, and put the patient under the influence of chloroform, which stopped the fits. On Dr. Murphy's arrival, he coincided with me as to the nature of the case. I passed a catheter and drew off half an ounce of urine, which on testing was found to be free from albumen. We then gave a hypodermic injection of pilocarpine, and, as this did not cause much sweating, repeated it. As the urine drawn off was all the woman had passed that day, we considered the uterus was making injurious pressure on the kidneys and their vessels, and resolved to relieve this pressure by inducing labour. While I was maintaining anæsthesia Dr. Murphy dilated the hard and rigid cervix with his finger, drawing it down more on the axis of the pelvis. He then introduced a medium sized Barnes's bag (Sims's modification), and after an interval replaced this with a larger one. As she had no pains, a dose of ergot was given. Dr. Murphy then turned by the bipolar method and brought down a foot; the pains having now commenced, we resolved to wait a little to allow the cervix to fully dilate in the hope of getting a living child; but, unfortunately the funis became prolapsed, and delivery had to be at once effected. This Dr. Murphy readily accomplished by drawing on the foot, and a living female child was born. The placenta was expressed and another dose of ergot given, as the patient having now been six hours under chloroform we feared that there might be some hæmorrhage. Twenty grains of chloral was injected per rectum, and she was ordered to take a mixture containing chloral and jaborandi. Mrs. D. had no more convulsions until the next morning at 10 o'clock, when they occurred as before; the pulse was rapid and wiry, the breath urinous; she was unconscious, and the urine drawn off by a catheter less than half an ounce and contained 1-16th of albumen. We then administered another hypodermic injection of pilocarpine, which in five minutes caused a profuse perspiration and made the pulse slower and

softer, cupped the loins, gave croton oil (ʒv.) by the mouth, and inhalation of nitrite of amyl. She, about five minutes after this, had one fit, which was stopped by inhalations of chloroform. Ordered linseed poultices to the loins every four hours.

29th.—Had no fits; pulse slower and softer; bowels well moved; urine ten ounces containing 1-14th of albumen, sp. gr. 1020, turbid, under microscope contains blood corpuscles but no casts. Takes milk and barley-water. We gave another hypodermic injection of pilocarpine. Given a mixture containing liq. ammon. acet. and sp. æth. nit., and ordered to continue poultices.

March 1st.—She is conscious, asked to see the child, and replies distinctly and clearly to questions. Had no more fits. Bowels not been moved. Given another hypodermic injection of pilocarpine. She is taking plenty of milk and barley-water, and has passed naturally two pints of urine not containing albumen. Breasts are flaccid. Lochia normal. To continue mixture and take a powder of calomel and pulv. jalap co.

2nd.—Quite sensible, passed a good night, and sits up in bed. Urine clear and in normal quantity. Breasts contain milk and child put to them. To continue the mixture.

3rd.—Passed a good night. Urine normal. Bowels moved twice. Is able to suckle her child. To continue the mixture.

4th.—Passed a good night. To continue the mixture.

5th.—Passed a restless night. Bowels moved. To take acetate of ammonia and liq. ferri. perchlor.

6th.—Passed a good night, allowed to take some boiled fish.

7th.—Passed a good night. Diet increased to meat.

8th.—Sat up in bed for an hour to-day.

10th.—Ceased to attend as she feels quite well.

Remarks.—It appears clearly from the history of this case, that the cause of the convulsions, was the pressure on the kidneys of the displaced uterus giving rise to partial suppression of urine with uræmic symptoms. It was clearly necessary to restore the uterus to its proper position by inducing premature labour, to stop the convulsions and to get the kidneys to resume their work. The administration of chloroform checked the fits, but as the suppression still continued they returned, thus this was a valuable adjunct, but nothing more. The nitrite of amyl did not appear to have any effect at all. I attribute the recovery of the patient to the hypodermic injections of pilocarpine. The use of pilocarpine in puerperal convulsions has been highly recommended by Dr. Murphy. It caused here copious perspiration in five minutes, thus rapidly relieving the kidneys, and slackened the heart's beat and lessened the tension of the arteries. Oxytocic properties have been attributed to pilocarpine but in this case it did not cause any pains, so ergot had to be given. Pilocarpine is also supposed to increase the secretion of milk, and from this case, this appears to be true, for the breasts were quite flaccid up to the fifth day and then secreted plentifully.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, MARCH 14TH, 1884.

The President, Sir ANDREW CLARK, Bart., M.D., LL.D., in the chair.

Dr. SAMUEL WEST on a case of

MULTIPLE HEPATIC ABSCESS IN A BOY OF ELEVEN TREATED BY INCISION WITH RECOVERY.

A Jewish lad, æt. 11, who had never lived out of London, had a rigor on January 21st, and pain in the right hypochondrium. He was brought to hospital on February 20th with evident hepatic abscess, extremely ill, and with a temperature of 105°. On February 23 a large abscess was aspirated, and 18 ozs. of greenish sweet pus were removed. Four days later a free incision was made, and 7½ ozs. of turbid purulent fluid escaped; a second abscess was discovered and aspirated, when 1 oz. of blood-stained pus was removed. On March 6th the two last swellings were again prominent, and were

freely laid open, and a drainage-tube inserted. On April 9th a fresh abscess was found, explored, and then freely laid open. From this time convalescence commenced, interrupted only by a diffuse abscess in the abdominal walls, which healed alone on being opened and washed out. The points of the case were the following:—1. The age, 11 years. 2. The number of abscesses, three or four, and probably more. 3. The absence of any assignable cause. 4. The great relief by evacuation. 5. The rapid fattening during convalescence.

Dr. CARRINGTON, referring to the possible existence of idiopathic abscess of the liver, said he had collected many examples of the disease, and in three could find no primary cause for its occurrence. One of these was that of a policeman, whose liver was riddled with abscesses, and who was but five days ill. Another case, recorded in the *Pathological Transactions*, was that of a woman, who died of some other disease, but whose liver was found, *post mortem*, to contain numerous encapsuled abscesses. In a large proportion of these cases, as a rule, clinical symptoms were absent, the chief of these being tumid abdomen, with enlargement, and elevated temperature and feverishness. Last year Dr. Wilks had under his care at Guy's Hospital a woman who was supposed to be the subject of suppuration of the liver, her symptoms being vomiting, diarrhoea, and a temperature at times ascending to 103° or 104°. After death, it was found that cirrhosis of the liver existed, and Dr. Carrington concluded that a febrile temperature was probably more common in such cases than was usually supposed.

The PRESIDENT said that his experience did not lead him to expect that abscess of the liver would always suggest itself by the existence of the symptoms alluded to by Dr. Carrington. As an illustration of the meaning he wished to convey, he narrated the history of a case in point. The patient, a clergyman in the country, consulted him on account of illness from which he had been suffering for three weeks. Sir Andrew Clark concluded that a collection of matter existed in some place, and that to its presence the illness was attributable, but he could not make out its situation until, chancing to detect a small area over the liver, in which region a friction sound could be heard. On this evidence, he diagnosed abscess of the liver, and in confirmation thereof thirteen ounces of pus were evacuated on an incision being made. He had four times succeeded in detecting abscess of the liver by means of this method of diagnosis, which offered obvious advantages when taken together with the better known evidence afforded by the presence of pneumonia.

Dr. CULLIMORE said he had been himself a sufferer from abscess of the liver, and he concurred in believing this affection might be present and unattended by any abdominal enlargement or tenderness. In his own case the abscess was punctured, and discharged by way of the lung. He would like to know if abscesses of any size had been found to exist in the absence of fever, for in December last he was consulted by a gentleman who came from India, and who was supposed to suffer from abscess of the liver. He had no fever, but some tenderness was present, and a catch in breathing. Having been previously attacked by malarial fever, and there being no rise of temperature, Dr. Cullimore concluded there was no abscess present; and since the time referred to, the patient had noticed an occasional rise in his temperature, but unattended with sweating or jaundice. The tenderness and enlargement slowly subsided. Dr. Cullimore observed that, in his own case, he could not register any rise of temperature when he suffered from congestion of the liver, but that when that organ became the seat of abscess there was a distinct access of fever. He considered that abscess of the liver might be caused by the guinea worm, by aneurism following inflammation of the hepatic artery, and by accidental causes.

Dr. J. K. FOWLER remarked that he had drawn attention, twelve months previously, to the importance of sweating and pleurisy as signs of abscess of the liver. He had been led to puncture the organ from the presence of these signs in his cases, and as a consequence obtained a supply of pus. He considered that elevation of body-heat did accompany abscess, and as showing that absence of such rise indicated the absence of the disease, he instanced an experience obtained at the Middlesex Hospital, where a certain patient was supposed to have abscess of the liver, and puncture had been advised accordingly. Death occurred, however, before this was done, and then the liver was found to be the seat of amyloid degeneration, but it contained no abscess.

Dr. MAHOMED considered that two distinct classes of cases had been confused in the discussion—viz., large local abscesses, and small multiple abscesses, the latter a much more dangerous form, and having pyemic tendencies. Was not Dr. West's an instance of this class of case? He (Dr. Mahomed) recently saw at the Fever Hospital a patient who was recognised by a nurse as suffering from malignant multiple abscess of the liver. This attendant had been in Egypt during the late war, and had seen many cases of a similar nature. Patients so affected avoided lying in a way that led to pressure on the right side of the body.

Dr. PERCY KIDD described a recent case in which, although all the signs of abscess existed, no pus followed puncture. *Post mortem* three abscesses were discovered, the sole cause of which that could be found, was a caseous vesicula seminalis. The purulent collections were situated in the posterior part of the right lobe, in its lower margin, and a little behind it. The punctures were made both posteriorly and in the epigastrium.

The PRESIDENT said, that having diagnosed the presence of an abscess in the lung of a man at the London Hospital, he decided on puncturing for its relief, in the axilla, and as high as the area of dulness would permit. Relief was obtained, but the symptoms recurred so as to demand puncture afresh. This was performed by a surgical colleague who elected to direct the needle from before backwards. This manoeuvre was repeated four times, and each time without result. *Post mortem* each one of these punctures was found to pass within a quarter to half an inch from the abscess, which would infallibly have been pierced had the axilla been the site selected.

Mr. PARKER suggested that empyema might possibly be mistaken for abscess of the liver.

Dr. W. WHITE narrated the case of a gentleman seen by him last July, and who was suffering paroxysms of pain resembling gallstone colic. The temperature rose to as high as 102°, and the attack eventually subsided. No gallstones, however, were discovered in the *feces*. Subsequently, the same gentleman caught cold, had rigors; the liver became greatly enlarged; rise of temperature occurred, and loss of strength. On inserting a needle upwards and backwards a small amount of pus was evacuated from the liver, in three or four days the swelling subsided, and pain diminished, but soon all the urgent symptoms returned, and necessitated cutting down on the tumour, which was then cleared, and a drainage tube left in the wound. What caused the attack in this case?

Mr. GODLEE insisted on the high importance of keeping the discharges from hepatic abscesses as pure as possible. He had had two cases in which incision was followed by recovery. In tropical forms of these abscesses portions could be separated and partitioned off as it were from the general collection.

Mr. H. MORRIS said surgeons were agreed as to the value of free openings and thorough drainage. He inquired if, as a rule, abscesses opened through the intercostal spaces turned out unsuccessfully, and whether such as were reached by puncture below the level of the thorax did well?

Mr. GOLDING BIRD observed that, of his last three cases, two died, and in each he had selected an intercostal space as the site of opening. In the third, a successful case, the opening was below the chest level. Death, however, had occurred in one case treated by the latter method.

Dr. WEST, in reply to Mr. Parker's criticism, ventured to place reliance on his own diagnosis of the case, with which, had Mr. Parker seen it, he considered he, too, would have concurred. In the case recorded, the temperature rose on several occasions to 103°, but he saw no reason why similar conditions should not obtain in this, as in other diseases, and its presence be unannounced by elevation of temperature. He had seen many cases in which high fever did not accompany collections of pus. Murchison had published the fact that cirrhosis was attended by an intermittent temperature. The same author had also pointed out the distinction insisted on by Dr. Mahomed between single and multiple abscesses. Dr. West agreed that openings in the intercostal spaces were attended with greater danger than those in the infra-diaphragmatic region; and all the operations he had seen in the latter part did well.

Mr. BUTLIN on a case of

ŒSOPHAGOTOMY PERFORMED FOR THE REMOVAL OF A FOREIGN BODY FROM THE GULLET.

The patient, a man, æt. 45, swallowed a gold plate,

bearing four teeth and having two long pins, during the night. The plate was impacted opposite the cricoid cartilage, where it produced serious spasmodic attacks of dyspnoea and constant dysphagia. Since it could not be dislodged by means of forceps, &c., cesophagotomy was performed about twelve hours after it had become impacted. The plate was removed without difficulty; the patient progressed well during the first two days after the operation, then rapidly died of acute septic poisoning. Attention was particularly drawn to the difficulty of detecting the nature of an impacted body by sounding; to the difficulty of seizing the plate with forceps; to the results of swallowing fluids after the operation. It was contended that the unfortunate issue of this case ought not to influence the general rule of treatment in similar cases—namely, that cesophagotomy should be performed as early as possible after the impaction of the foreign body, if the body were hard and sharp, and it was evident that it could not be removed by less formidable means. The cases of cesophagotomy for the removal of foreign bodies did not show a large mortality from septic poisoning; indeed, the reverse appeared to be the case, for unless septic poisoning was produced by the presence of the foreign body, it had been rare as a result of the operation.

Mr. CRIPPS considered that no doubt could be entertained as to Mr. Butlin's treatment being most appropriate under the circumstances, and that it was the only possible plan to be followed. There was, however, a very important class of cases in which the obstruction occurred at a lower point than in that under discussion—*e.g.*, when a foreign body lodged in the thoracic portion of the cesophagus. In such cases the question arose whether it was better to make an opening in the neck, or to push the body on into the stomach. The latter proceeding appeared to him to be more rational, since experience showed that most unlikely articles could be safely passed through the alimentary canal and expelled *per anum*; as instances might be cited the case of a gentleman who recently passed a large tooth plate in this way, without pain; and that of a girl at St. Bartholomew's Hospital, who, while tickling her fauces with a bonnet pin, six inches long, and provided with a knob at the end, her object being to induce vomiting, accidentally swallowed the instrument. On admission, pain and tenderness over the abdomen were complained of; but no foreign body being discoverable, the case was regarded as one of hysteria, and the patient discharged accordingly. A fortnight later, she returned with a small abscess pointing on the epigastrium, which being opened, the pin was extracted, minus its head; complete recovery took place.

Mr. GOLDING-BIRD remarked that an astonishing number of cases had been recorded in which tooth plates and other formidable objects had been inadvertently swallowed without ultimate ill effects. A patient of his own, two years ago, swallowed such a plate, and, having stuck in the cesophagus, it was passed into the stomach by a probang, the operation occupying one hour. He was then fed for two days on oatmeal, and at the end of this time the foreign body was passed by the anus. Periccesophageal abscess followed, but recovery ensued.

Dr. GLOVER described a case in which he was consulted by a lady, who had swallowed a piece of bone with some soup, the accident occurring twenty hours before Dr. Glover was called in. The patient was then in great distress, and quite unable to swallow anything. The obstruction was quite beyond reach, and an emetic, consisting of half a drachm of zinc sulphate, was administered. This having no effect, a second dose was given, and vomiting immediately occurred; and there was discharged through the mouth a piece of mutton bone, quite an inch long, and having four sharp corners and edges. Dr. Glover advised that that should be the mode of treatment in future cases.

Mr. E. OWEN asked why Mr. Butlin delayed to operate for so long a time? He lately saw a woman who had swallowed a much larger plate than the one exhibited; it had passed into the stomach.

Dr. DUFFIN said that the late Professor Syme, of Edinburgh, once had under his care a boy, who, in the excitement of fishing, swallowed a three barbed hook he was holding in his mouth, a wire being attached to the hook. Professor Syme adapted a wooden ball to fit the barbs, and passing it along the wire succeeded in breaking away the points, after which the hook was easily removed, and recovery ensued.

The PRESIDENT said he also remembered a case of Syme's,

in which a man had swallowed a tooth plate, and in forcibly propelling it on by means of a probang, the surgeon accidentally ruptured the aorta, from which a rush of blood immediately took place, and speedy death of the patient.

Dr. GLOVER mentioned a further case which occurred during the time that he was a student. It was that of a man who had swallowed a bone, and in the result an abscess formed, followed by death.

Mr. BUTLIN said he had purposely confined his remarks to that class of cases in which the foreign bodies were lodged high up in the cesophagus. Abscesses formed in a good many cases in which the body was removed. He had purposely abstained from inducing sickness in his patient; and his reason for deferring to operate was, that he felt disinclined to submit the patient to the necessary risks in his consulting room, and waited, therefore, until he could command the resources of a large hospital in his favour. Further inquiries had convinced him of the abstemious habits of the patient. As a result of recent experiments he found that gold plate could be easily broken after being submitted to the action of mercury.

LIVERPOOL MEDICAL INSTITUTE.

FRIDAY, FEBRUARY 29TH.

Dr. GEE, President, in the Chair.

Dr. GREVES showed pathological specimens from
TWO CASES OF TUBERCULOSIS IN CHILDREN,

Case I., *et. 2*, was admitted into the Infirmary for Children greatly emaciated, the mother was phthisical. There were no abnormal physical signs either in thorax or abdomen. Being unable to take food by the mouth she was fed on nutritive enemata of pancreatised milk. She made no progress however, and gradually sank. At the post-mortem examination, there was general cheesy degeneration of the bronchial and mediastinal glands, tubercular deposit beneath the left pleura, and slight enlargements of the mesenteric glands; there were scattered nodules also in the liver, spleen and kidneys. *Case II.*, *et. 3*, admitted into hospital, with advanced catarrhal pneumonia on January 29th; there were signs of consolidation with breaking down of the right lung, and great emaciation. A week afterwards the temperature began to oscillate greatly, rising to 103°, or 104° F. in the evenings, and falling to 94° or 95° F. in the mornings, he got rapidly weaker and died on February 26th. *Post-mortem Notes.*—Right lung partly collapsed, consolidated and riddled with cavities, one of which in the base communicated by a large orifice with the pleural cavity which contained some ounces of pus. There was general enlargement of the lymphatic glands in thorax and abdomen, tubercular ulceration of intestines with tubercles in the other viscera.

Dr. MACFIE CAMPBELL showed the following specimens from

TUBERCULAR DISEASE OF TESTICLE—CASTRATION.

I. C., *et. 38*, sailor, was admitted into the Liverpool Northern Hospital; phthisical history. Received an injury to the testicle at sea five weeks before operation. The right organ became hard, swollen, and inflamed, requiring opening of two abscesses in the scrotum. No improvement taking place, while his general condition was gradually becoming worse, and cough beginning, it was considered better to remove one cause of irritation. After removal, the following condition of the organ was found: Tunica albuginea much thickened, tubules obliterated, as also septa, vasa recta and vasa afferentia, Epididymis from globus major to minor, simply the bag of an abscess, containing thick, curdy tuberculous pus. Size and weight about double the normal.

Dr. MACFIE CAMPBELL on a case of

OLD EMPYEMA—NEUROBOSIS OF RIB—CALCAREOUS PLEURA—FREE OPENING BY REMOVAL OF PORTION OF RIB—DEATH.

I. E., *et. 58*, admitted into the Liverpool Northern Hospital; family history good, received injury to ribs by engine-buffer sixteen years ago, remained well until two years ago with exception of occasional sinuses along the level of the ninth rib. Admitted January 22, 1884, suffer-

ing from cough, and large abscess three inches below and behind right nipple. Opening was found into the pleura, evacuating 1½ pints of filthy pus. The pleura was found calcareous, no lung could be felt, the cavity was syringed out at first with carbolic lotion (1-40) then by perchloride of mercury (grs. 1-10 to the ounce). Died suddenly with symptoms of obstructed breathing on February 18th. *Post-mortem*.—Right lung, healthy, congested at base; left lung, represented by a thin stripe of connective tissue adherent behind; costal pleura entirely calcareous, detached above, dividing cavity into two parts, and extremely thick; heart, right side, large ante-mortem clot; other organs normal.

THE HEART IN ANGINA PECTORIS.

DR. BARR exhibited the heart of a patient who had died from angina pectoris in Her Majesty's Prison, Kirkdale. It weighed 14½ ozs. and was soft and flabby. All the cavities contained dark fluid blood, and in the right ventricle there was a discoloured clot matted in the chordæ tendinæ but it did not stretch into the pulmonary artery. Pulmonic valves healthy, right ventricle large, walls pale and marked with fatty striatum. Tricuspid valves healthy, orifice admits five fingers; right auricle large, walls pale and fatty.—Left ventricle, walls soft and flabby. Muscular structure pale and fatty, musculi papillares and columnæ corneæ fatty; aortic valves competent; above the left anterior cusp, and involving the left coronary artery, there is a large atheromatous patch which includes the mouth of the artery. Mitral orifice admits three fingers, valves healthy, left auricle large, walls pale, soft and fatty. The history of the case may be briefly stated thus:—This man gave his age as 47 years, though he appeared at least 10 years older. He made very few complaints, but was unable to walk quickly or undertake any active exertions. The night prior to the attack which caused his death he suffered from great pain and oppression on the chest, and a feeling of impending death. On the night before death, he was cold, clammy, and suffering severe anguish, pulse weak, small and irregular; he complained of severe pain over the heart and shooting down left arm. He was troubled with cough and much profuse frothy mucous expectoration tinged with blood. The cough and bronchorrhœa were effectually relieved by nitrite of amyl. He had also nitro-glycerine and hypodermic injection of morphia, which relieved the angina, but he died the following day from failure in the heart's action.

Dr. HOWIE read a paper on

THE INFLUENCE WHICH THE PRESENT SYSTEM OF EDUCATION HAS UPON THE HEALTH OF THE COMMUNITY.

He held that it is the duty of medical men to insist upon the evil effects which are certain to follow if the present course is persistently pursued. Confining his remarks entirely to children under twelve, he said that no such child ought to be called upon to perform any kind of work whether muscular or mental. That four hours *mental exercise* is enough, twelve hours in bed, four hours for meals, &c., and four for muscular exercise. That much as he believed in education as a means of national improvement, yet it would be better to leave the masses uneducated, than to train their minds at the expense of muscular strength and dexterity. Reading and writing, although extremely important, yet were not absolutely essential to the highest education, that facts themselves without the ability to think and speak correctly about them are of but small advantage in mental training. Under the existing educational code, teachers are compelled to force into the minds of their pupils information for which they are utterly unprepared either by age, or by previous training. That the blame rests on the framers of this code who have utterly ignored the brain capacity of children, and not on the school-master or inspector who are simply acting in accordance with their directions. Throughout the whole course of a child's school career, most of the subjects of study are quite beyond his intelligent grasp, unless he is specially precocious. He then described at some length, the influence which close confinement in school rooms had upon the health by inducing a tendency to frequent bronchial catarrhs, which in children of phthisical history will ultimately lead to that disease, and quoted several cases from his own experience in support of this. He also spoke strongly in favour of the half-day system of schooling. In our elementary schools it is not so much actual over-work as excessive stimulation of a growing brain which leads to its far too rapid growth to

be healthy, the nerve structure is through this rendered extremely sensitive and lacks stability. In order to remedy the present system he suggested that first of all, we ought to choose good teachers and give them a considerable amount of freedom in dealing with the pupils, and to abolish the system of payment by results. He therefore proposed that a committee should be appointed by the Institution to inquire into the question of over-strain in elementary education.

This resolution was carried unanimously.

THE SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

THURSDAY, FEBRUARY 7TH, 1884.

The President, Dr. BANHAM, in the Chair.

THE following improved apparatus were shown:

Dr. DYSON showed a very neat form of Portable Scissors, in which, when closed by a sliding arrangement, the blades are enclosed in sheaths which afford complete protection from injury by the points. He did not know the maker's name; the pair shown came from Brighton.

Mr. SNELL exhibited an India-rubber Cupping Instrument which seemed very effectual indeed in its action, and affords a ready method of applying this method of treatment. Mr. Snell also exhibited a Nettleship Ophthalmoscope.

THE PRESIDENT showed a Circular, printed 1842, summoning a first meeting of the Session, of the Members of "The Medical Society of Sheffield, and its Neighbourhood," sent to a Mr. Turton, a noted obstetrician in Sheffield in those days. The meeting was called for October 3rd, 1842, at the Cutlers' Hall. The Secretary was T. Hammer Smith. On the back of the Circular was the statement of arrears, Mr. Turton being indebted to the amount of a fine of 1s.

CASE OF ATHETOSIS.

Dr. DYSON showed a case of *athetosis* (inability to maintain a fixed position) of the right arm, and in a much less degree, of the right leg. The patient, a girl, æt. 11, had scarlet fever three months ago. About six weeks ago, she was seized with an apoplectic form of attack, in which there was loss of consciousness, paralysis of right side of the face, right side of the tongue, right arm and right leg. She was confined to bed for a fortnight, and as the paralysis passed off the present condition of the right arm gradually supervened. Sensation is but slightly affected. The movements are slow and deliberate and intensified by exertion, and are exactly those described in typical cases of *athetosis*. There was no history of rheumatism. The heart is healthy. The urine presents no abnormal conditions. In this case there is a history of the girl having been bullied by the School Board attendance officers to return to school too soon after the attack of scarlet fever.

SPECIMEN OF LIVER WITH CARTILAGINOUS NODULE.

Mr. H. LOCKWOOD, Junior House Surgeon, Sheffield Public Hospital and Dispensary, showed a specimen of the above, and read the following notes:—The patient, æt. 59, was admitted into the hospital under the care of Dr. Dyson, on October 11th, 1883. He had enjoyed good health up to two months ago, when he became rapidly swollen, and experienced great difficulty of breathing. On admission there was great œdema of the legs and abdomen, but not of the upper extremity. There was increased cardiac dulness, and a very well marked aortic regurgitant murmur. His arteries were very atheromatous. The abdomen was tense and fluctuating. The patient gradually became worse and died two months after admission. On a post-mortem examination his heart was found to be very much hypertrophied, and the valves and aortic arch atheromatous, but there were no evidences of considerable valvular mischief. On the under surfaces of the right lobe of the liver a hard nodular tumour was found embedded in a cavity lined by a capsule. The outside of the tumour was hard, and on making a puncture a caseous material exuded. On section, the walls were found very dense and hard, and the tumour presented the appearance of a cystic tumour in which calcareous change had taken place in the walls, and caseous degeneration in the contents. The specimen was referred to the Pathological Committee for examination and report.

OSTEO-SARCOMA OF THE FEMUR.

Mr. ATKIN showed a rapidly-growing sarcoma of the lower end of the femur, which had been amputated at the hip-joint that day by Mr. Favell, and commented on the diagnosis, saying that these rapidly growing soft vascular sarcomata had often been called true aneurism on the one hand, and mistaken for periosteal abscess on the other. The tumour, which sprang from the junction of the epiphysis with the diaphysis, showed a well-marked radiated arrangement from the axis of the vessels, and posteriorly towards the intercondyloid notch was of stony hardness, whilst in front and to the outer side it consisted of a soft, easily breaking down vascular mass. The boy, *æt.* 17, had only noticed it since Christmas (about seven or eight weeks), and it was probable the calcified part was of much longer growth, though not having caused sufficient inconvenience to attract notice. The proneness of these growths to attack long bones at the end where ossification first commences, the end which is last joined to the shaft, and at the opposite end to which the nutrient artery is directed, was mentioned. The probability of recurrence was great, for, differing from a central sarcoma of bone, the contiguous muscles must be affected, and that as long as the origins of these muscles were left, the growth would probably recur in the wound. As illustrating the difference from central tumours of bone, the lymphatics in the groin in this case were slightly enlarged. The seat of amputation ought to be as high up as possible, as it is only in myeloid tumours or central sarcomata that scooping or amputation near the seat of the disease is of any value.

ENLARGED CLITORIS.

Mr. ATKIN also showed for Mr. Favell an enlarged clitoris removed from a girl, *æt.* 13. The growth was recent, and accompanied with slight vaginal discharge and much inconvenience in walking, though no pain. The internal genital organs were abnormal, the vagina being rudimentary.

ABSCESS IN EPIPHYSIS OF THE KNEE, THE FEMUR, OPENING INTO JOINT.

A specimen was also shown of acute arthritis, from the knee-joint of an infant, a patient of Mr. Jackson's, who had excised the joint that afternoon. Following a slight injury, an abscess formed in the lower epiphysis of the femur, which ultimately bored its way through the articular cartilage into the joint.

CASE OF IDIOPATHIC ANÆMIA.

Mr. R. J. PYE-SMITH related the sequel to a case of idiopathic anæmia, which he had brought before the Society last year. The patient, a man, *æt.* 61, remained well for a couple of months after treatment (by arsenic) was discontinued. He then began to complain of a fulness in the right inguinal region, and a week later, after getting drenched with rain, he experienced stiffness and pains all over, which were soon followed by tottering gait, difficulty in turning whilst walking, and, later, by severe sudden pains in the limbs, chest, and abdomen. The signs of inco-ordination in the legs were well marked, as also the loss of knee-jerk and of other muscular reflexes. Contracted pupils, the existence of slight numbness in the feet and hands, together with the absence of wasting and of much loss of power in the muscles, rendered the diagnosis of locomotor ataxy clear. Arsenic failed to produce any effect on the symptoms. Mr. Pye-Smith regarded the association of disease as a mere coincidence, and thought that the history of grasping pain at the chest and numbness of the feet which the patient had previously given, pointed to the disease of the spinal cord having commenced previous to his coming at first under observation.

France.

[FROM OUR SPECIAL CORRESPONDENT.]

SULPHATE OF COPPER IN OBSTETRIC PRACTICE.—At the Académie de Médecine, M. Charpentier read a paper on "Sulphate of Copper in Obstetrics," and deduced the following conclusions:—1. Sulphate of copper is an antiseptic of the first order, and renders signal service to obstetri-

cians. 2. It is cheap, and easily used by the most inexperienced hands. 3. Of complete innocuity whether employed under the form of intra-vaginal injection, or intra-uterine. 4. That sulphate of copper, from its astringent properties, could advantageously replace perchloride of iron. 5. The solution employed should be a one per cent. 6. The solution at this strength might be continued eight or ten days without producing more than a diminution of temperature, and a fall in the pulse. Lastly, surgeons would do well to try this antiseptic, which would give them every satisfaction.

FIBROUS TUMOUR OF THE UTERUS.—M. Pozzi exhibited before the Société de Chirurgie the anatomical specimens of a fibrous tumour of the uterus, and a cystic tumour of the left ovary. The case was of some interest, as it was accompanied with hysterical phenomena of a very marked character. After the operation all those symptoms ceased, and M. Pozzi asked his colleagues whether castration was not in such cases differently considered. M. Terrier thought the question was difficult to solve, as the operation, although accepted in other countries, has not many partisans in France. However, he believed that there were certain indications that might justify it. He regretted that the case of M. Pozzi was incomplete, in that the two ovaries were not removed. A fortnight ago, he took away the left ovary of a young woman for a polycystic tumour, and the patient, who was always a little nervous, was attacked after the operation with the most violent hysterical fits. M. Reclus said, about two months ago he took away *both* ovaries for cystic tumours. The patient, who was habitually hysterical, became uncontrollable after the operation, and it was only after a fortnight had elapsed that the violence of the attacks diminished. M. Gillette thought that Battey's operation was not at all justified when the ovary was healthy. It was practised twice in France, and with no good result. M. Pozzi concluded the discussion by saying that an operation that was classic in England, Germany, and America, should not be wholly condemned in France.

PRURITUS AT THE MENOPAUSE.—The pruritis so often observed in women at the menopause, or change of life, is well known to be excessively rebellious to treatment, and the suffering caused by the affection, morally and physically, is often very serious. It is nothing uncommon to see women in the greatest prostration and despondency from the loss of sleep and appetite produced by an insupportable itching. The practitioner has often been disappointed at the little result obtained from the employment of remedies recommended by the greatest authorities, and both patient and attendant despair of success. Dr. Cheron highly recommends the following ointment where the pruritis is localised to axilla, the vulva or thighs, or the abdomen. He declares that if this pomade is applied morning and evening the affection will yield to its influence.

Veratrine, *grs.* iij.;

Axunge, " 8j.

When the pruritis is general over the body, he advises the veratrine to be given internally in pills.

Veratrine, 1-3rd *gr.*;

Liquorice powder, *q. s.*

For 40 pills, 2 to 6 a day.

SIR LYON PLAYFAIR, K.C.B., has consented to allow himself to be nominated at the Montreal meeting of the British Association as President for the meeting to be held in Aberdeen next year.

Department of Lunacy.

THE QUESTION OF TRAINING ATTENDANTS ON THE INSANE.

WE have recently directed attention on more than one occasion to the efforts being put forth in the interest of attendants on the insane, and to the natural expectation that these efforts will ameliorate the condition and promote the recovery of the patients entrusted to their care. The question is a very wide one; and the aspect of it which has of late been receiving the attention of the profession, especially in Scotland, is but a segment, though an important one. Medical men are fully alive to the immense importance of the matter, and frequently experience the great responsibilities entrusted to attendants and the serious issues dependent on their vigilance, intelligence, and moral character. But to turn asylums into training schools for attendants, and to introduce to the latter more intellectual views of their patients, are ideas that will probably at first sight be received with caution. It is hard to put aside tradition and precedent all at once; and it would be foolish to set about such a revolution without counting the cost. We are nevertheless bound to analyse traditions and precedents carefully, as well as our more modern ideas; and it is not unusual to find the former grown old and narrow and unreliable. It is better to take the swing of a new idea at the beginning and keep a judicious control of it than be carried away by it when too late to inhibit its force. The possibilities for good intact in such an idea are immense; yet there is a danger of it running to seed for want of proper direction and combined exertion. The possible arguments against it are no less numerous, but experience will be the best test of their truth or fallacy.

This training question has resolved itself into three distinct, but not independent, divisions. These are, ward instruction, a manual of instructions for attendants, and systematic clinical lectures to all. Ward instruction deals with individual attendants, and is liable to be conveyed chiefly to the charge attendant who accompanies the doctor when making his visit. A manual will make an excellent supplement convenient to junior and senior attendants, but of itself insufficient to stimulate inquiry and develop the best energies of all the attendants. Lectures *per se* will succeed or fail according as the lecturer is interesting or dry, clinical or formal, practical or abstruse; and lectures cannot stand alone any more than can a hand-book of instructions. Ward instruction is dealt out more or less in all asylums, but it is nominal rather than actual and real. Its measure will be determined by the energy of the teacher, by the time at his disposal in visiting his patients, and by the absence or presence of distracting and annoying events during the visit. At its best, it can reach only a favoured few; and unless associated with other 'methods', will bring discredit on the name of training as it should properly be understood. The impression grows upon us that a training which will justify the name must have each of these three methods entering into its composition; but the component parts of it will themselves enlarge with the exercise of their respective functions, and certain worldly advantages to attendants must obviously follow. The higher development of attendants is, however, not quite a new idea. The names of the late Dr. Kirkbride, of Pennsylvania, the venerable Dr. W. A. F. Browne, of Dumfries, and others, naturally come into prominence in considering the subject; but we gladly acknowledge the vigorous impetus which has been given to the movement by Dr. Campbell Clark's recent labours and writings on the subject.

We welcome the prospect of a manual of instructions being issued shortly, and hope to find it a valuable aid to the higher training of attendants.

The impression must not prevail that in such a scheme we have the whole root of the matter, for, though presently submerged by the prominence assumed for educating attendants, there exist other and no less important considerations for us to look into. How, for example, should our attendants be domiciled? Have they received such consideration in this respect as the nature of their duties require? This is a very important question; and so are questions of hours on duty, hours and days on leave, attendants' special recreations, and various details, apparently trivial in themselves, but all contributing to emphasise distinctly congenial surroundings as compared with hardship and discomfort. We have, moreover, to bear in mind that the dismissal of attendants is frequently too summary and inconsiderate, and this renders an attendant's position one of insecurity inimical to their special education and social elevation. The discipline of our asylums should not approximate to the discipline of a jail, but should be consistent with the most favourable conditions for battling with disease. The more intimate and cordial the relations—consistent with good order and discipline—which subsist between the medical staff and the attendants, and the more unity of purpose is achieved and fostered, the greater will be the success of asylums as hospitals for the insane, and as training schools for attendants.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 26, 1884.

WHAT IS A CONSULTANT?

A CASE of some interest to the profession was decided last week before Mr. Justice Hawkins, and which, as

affecting the definition of the word consulting in its application to medical practitioners, raises a point of considerable importance. The parties to the suit were, on the one hand, Dr. Alfred Carpenter, of Croydon, and, on the other, Drs. Whitting and Lanchester, Dr. Carpenter's late partners in practice. By an agreement executed in May, 1877, the latter gentleman bound himself, in consideration of a payment of £5,000, to retire from general practice on Jan. 1, 1883, but reserved to himself the right of advising patients attending upon him at his residence in Croydon, and of acting as a "consulting physician." For the plaintiffs, it was contended that Dr. Carpenter had contravened the terms of this agreement by, as was admitted by him, attending patients singly; and in the result an arrangement was arrived at whereby the plaintiffs accepted judgment in their favour for £50, with the understanding that Dr. Carpenter would henceforth carry out the literal intention expressed in the following statement, issued to his patients, as follows:—"I shall only visit cases at their own residences when residing in the Croydon district, in consultation with other medical men, such being the engagement entered into with my late partners, and that in the future my position will be that of a consulting physician, and not that of a family attendant."

It is not in any way questioned that Dr. Carpenter's action has been for a moment intentionally destructive of the meaning of the engagement he contracted with his partners, but the whole circumstances have arisen in connection with the meaning to be attached to the word "consulting" in respect to medical men. That there is nothing to be found in the *littera scripta* of professional ethics to determine exactly what this term conveys, is generally admitted; but, nevertheless, it may be safely assumed that an almost universal understanding obtains concerning it, and that its application is limited to a distinct class of practitioners who hold a position apart from those who are distinguished as "general." It would seem, however, that some physicians at least do not accept the conclusion here affirmed, Dr. Norman Moore having declared in evidence before Mr. Justice Hawkins that he was unable to name a person who was called a consulting physician. The meaning such a term conveys to his mind is, he further explained, that a physician holds his office like a professor, and is precluded from practice. It is possible, however, that this statement is not accurately reported, for its author, from the position he occupies, must necessarily be familiar with the fact that it is unusual for medical men to express any opinions on the nature of cases that they do not personally examine; and the mere examination of any person suffering from an illness constitutes, by all the canons of medical logic, an exercise of those faculties the use of which is the "practice" of a physician. What Dr. Moore is described as having stated is equivalent to the assertion that a consultant cannot be a practitioner; and, as all medical men are practitioners, none can possibly be a consultant. Surely, however, this is not so; and it is possible for one and the same person to enjoy a right to both titles; and further, we are ourselves unable to grasp that idea

which bases itself on the abstract existence of a consulting physician who, by reason of his being so, is therefore a *non-practitioner*. There is an inextricable confusion in this mode of reasoning, which will hardly commend itself to many, and which has seemingly had its origin in an unjustifiable dislike to the introduction of distinctive terms, which have certainly done no harm in the past, and will not probably be found injurious in the future.

A very considerable number of physicians and surgeons, as they attain the professional eminence to which their skill and intelligence entitle them, are compelled by the pressure of work thrust upon them to forego what is rightly named "general" practice, and to confine themselves to consultative engagements. Such practitioners' usual duties are to visit patients for the purpose of assisting the judgment of the ordinary attendant; to advise treatment, and in case of surgeons to determine the need for, and possibly perform, operations. Furthermore, they receive at their own consulting rooms such patients as can, and choose, to "consult" them on the subject of their maladies; and in a great majority of such cases the patient is either accompanied by his own regular medical adviser, or has been preceded by a letter from the latter explaining the details of the case. It is hardly necessary to say that such practitioners as have attained to a position in which their time is spent in such a manner as is here sketched out will have no leisure, and others, even if they have this, are without inclination, to indulge in those indiscriminate visits to anyone and anywhere they may be called to at a moment's notice, and which is essentially general practice in contradistinction to consulting practice.

It might easily have been supposed that no possible necessity for making these comments could have arisen, and that the whole medical profession was agreed upon the meaning to be attached to a term so frequently applied to many of its members. That this is not the case, however, has now been proved, not only by Dr. Moore's explicit utterances, but also by the statements of other equally eminent authorities on the same occasion. Dr. Wilson Fox, for instance, though admitting that he had not previously considered the question, could not think of any consultants save those so named on the staffs of hospitals; and his non-acceptance of the distinction is apparently based on the non-recognition of the title by the Royal College of Physicians. Dr. Fox, however, will go a little further than Dr. Moore; not for while the latter will accept any use of the term, the former does say that the term "consulting" is used in a double sense—technically, when two medical men meet in consultation, and popularly, when a patient consults a physician. But he emphatically insists that no such term exists in the profession as consulting physician. Dr. Fox will probably, as is implied in his evidence, admit that consulted physicians exist, however, if but for the purposes of special consultation; and it seems almost worth while, seeing to what confusion the want of some such distinctive attribute can at times give rise, to adopt the disputed word into common use by accepting its definite applica-

tion to all those practitioners whose active labours are of the nature specified above.

Such a plan will, unquestionably, be objectionable in some respects, inasmuch as it would seem to create distinctions that could not fail to be invidious in certain instances; and in the attitude assumed by Dr. Moore it is easy to perceive a generous wish to relieve the profession from every appearance of such a description. While admiring the feeling which animates him, however, and duly appreciating the anxiety it exhibits to promote healthy *esprit de corps* by levelling barriers that promote distinctions, we are unable to lose sight of the fact that in spite of all attempts to the contrary within the profession, the laity without will persist in a practice which has been for so long past prevalent, and will hold to their own method of classifying medical men. If their action in this respect can be assisted in a right direction by the general voice of the profession itself, a gain will surely be effected; and especially if the younger generation of practitioners is assisted by the question of fees being at length placed on a firm basis, whereby they will not be injured by the competition of "consultants," popularly so-called, consenting to accept such payments as are usually only received by general practitioners.

The termination of the case which has evoked these remarks is itself a confirmation of the opinion we have expressed. It assigns to Dr. Carpenter the position of "consultant;" and though the profession of medicine will not be in any way bound by the decision arrived at in a court of law, still it will hardly fail to have some bearing on individual opinions. As far as the case itself is concerned, it might have been better, perhaps, had it been settled in private; but inasmuch as the question is an interesting one, and in no way reflects on either party through being raised, save in the matter of opinion, it is scarcely possible to regret that it has been made subject of a legal settlement.

THE MEDICAL BILL.

The Committee stage of the Bill in the House of Lords was got through on Thursday evening last without opposition, but with some foreshadowing of trouble when the measure reaches the Commons. The Government introduced three changes into the Bill of last year, *i.e.*, they gave the Scotch Corporations five instead of three representatives in the Local Board, as against eight University representatives; they gave the Irish College of Physicians a third representative on the Irish Board, and added also a representative to be elected by the two Irish Universities collectively; and they made a step towards securing uniformity of educational and examinational standard throughout the Kingdom. The concessions thus made to the demand for a revision of the constitution of the Local Board is a recognition of the strength of the outcry which the Corporations in Ireland and Scotland have made against the unjust predominance given to the Universities in these countries. Certain critics have spoken of the relative strength of the Universities and Corporations as an insignificant detail,

and have sneered plentifully at those who made a noise about so small a matter. But those who have thus written seem not to have considered the fact that the Bill—most unwisely, as we believe—gives into the hands of these Local Boards the making, control, and supervision of the future medical education of the Kingdom. Nay, the Bill does more than this, for, while it excludes from these Local Boards the independent voice of the Crown, and of the profession at large, it gives into their hands the appointment of the Central Council, and greatly limits the power of that Council over them. Thus it becomes a matter of supreme importance to secure a fair balance of power in these Boards, and hence the struggle for influential representation in them. We may speculate, for instance, upon the possible result of a strong voting predominance of any one party in the Irish Local Board. That predominance was given, without any tangible reason, to the Universities, and it would thus have been possible for the University party, voting together, to minimise the importance of the subjects taught or examined on by the Colleges, to exclude collegiate men from examining boards, to starve out the Colleges by fixing the fees at such a level that they could not live, and finally to vote none but University men into the Central Council. We don't say these things would be done, but we say the Colleges are wise to contemplate such possibilities, especially as the appeal which the Bill offers them to the Central Council and to the Privy Council is but a poor guarantee against such proceedings.

The new clause which is to provide that the educational and examinational requirements of each Local Board shall not descend below a minimum is as follows:—

Any scheme under this section shall be framed in such manner as to secure, so far as is practicable, as between the several parts of the United Kingdom, a substantial equality of standard as respects education and examinations.

The least that can be said for this clause is that it is better than nothing. It pronounces that the standard of education and examination shall be "substantially equal," and thus gives rather a hint than an instruction to the Central Council to keep any one Local Board from underselling the others in education and in severity of test. It is to be hoped that the hint will be acted on when the time comes.

During the debate two warnings were given as to future opposition to the Bill, one by Lord Balfour of Burleigh, on behalf of the Scotch Universities, who would like them to continue in the enjoyment of their present happy condition, and one by Lord Limerick, who expressed his belief that the University of Dublin would not be content to "split" a representative with the Royal Irish University. But a much more serious hindrance in the path of the measure is the unexpressed determination of the Irish College of Surgeons not to allow the Bill to go forward unless some means are taken to put the student under the control of a medical authority during the whole period of his study. The College had an amendment on the paper

providing for this which it did not press, because of the probability of its being outvoted, but it declares its intention of urging that amendment in the Commons with all the influence which it can command. The contention of the College is that, under the Bill, it will be open for a student who pursues his education no one knows where, and passes primary examinations indefinite in number and in educational standard, before an "examining body" of unknown *locus* and untried capacity for testing, to come up to the Local Board for final examination and go out into practice without in any way associating himself with any of the recognised educating or examining bodies of the country. The College, therefore, asks that the student should be obliged to attach himself to some one or more such institutions from his first day of pupilage, and to go forward through his primary examinations under the supervision and responsibility of the institution. This seems to us a proposition alike reasonable and practical, and we hope that the Government will see its way to prevent the threatened opposition by accepting it.

The Medical Bill will probably pass into the Commons this week, and the moment will then have arrived for the negotiation of friendly amendments. In many details the measure is greatly at fault, and there is no reason why improvements should not be made without hostility or without any delay of progress. We call upon the British Medical Association, when the measure has reached this stage, to do its duty to the profession by seeing that these changes in the Bill are made before it becomes law, and we take upon ourselves to say that the practitioners of Great Britain will hold the Association responsible for every fault which remains in the Bill. Hitherto the profession at large has stood aside, lest their intervention might be a hindrance to the enactment of the reform. Now its principles are asserted, its mechanism approved, and its object accepted by Parliament, and we trust that the policy of *laissez-faire* will now give way to one of solicitude lest this great measure may prove to be as faulty as its predecessor the Act of 1858.

THE SCOTCH CONJOINT SCHEME.

In a recent issue we notified the fact that a conjoint scheme had been adopted by the Scotch Corporations. If the scheme is carried out as proposed, there cannot but be a doubt that the Colleges will suffer considerable pecuniary loss. There are to be three examinations instead of two, and as these are to be held at different periods—one after the first year of study, another after the second year, and the last at the end of the fourth year, students will have to take their entire course of study in Edinburgh, or at least in Scotland. The trips of southern students across the border will be materially lessened, and it is on this class of applicants for the diplomas of the Colleges that the Corporations have long looked for their sustenance. It is well known that the great bulk of students, after completing their University course, seek the diploma of the English College in preference to the Scotch, and that the seekers after the Scotch diplomas are, as a rule,

educated in every other part of the world but Scotland. Then, again, it will be seen that the fee for the double qualification is to be 25 guineas, or five guineas dearer than the double qualification of the University. In going to the Corporations the student will escape the study of Botany and Natural History, but an examination in these subjects is scarcely a sufficient deterrent to forego the higher dignity of a degree. The difference in the fees payable for a University degree and a Corporation diploma is not great enough to tempt men to take the lower for the higher, and if the examinations are of the same standard, the chances of the Colleges are still more remote. They can only hope to exist by levelling downwards, and this process the Government is apparently determined to resist. It does not, therefore, appear that the proposed conjoint scheme is any more favourable to the Corporations than the Government proposal—at least in Scotland, with the University system as it there exists. In England the Corporations would benefit by a conjoint board, because a University degree is both costly and difficult to obtain. The Government proposal, if we understand it correctly, is to allow the Corporations to examine in all but the final or practical subjects of the medical curriculum, and to charge fees for these examinations. It is a question whether the Scotch Corporations with the existing University system would not be better off than with a conjoint board as proposed. In any case, the passing of the Bill applying to Scotland the same regulations will work a manifest injustice to the Scotch Corporations and benefit unduly the English, which have never been in rivalry with the Universities of the northern division of the United Kingdom. In other words, the injustice of the Bill exists in applying like regulations to two countries whose institutions are in no way comparable. The Scotch Corporations have only to insist, as the Universities do, that a certain period of study must be completed in their schools to remove the opprobrium attached to them that they are the resting places of the waifs and strays of other schools and corporations, and this appears to be the most hopeful road out of the difficulty which now besets the Government proposal and the conjoint scheme.

THE COLLEGE MEETING.

On Monday afternoon the long-expected meeting of Fellows and Members of the Royal College of Surgeons of England was held in the theatre of the College, and was protracted to a length of nearly three hours. The President, Professor Marshall, F.R.S., occupied the chair, and was supported by nearly every member of the Council. The first part of the meeting was occupied with a discussion on the several alterations of Charter proposed by the Council, and already familiar to our readers, having been fully referred to in a recent issue of the *Medical Press*. Only one of these excited any amount of debate—that, namely, dealing with the arrangements of the Fellowship examination. To the proposal of the Council to empower alterations to be made by the resolution of the Council, in place of by bye-law, as at present, Mr. Tweedy moved an amendment to the effect that any such alteration of Charter would have the effect of relaxing the stringency of condi-

tions under which the Fellowship is now obtainable. In a somewhat lengthy but able speech, Mr. Tweedy defended the position he assumed, and instanced many facts to show the probability that the *prestige* of the Fellowship might be seriously imperilled if the proposition of the Council should be endorsed by the meeting. The principal argument lay in the past action of the Council itself, this having been consistently directed to removing obstacles afforded by requirements of age, practical experience, and educational qualification on the part of candidates for the diploma. After a long and animated discussion, however, the alteration recommended by the Council was carried, Mr. Tweedy's amendment having been defeated.

Following the acceptance of the various suggestions of the Council, the President invited other proposals from gentlemen present, but before doing so he took the precaution of pointing out clearly to the meeting that every resolution proposed would be forwarded to the Council merely as a *recommendation* to it, and that in itself, and until accepted by the Council, it could have no other value than this.

Mr. Paul Swain then proposed that, in the opinion of the meeting it was desirable that Fellows and Members should be invested with a larger share in the management of the College. That an annual meeting of Fellows and Members should henceforth be held, at which the Council should present a report, and that at such meeting the Fellows only present should elect the president for the ensuing year. All these proposals were ultimately carried, the last clause exciting very considerable discussion, Dr. Colwin especially insisting that Members as well as Fellows should unite in electing their president. A proposition by Mr. Forest that a special indemnity fund for reimbursing members who are put to expense in defending themselves against unqualified practitioners, should be created by Charter, was not carried.

Finally, Mr. Hickman, in a long but conclusive speech, moved that the Council should be requested to enter into negotiation with the Royal College of Physicians of London with a view to combining with it to form a single great College of Medicine, to be empowered to grant to its Licentiates the degrees of M.D. and M.S. Mr. Hickman certainly based his proposal on strong grounds, and the arguments he employed were of so convincing a nature that his "recommendation" was carried by a majority of six votes. This, and a vote of thanks to Mr. Marshall, who, throughout a somewhat excited meeting, preserved the most impartial attitude in the chair, closed the proceedings. The result of the gathering will, of course, depend on the spirit in which the Council listens to the recommendations that have been made to it; and until the effect produced by them is known it would be idle to speculate on future events. The meeting was by no means a large one, and was mainly composed of senior Fellows and Members of the College.

STILL another remedy for that intractable complaint the vomiting of pregnancy, is just put forward in our German contemporaries by Dr. Mial, who says that 0·3 or 0·5 grammes doses of sulpho-carbolate of soda dissolved in water never leave the physician in the lurch.

Notes on Current Topics.

Weldon v. Winslow.

BUT one termination could have been foreseen to the action brought against Dr. Forbes Winslow by Mrs. Weldon, and which ended on Wednesday last in the non-suiting of the plaintiff. The nature of the charges made by Mrs. Weldon was in itself an assurance of failure to substantiate them, and had we not the lady's own explanation of her intentions in bringing the action it would be difficult to understand why anyone should elect to risk anything on so flimsy a pretence. Mrs. Weldon, however, has but one principal aim in view, and that is to excite public attention to her imagined wrongs in being some years ago certified as a lunatic. As a remote object, also, the amendment of the lunacy laws is included in Mrs. Weldon's reform programme, one step in the fulfilment of which was made by her recent appearance in a court of law. We cannot help feeling, and all reasonable beings will agree with us, that it is a great hardship to medical men which enables persons of Mrs. Weldon's stamp to pester them with the annoyance of such charges as that which Dr. Winslow has had to rebut; and although the instances of improper certification are numerically the smallest possible, still, because the law permits it, any member of the medical profession who has signed an order of committal may find himself called upon to undergo the nuisance of a public examination by the patient he has already declared to be mad. This certainly is as much in need of amendment as the law to which the learned judge in his remarks to Mrs. Weldon referred. It may fairly be questioned whether Baron Huddleston did not place the facts too prominently forward in his vehement declaration that "It is somewhat startling—it is positively shocking—that a pauper, or, as Mrs. Weldon puts it, a crossing-sweeper, should make a statement, and then two medical men, who never had a day's practice in their lives, and would for a small sum of money grant their certificates, may do so, and that person may be lodged in a private lunatic asylum, and that this order and this statement and these certificates are a perfect answer to any action." Mrs. Weldon may indeed congratulate herself on obtaining such an expression of opinion from a judge, but to medical readers it will sound as little more than a pitiful reflection of the vulgar mistrust and deprecation of medical men, against which Sir Andrew Clark has recently raised his eloquent voice. The layman's view of the lunacy question must necessarily be narrow-minded and distorted, being as it is founded mainly on the information afforded by agitation-mongers, who have for an object the bringing of all lunatics under State control. From the Bench, however, we are accustomed to expect a moderation and reserve which would be unlooked for in the fanatic; but Mr. Baron Huddleston's implied mistrust of medical men, is at once undeserved, and, in our opinion, uncalled for. Should this case lead to such amendments in the Lunacy Act as are in reality required, then none will hail them more readily than the unfortunate doctors, who, as they are at present, constitute the worst victims under them.

The Question of Confidence in Doctors.

THE trial of the case *Page v. Harrison*, in which Dr. Page, of Birmingham, sued the husband of one of his patients for alandering him by accusing him of improper intimacy with the patient in question, was last week settled by a verdict in favour of Dr. Page, with damages £150. We have no desire to follow the details of this unfortunate episode; but it may be accepted as one more illustration of the truth that medical men can never be too carefully circumspect in their relations with female patients, and especially when circumstances may have arisen, of whatever kind, to suggest more than usual caution. The publication of the case, however, has had the effect of raising a discussion in the *Standard* on the question of "Women and Doctors," but which is unremarkable except for the very curious letter which originated it. This, purporting to be from "A Young Wife," accused medical men of intruding on the confidences which ought to exist between husband and wife alone, and consistently ended with the suggestion that women should be attended only by women doctors. The charge which "A Young Wife" prefers is, it does not need to be said, unfounded, nor that medical men, as often as they can without injury to their patients, purposely avoid discussion of details that might seem unbecoming to "Young Wife." When, however, safety to life and health demand that the medical attendant must obtain information which he can only get by means of questions that would come more appropriately from a husband, then stern duty commands the proceeding; but to call this an unjustifiable intrusion or the marital relations is as cruel as it is ridiculous. Moreover, after years of opportunity, the number of women entering the medical profession shows no signs of ever increasing beyond a phenomenal few, so that the female sex can never be in a position to trust to female aid alone in illness; and altogether the subject is one which admits of no defence or justification as a subject of newspaper discussion.

The Students of the Cork College.

THE authorities of the College have found it necessary to deal with several of the students, and accordingly summoned them before the Council to explain their action during the late election, in reference to certain letters which appeared in the newspapers, and to a meeting held condemnatory of the institution. After considering the matter, the authorities on Tuesday last sentenced the principal ringleaders to various punishments, and inflicted fines varying from £30 to £1. The chairman of the said meeting, besides forfeiting his College fees, has been rusticated for one year and a-half, and Mr. Hennessy, a senior scholar, was fined £30, the balance due on his scholarship. Without expressing any opinion whatever upon the course pursued by these very foolish young persons, we must support the collegiate authorities in their efforts to maintain its discipline. No educational institution which is expected to maintain any control over its *alumni* could permit newspaper abuse and extra-academic declamation of this sort. We shall not be sorry if this act of the College authorities deprives the profession of the credit of numbering these young gentlemen amongst its members.

They seem to us better fitted for the benches of the House of Commons "below the gangway" than for the practice of a calmly scientific profession.

The Irish Graduates' Association.

THE annual St. Patrick's Day *r union* of the Association took place on the 17th inst. at the Holborn Restaurant, the chair being occupied by the President, Professor Yeo. There were also present as guests, Sir Andrew Clark, Sir J. Lister, Dr. George Johnson, President of the Medico-Chirurgical Society, and, amongst the members, Sir William MacCormac, Mr. Stokes, of Dublin, the President-elect, Dr. Jacob, President of the Irish Medical Association, and many other distinguished Irish graduates. The dinner was in all respects admirable, and the toasts, being commendably limited to four, were drunk with enthusiasm.

The Association is a useful organisation for the promotion of social intercourse between Irish graduates, but, as a body representative of professional opinion, it is open to much improvement, and, under the presidency of Mr. Stokes, we hope to see reforms introduced. The Irish graduates are represented by the Medical Register as nearly 4,000, and this, we believe, is by a long distance an under-estimate of their number. As an independent organisation, bound together by national sentiment, the Association might aspire to be something much better than a dinner club, and, to give it a higher scope, certain reforms of administration are necessary. It ought not to be a hanger-on to the skirts of any other professional organisation, but should have an individuality of its own, and should perform the work which lies before it in England in some such manner and with as much vigour as the Irish Medical Association fulfils its functions in Ireland.

Amateur Cremating.

DR. PRICE, the *soi-disant* Welsh Druid, who was tried and acquitted of having endeavoured illegally and indecently to cremate the body of his illegitimate child, has at last succeeded in accomplishing his object. On Friday last he fixed three hurdles on a hill within his own private grounds, then had half a ton of coals piled within the triangle thus formed, and upon a pair of large iron gates he placed a box containing the body of the child, wrapped in napkins. Petroleum was thrown over the coals, and this served to make the pile a mass of fire as soon as ignition took place. The Druid, who is said to be 84 years of age, with a large shawl thrown over his shoulders, was present during the process, and chanted a Druidical dirge.

By the will of the Baroness Lionel de Rothschild, recently deceased, the London Hospital and the Evelina Hospital each receive a legacy of £10,000; the West London Hospital and the Jews Hospital £3,000 each; the Metropolitan Free Hospital and the German Hospital £2,000 each; the Buckinghamshire Infirmary, Margate Sea-Bathing Infirmary, the Hospital for Incurables, and Earlswood Asylum £1,000 each; and St. George's Hospital £500.

The Patent Medicine Bill.

THE following is a summary of the Bill introduced into the House of Commons by Mr. Warton, the second reading of which is fixed for to-day:—Whereas patent medicines containing poison have caused sickness and death: Be it enacted, &c.—1. From Jan. 1, 1885, any person claiming to be a proprietor of any patent medicine, and any vendor or purchaser of any patent medicine, may require same to be analysed by the British Pharmaceutical Society. 2. If the Society find that any patent medicine contains a poison, as in Schedule A. of the Pharmacy Act, then the Society may by resolution declare that such patent medicine contains poison, and shall submit the said resolution for the approval of the Privy Council, and if such approval be given, then on the expiration of one month the patent medicine named in such resolution shall be deemed to be a poison. 3. If the Society find that any patent medicine does not contain poison, the Society may by resolution so declare, and on the expiration of one month the patent medicine named in such resolution shall be deemed to be free from poison, and any proprietor or vendor thereof may label the box, bottle, vessel, wrapper, or cover in which such patent medicine is contained with the words "free from poison." 4. Any patent medicine shall, unless and until the said Society have analysed the same, be deemed to be a poison. 5. This Act shall not extend to Ireland.

Death of Dr. Hall Davis.

DR. J. HALL DAVIS, late obstetric physician to the Middlesex Hospital, died suddenly on Wednesday last week, at 2 a.m. Owing to declining health, Dr. Hall had resigned his post at the hospital just a week before his decease, but it is only very recently that he has been incapacitated from the active pursuit of his profession. In January of the present year he suffered from a slight attack of apoplexy, the effects of which, however, entirely passed off in a few days. Since then he has not felt so strong as formerly, and to this fact his resignation is attributable. A very general feeling of regret will be experienced at the loss thus occasioned to the profession, and universal sympathy will be extended to the relatives of the deceased.

ON Wednesday last, Mr. Gibson, M.P., gave notice to ask for the production and circulation amongst hon. members of the amended memorandum relative to the Indian Medical Service.

THE highest annual death-rates from diseases of the zymotic class in the large towns last week were—From whooping-cough, 1·7 in Newcastle-upon-Tyne, 1·5 in London, and 1·4 in Bolton; from measles, 5·1 in Oldham, 3·9 in Portsmouth, and 2·0 in Nottingham; from scarlet fever, 2·1 in Newcastle-upon-Tyne, 1·9 in Leeds, and 1·6 in Sheffield; and from "fever," 1·4 in Blackburn, 1·2 in Hull, and 1·1 in Birkenhead. The 28 deaths from diphtheria included 14 in London, 2 in Salford, and 2 in Leeds. Small-pox caused 11 deaths in London, 5 in Glasgow, 3 in Edinburgh, 2 in Liverpool, 2 in Sunderland, 1 in Sheffield, and 1 in Newcastle-upon-Tyne.

British Medical Association.

THE fifty-second annual meeting of the British Medical Association is fixed to take place at Belfast on July 29th next, and three succeeding days, under Dr. James Cuming, of Belfast, the President-elect. Sir Andrew Clark has consented to deliver the address on medicine, and that on physiology will be undertaken by Professor Redfern, while Dr. G. H. Kidd will give the address in obstetrics.

Decreased Mortality and its Causes.

IN a very admirable statistical paper on "The Recent Decline of the English Death-rate considered in connection with the Causes of Death," read before the Statistical Society on Tuesday, the 18th inst., the author, Dr. G. B. Longstaff, has collected a great amount of very valuable information relating to recent declines in the national death-rate. The most marked fact brought out in it is that zymotic diseases and phthisis account for far fewer deaths proportionately than was the case in the pre-sanitation era; and it is a legitimate conclusion, therefore, that the result of that awakening to the importance of hygiene which has occurred in late years has been to add materially to the life of the people. Such a result would of course be anticipated; but it is, nevertheless, most gratifying to find one's hopes and expectations so irrefutably confirmed as they are by the figures in question. Dr. Longstaff, however, is of opinion that an increase is taking place in the number of deaths arising from cancer, and he shows, also, that the improvement observed in the class of zymotics as a whole has not been demonstrated in the cases of measles and whooping-cough. In general, it has been found that much more accuracy now obtains than formerly in classifying the causes of death on the part of medical attendants, who appear, judging from the returns, to exhibit both greater skill in diagnosis and higher care in certifying than was accounted essential in times gone by. Altogether the amount of information collected by Dr. Longstaff is of the most complete and valuable description, and his paper is a solid and permanently useful contribution to health statistics.

MAGNIFICENT bequests have just fallen to the Glasgow and Leicester Infirmarys. Mr. James White, late of Overtown, Glasgow, has bequeathed £10,000 to be divided equally between the Glasgow Royal Infirmary and the Glasgow Western Infirmary; and Mr. Joseph Pool, late of Leicester, has left between £10,000 and £15,000 to the Leicester Infirmary.

IN the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follow:—Calcutta 29, Bombay 24, Madras 49, Paris 24, Geneva 38, Brussels 24, Amsterdam 28, Rotterdam 26, The Hague 26, Copenhagen 23, Stockholm 26, Christiania 21, St. Petersburg 42, Berlin 23, Hamburg 24, Dresden 30, Breslau 35, Munich 35, Vienna 30, Prague 39, Buda-Pesth 27, Trieste 46, Rome 39, Turin 34, Venice 37, Lisbon 35, New York 27, Brooklyn 20, Philadelphia 21, and Baltimore 22.

The Army Surgeons wounded at El Teb.

THE two medical officers whose names appear in the list of casualties in the recent Soudan engagement were Surgeon Prendergast, of the Army Medical Department, and Surgeon H. E. F. Cross, of the Royal Navy. Mr. Prendergast joined the service only quite recently. He was a Grey's man and an M.D. of the Queen's University. He was speared in the chest as he stayed behind to look after the wounded, and was with difficulty saved by two soldiers. Mr. Cross is a naval surgeon of some years standing. He was wounded in the forehead by a bullet. Both are happily doing well.

Proposed Monument to Marion Sims.

A COMMITTEE has been formed, representing the profession in various parts of America, to obtain funds for the erection of a monument to the late Dr. Sims in New York. Dr. Fordyce Barker is the chairman, and Dr. George F. Shrady is secretary.

The Prison Surgeons and the Prisons Board.

WE are pleased to learn, as we go to press, that the suit instituted by the Irish Medical Association in vindication of the rights of Irish prison surgeons has resulted in a decision in their favour, and against the General Prisons Board. The facts were these:—The surgeon to the Galway prison was summoned to give evidence before the Royal Commission on Irish Prisons, and, as in duty bound, he recommended that Dr. Rice should be employed as his substitute during his absence, but he had no communication with Dr. Rice, and did not in fact know whether the prison authorities would act on the recommendation or appoint someone else. As a matter of fact, they got the official approval of the General Board, in Dublin, and then intimated to Dr. Rice that he was to attend and perform the duty. He did so, but when he asked for his fees he was refused; and referred to the absent surgeon. He consulted the Irish Medical Association, and on their advice, sued the Prisons Board. At the Quarter Sessions the claim was refused, and the Association took the case on to the Assizes, where the decree of the lower court was reversed, and the Prisons Board ordered to pay.

The Irish Poor-law Superannuation Bill.

WE regret to believe that the chances of this Bill becoming law this session are indefinitely remote. The desire of Mr. Herbert Gladstone, of the Chief Secretary, of the Government, and of all parties in the House that it should become law is not less earnest than heretofore, but the difficulties of legislation are every day becoming greater, and the power of the half-dozen Nationalist obstructives who oppose the Bill is therefore greater. So chaotic is the condition of Parliament at present that no measure can advance a single step unless it is unopposed or is of sufficient importance to be made a battle-ground of parties in the House. A fourth of each sitting is occupied by questions which are not intended to elicit information, but to annoy Ministers; a half in the debating questions raised on the motion to go into committee of supply, questions which have neither beginning nor end, except to ventilate the views of movers; and the remaining fourth of the sitting is employed in voting—at cock-crow—enormous quantities of public money without any adequate consideration. The Irish Office has not yet advanced even

one of its Bills a stage, and has been obliged to take its Sunday Closing Bill off the notice paper in despair of getting it discussed within any reasonable period, and a few days ago the Home Secretary, speaking of lunacy legislation, informed the House that the Government would be glad to take up the subject "if they had any power to pass any Bill."

Meanwhile, whenever a day is set aside for private business, it is not uncommon for Mr. Biggar, or some of that ilk, to count out the House. In fact, legislation has come nearly to a standstill, and there is no hope for any secondary Bill unless Government pleases to apply itself in earnest to the business of the country.

VISCOUNT MONCK, Lord Lieutenant for the a County Dublin, has appointed Dr. Lyons, M.P., to be Deputy-Lieutenant for the County.

SIR JOSEPH LISTER, Bart., will take the chair at the Parkes Museum to-morrow evening (Thursday), when Mr. Watson Cheyne, F.R.C.S., will give a demonstration for all the principal types of micro-organisms.

WE understand that H.R.H. the Princess Louise, Marchioness of Lorne, has consented to open the new wing of St. Mary's Hospital, Paddington, on the 6th of May, on which occasion she will also distribute the prizes to the hospital students.

DR. KENDAL FRANKS, Surgeon to the Adelaide Hospital, Dublin, has been appointed medical adviser to the *employés* of the Bank of Ireland and their families, in room of Dr. Rutherford Kirkpatrick, resigned. The appointment is worth about £250 a year, and we understand that an arrangement has been made by which the attendance on the wives of the *employé* will be given by an obstetric physician.

WE are asked by the committee of the West End Hospital for Diseases of the Nervous System, Paralysis, and Epilepsy, to announce that Mr. Proctor, the hon. secretary, has felt obliged to tender his resignation in consequence of not being able to give the necessary time to the increased duties of the office. The committee have, however, elected this gentleman to the post of treasurer to the hospital, with a seat at the committee of management, as a mark of their esteem and appreciation of his services.

THE deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 22.6 per 1,000 of their aggregate population. The death-rates in the several towns were:—Plymouth 15; Cardiff 16; Brighton, Derby 17; Norwich, Bradford, Sheffield 19; Portsmouth 20; Birmingham, Huddersfield, London, Edinburgh, Leicester, Nottingham 21; Liverpool 22; Hull, Glasgow, Bristol, Sunderland 23; Newcastle-on-Tyne 24; Preston, Halifax, Bolton, Oldham 25; Wolverhampton 26; Dublin, Salford 27; Blackburn, Leeds, Birkenhead 29; Manchester 30.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

HEALTH OF EDINBURGH.—For the week ending with Saturday, the 15th inst., the mortality in Edinburgh was 97, and the death-rate 20 per 1,000. There were 20 deaths under 1 year, and 24 above 60, of which 6 deaths were above 80 years. Diseases of the chest accounted for 45 deaths, and zymotic causes for 15, of which 3 were due to fever, 2 to diphtheria, 3 to scarlatina, and 8 to measles, the intimations of these diseases for the week being 11, 7, 32, and 105.

MORTALITY IN GLASGOW.—The deaths in Glasgow for the week ending with Saturday, the 15th inst., were at the rate of 23 per 1,000 per annum of the population, as compared with 27 in the previous week, and 34, 25, and 30 in the corresponding periods of 1883, 1882, and 1881 respectively.

EPIDEMIC OF MEASLES AT DUNTOCHER.—For some weeks past a serious epidemic of measles has been raging in this village, and still continues. The public schools have been closed. The disease is of a very bad type, especially amongst the young children, and has proved fatal in a great many cases.

SEWER GAS.—A few years ago prominent members of the medical profession in Glasgow, gentlemen of much appearance in public, had sewer gas on the brain. This was bad enough, but when associated with "uterus on the brain" it is sufficiently alarming in all conscience. The "Philosophical Society of Glasgow" is a society chiefly composed of the well-to-do tradesmen of the city, and it forms an excellent arena for forensic and learned displays by pushing medical men. It is well taken advantage of for this purpose. At a meeting of this society, held on the 19th inst., Dr. Robert Bell, physician to the Glasgow Institution for Diseases of Women, who, by the way, is nothing if not emphatic in his denunciation of wickedness (methinks, indeed, he "protests too much"), read a paper on "House Sanitation," a subject to which Dr. Bell has consecrated some paper and ink, as his wonderful pamphlet "On Diphtheria" shows. In the course of the paper Dr. Bell expressed the opinion that dishonest plumbers and builders were frequently as guilty of manslaughter as were the wretches who from time to time were convicted of that crime at the bar of justice. He referred to two cases of bad drainage met with in his own experience. In one of the cases four children had been attacked with typhoid fever, while in the other case a number of children had been attacked with diphtheria, as a consequence of defective drainage. It was appalling to contemplate how many valuable lives might have been sacrificed to the avarice of tradesmen in the construction of defective drains. As a protection against bad drains he suggested that the work should not be covered in until it had been inspected by a surveyor, and certified to be in perfect order. The pipes should also be examined periodically. He recommended that the surveyor should be appointed by Government, and that he should be independent of plumber or proprietor.—Dr. Eben Duncan gave it as his opinion that if sewage gas propagated fever at all, it did so in a very small degree. It was too frequently the case with medical men when they were called in to a case, and found there was a defect in the drainage of the house, that they considered that sufficient to account for the disease. That, he thought, was a false position for any man to take up.—We agree, so far, with Dr. Duncan. Much merited contempt is brought on ephemeral medical theories, in consequence of the abundance in the medical profession of under-educated hobby-hornical men who are incapable of seeing or reasoning beyond one phase of given questions. We do not agree with those who argue that those people should be let alone, and left to the

ultimate tribunal of public common sense, for public common sense is an infinitesimal quantity.

INFECTIOUS DISEASES IN EDINBURGH.—Dr. Littlejohn reported to the Town Council's Public Health Committee last week that at present there were 30 cases in the City Hospital, 64 in the Old Infirmary, and 20 in the Sick Children's Hospital—114 in all, as against 116 a fortnight ago. Of typhus fever there were 16 cases, typhoid 15, scarlet 62, measles 10, erysipelas 9, and chicken-pox 2.

INSPECTION OF MILKSHOPS.—The Edinburgh Town Council's Public Health Committee have instructed the medical officer for the city to communicate with the chief constable, with the view of obtaining a list of all persons selling milk, whether in dairies, or in shops along with other provisions, so as to allow of a complete sanitary inspection being made. Last week it was found necessary to close a dairy at Greenock in consequence of an outbreak of enteric fever among families supplied therefrom. On officially inspecting this dairy the medical officer found that, while the apartment in which the milk was kept was clean and tidy, the place where the milk vessels were washed was in close proximity to a large dung-hole, piggeries and stables—all so constructed and arranged as to keep the adjacent area, which was unpaved, saturated with excrementitious matters.

PUSHING BUSINESS WITH A VENGEANCE.—The following advertisement appears in the *Glasgow Herald* of the 22nd inst., and we have only to express the hope that it does not emanate from a medical man :—

SICK-ROOM COOKERY.—A Lesson in preparing food for invalids and making different kinds of poultices will be given in St. Andrew's Halls on Wednesday, 26th March, at 11 A.M. Admission, 1s.

TERCENTENARY GOSSIP.

SOME of our German professional guests will open their eyes when they learn that a professor in the University for a three months' course of fifty lectures draws from the students an income of over £2,000 per annum. And that a professor after fifteen or twenty years' enjoyment of such an income, can retire on the score of ill-health or advancing years on an annuity of two-thirds of that sum.

It would not be a very great tax on the professional staff of the University if they supplied from their own pockets the banquet for their distinguished guests. A small disbursement from their annual income would not affect their annuity which the Government and not their thrift provides.

THERE is to be a breakfast given to the distinguished visitors by the College of Surgeons, and a luncheon by the College of Physicians, out of the funds of the corporations. The colleges have certainly set a good example to the University which last year tried to strangle them out of existence.

A FEELING of sincere sorrow has been awakened both in Edinburgh and Glasgow at the unexpected death of Dr. Allen Thomson, in London, on Friday last, whither he had gone to reside on his retirement from active pursuits some three or four years since. Deceased was formerly Professor of the Institutes of Anatomy in Edinburgh University, a Graduate and an LL.D. of the same institution; and much regret is expressed that he was not spared to take part in the coming Tercentenary.

THERE is a feeling of disappointment among the students that they are to play a minor part in the Tercentenary celebration, and mass meetings are held at which the grievances of the students are loudly proclaimed. It has been

the hope of many undergraduates that they would receive these degrees along with honorary degrees to be conferred by the university, but this hope has been rudely pushed aside. It certainly seems a little unfair to men who have worked with a definite object to be deprived of the honourable ambition of receiving their degree on the three-hundredth birthday of their *alma mater*.

Literary Notes and Gossip.

THE French Academy of Medicine has just been the scene of an animated contest between candidates for the seat rendered vacant by the death of the late Professor Lasègue. The choice of the electors lay between MM. Sirey and Bouchard, and fell on the former, who received 48 votes out of 85.

Le Praticien announces that Mme. Broca has offered a prize of 1,500 francs, to be given by the Anthropological Society of Paris, for the best memoir on questions concerning human anatomy, comparative anatomy or physiology, bearing on anthropology. The first prize will be awarded in April next.

THE Edinburgh University Tercentenary celebration promises to be a very brilliant affair, and already intimations have been received to the effect that most of the important foreign Universities will be represented at it. A liberal dispensation of honorary degrees will be made, and nothing is seemingly wanting to ensure that the whole arrangements will be completely successful.

WE are certainly not rich in Tercentenary literature, for, besides the two bulky volumes of the Story of Edinburgh University by the Principal, the only other production which the occasion has produced is a pamphlet by Dr. F. Shenck on "The Celebration of the Tercentenary of the University of Edinburgh, and a humorous treatment of artes, scientiæ and gastronomia." A Tercentenary Album is talked of, which shall contain pen and ink portraits by Mr. Holl, A.R.S.A. of the several professors. Gossip has it that these sketches will be in the style of good-natured caricature, and will be both interesting and amusing.

MR. FRANCIS GALTON's offer of £500 in prizes to those British subjects, resident in the United Kingdom, who furnish the best Family Records, has already excited some attention. Competitors must send in before the 15th of next May. "The Record of Family Faculties," which he has published, will not only interest competitors but others, and the filling up of the forms might be made interesting to some, though there is a fear that it may degenerate into a game.

THE Investigation Committee has also published a "Life History Album," which is edited by Mr. Galton, and is designed to contain a chart of the owner's life, and to be a record of his biological experience. We can readily believe that such a record may be of considerable value, and, indeed, everyone knows how difficult it is to obtain any trustworthy medical history of our patients. We fear, however, that very few will be found to persevere in keeping such an elaborate diary as the committee propose.

AMONG the recent elections to examinerships at the University of Durham we note that of Dr. W. P. Mears, to be Examiner in Anatomy. As the author of a most useful and original treatise, entitled "Schematic Anatomy," Dr. Mears has already shown himself to be a successful teacher of the subject; and though it does not always follow that able instructors constitute good examiners, there can be little doubt that in this instance the reverse of this will occur.

A WELL-DESERVED honour has been paid to Physiology by the President of the French Republic, who, by decree dated March 12, 1884, has conferred the distinction of the Cross of the Legion of Honour on Dr. Reynaud, Professor of Physiology at the National Institute of Agriculture. Dr. Reynaud's services to science have been exceptionally considerable, and he has already been deemed worthy of being named Laureate of the Institute for his physiological works. His researches have

been both numerous and important, and include several on the subject of alimentation, and the nutritive value of blood as a food for animals.

THE *South African Medical Journal*, of which the first and second numbers have reached us, is an excellent attempt to supply the colony with a representative organ of professional opinion; and in these numbers the editor makes a most sensible statement of the rôle his paper is intended to fill, viz., that of being to the South African doctors what the leading journals in this country are to their readers. The ambition is not an unworthy one; and with unlimited energy, inexhaustible patience, and blind determination in face of obstacles, we do not doubt our *confrères* will slowly arouse an amount of enthusiasm sufficient to encourage him to a continuation of his literary endeavours.

THE first two volumes of the "Lessons on Experimental Chemistry," by Dr. Emerson Reynolds, of the Dublin University, the issue of which was noticed in our columns some few months since have been paid the high compliment of being translated into German and published by Winter, of Leipzig. This acknowledgement of the merits of the book, following upon the rapid sale of the English addition, must be very gratifying to the author, and is very creditable to the Irish School of Chemistry. Dr. Liebert, of Wiesbaden, is the translator, and he seems to have rendered the English version admirably, preserving the simplicity of language which has made the book so popular.

"WOMEN AND DOCTORS" forms the title of the newest craze in daily newspaper controversies; it originated in a letter contributed to the *Standard* by a "Young Wife," who most absurdly attacked the medical profession with presuming on the facilities their position gives to them for receiving what she terms "confidences" in respect to their health-states. It is not unlikely that every physician in extensive practice has among his patients a good many who suffer from the kind of hysteria exhibited by the writer of the letter referred to; and in their interest, as well as that of the profession, it would be a good thing if a little more general understanding of the real needs of professional attendance could be made quite clear.

LONDON is by no means singular in the possession of a miserable section of people whose homes form fit subject for graphic denunciation. We have had the same dismal story of squalor, drunkenness, and disease echoed from Birmingham, Dublin, Newcastle, Aberdeen, &c.; and among the most recent contributions to the literature of slum-ism is an able series of papers collected from the *Bristol Mercury*, to which they have been contributed serially by a "Special Commissioner." In these are presented pictures of life which scarcely differ in any degree from those familiar to every reader of the daily press, while they equally demonstrate the urgent call that exists for some sort of radical reform in the circumstances under which our poor manage to exist.

OF books announced as in the press may be mentioned:—New editions of Murchison's classical treatises on "The Continued Fevers of Great Britain," edited by Dr. Cayley, and "On Diseases of the Liver," edited by Dr. Brunton, F.R.S. A "System of Psychology," in 2 vols., by Dr. Greenleaf Thompson. "Outlines of Psychology," by Mr. James Sully, of Cambridge University. A "Manual of Histology," by Professor Purser, of the Institutes of Medicine, Trinity College, Dublin. A "Manual of Public Health," by Dr. Hime, Medical Officer of Health for Bradford; and a work by Surgeon-General Gordon, on Chinese Medicine. A translation by Professor Tyndall of Pasteur's, "Life and Labours" is also promised, and a translation from the German of Kolbe's Text-book of Inorganic Chemistry.

MR. C. E. JENNINGS has republished in a small volume his contributions on "Transfusion" (Baillière, Tindall, and Cox). He advocates, as most of our readers know, intravenous saline injections, and has devised another instrument for that purpose. As a former resident accoucheur at the London Hospital, we are astonished that he has not looked into Dr. Little's extremely valuable contributions to this subject, for except by the incidental mention of the name here and there, we might almost suppose he was ignorant of the great advances made by Dr. W. J. Little when physician to the London Hospital, and to his son when assistant surgeon to the

same charity. Mr. Jennings appends a bibliography of about a dozen pages, and here, also, the name of Little is conspicuous by its absence. He might easily look up the volumes of the London Hospital Reports if he finds any difficulty in laying his hand on the earlier contributions of Dr. Little.

THE conductors of that able publication "*The Annales des Maladies De l'Oreille, du Larynx et des Organes Connexes*," with a view to popularise it in English speaking countries, have appointed Dr. M. Mackenzie, of London, as a *collaborateur*, and, henceforth, contributors can have their articles published in that journal in English or French. In the specimen number to hand is an illustrated contribution on "*Hypertrophy of the Mucous Membrane of the Nose*," by the English editor and in the English language, the rest of the journal being entirely French. The paper gives a good explanation of the changes which take place in chronic catarrh of the mucous membrane covering the turbinated bones, and the author speaks strongly against operative interference except in cases of rare and severe character, and advises the frequent use of the nasal bougie, and of mild alkaline lotions.

THE first volume of "*A System of Obstetric Medicine and Surgery*," which has been in preparation for the last two or three years, by Drs. Robert and Fancourt Barnes, has just left the press, and promises, from a casual glance, to form a very complete text-book of modern views and operations in this branch of medicine. We have also received an imposing-looking and beautifully-illustrated folio "*Atlas of Female Pelvic Anatomy*," by Dr. Berry Hart, of Edinburgh. Among other new books for the present month may be mentioned two *Manuals of Physiology*, one by Professor Yeo, the other by Professor Lowne. "*The Gold-headed Cane*," by Dr. Munk, Harveian Librarian to the London College of Physicians, is also an interesting production. This celebrated cane, which now occupies a conspicuous position under a glass case at the College, could, from its past associations, tell many interesting anecdotes of its various owners in ancient times; but as, like them, it is speechless, Dr. Munk has endeavoured to endow it with imaginary life, and thereby creative of fruitful retrospective thought. We defer criticism of these works to a future occasion.

MR. RUSHTON PARKER, Professor of Surgery in University College, Liverpool, has reprinted his "*Series of Twelve Bone and Joint Cases*" in pamphlet form. It contains reports of five cases of joint affection, in which the leading feature of treatment has been the maintenance of absolute immobility of the joint by means of splints, and the avoidance of pressure on the two opposing articular surfaces by means of Thomas's knee splints, by the aid of which the patient is in many cases enabled to walk about or continue his employment whilst under treatment, the whole weight of the trunk and even of the leg, being supported by the splint, which is fashioned below into the form of a patten. As the readers of this journal have learned the nature of these invaluable splints from Mr. Thomas's own writings, no further description is here necessary. The remaining seven are cases in which a similar or slightly modified form of splint was used for fractures accidentally produced, or made intentionally for the purpose of remedying deformities of the lower limbs. The whole form an interesting series of illustrations of what we venture to call the Liverpool system of mechanical treatment of bone and joint cases, of which Mr. Parker is known to be an enthusiastic advocate.

NEW BOOKS AND NEW EDITIONS.—The following have been received for review since the publication of our last list, February 27:—*The Medical Register for 1884*. *The Dentist's Register for 1884*. *A System of Obstetric Medicine and Surgery*, by Drs. Robert and Fancourt Barnes. Vol. I. *An Atlas of the Bones and Ligaments of the Human Body*, by Dr. Witkowski; text Translated, by A. T. Norton, F.R.C.S. *The Homes of the Poor*. *A Treatise on the Chemical Constitution of the Brain*, by J. L. W. Thudichum, M.D., F.R.C.P. *Memorials of J. Flint South*, F.R.C.S., by C. L. Felton, M.A. *Bacteria and the Germ Theory of Disease*, by H. Gradle, M.D. *Aids to Physiology* (4th edit.), by B. Thompson Lowne, F.R.C.S. *Aids to Botany* (2nd edit.), by C. Armand Semple, M.D. *A Manual of Physiology*, by Gerald F. Yeo, M.D. The

Plumber and Sanitary Houses, by S. S. Hellyer (3rd edit.). *The Gold Headed Cane*, edited by W. Munk, M.D. *Aids to Obstetrics*, by Samuel Nall, M.B. Cantab. "*Post Nasal Catarrh*," by Edward Woakes, M.D. "*Injuries and Diseases of the Jaws*" (3rd edition), by Christopher Heath, F.R.C.S.

Medico-Parliamentary.

HOUSE OF LORDS.—THURSDAY, MARCH 20.

THE MEDICAL ACT AMENDMENT BILL.

ON the motion of Lord CARLINGFORD that the House go into Committee on this Bill,

LORD BALFOUR informed the Government that the Universities of Scotland did not look with any more favour on the provisions of the present Bill than of the Bill of last year. The provisions to which they chiefly objected were those which would, in their opinion, lower the general standard of medical education in Scotland. The Universities believed that if the Bill passed in its present form all candidates upon their degrees would have to undergo a double examination. A man who desired to practise as a doctor, and had obtained a University degree, would be debarred from entering upon the actual duties of his profession unless he underwent the qualifying examination required by the Bill, which would admit him to the Register. Such a provision would be unworkable in practice and inexpedient in theory. With regard to the Constitution, he did not think there would be any objection to the Universities having eight representatives on the Medical Board, as provided in the Bill of last year, and to the representation of the Corporations being increased from three to five; but he did think the allocation would not be acceptable.

After a few remarks from the Duke of RICHMOND,

LORD CARLINGFORD said that the allocation was a matter beset with many difficulties. One had to steer through shoals and quicksands in all directions, created by the jealousies or interests of a large number of bodies consisting of the Universities on the one hand and the Medical Corporations on the other; also by the jealousies among themselves of the Universities and the Medical Corporations respectively. He was not wedded to the proposal in the Bill, but was willing to consider any more satisfactory means of allocating the representatives on the Board which would attain the object contemplated. He should be greatly disappointed if the Bill did not pass during this Session.

Their Lordships then went into Committee on the Bill.

ON Clause 9, Lord CARLINGFORD moved an amendment, changing the constitution of the Irish Medical Board. He proposed to put the Irish College of Physicians upon an equality with the Irish College of Surgeons.

The Clause, as amended, was agreed to, as were also the remaining provisions of the Bill.

HOUSE OF COMMONS.—FRIDAY, MARCH 21.

THE LUNACY LAWS.

MR. W. CORBETT asked the Home Secretary whether his attention had been called to the case of Weldon v. Winalow, in which Mr. Baron Huddleston, on giving judgment, had commented on the astonishing fact that anybody might be shut up in a private lunatic asylum with an order signed by two medical men, and also whether other cases of a similar and worse kind had not been reported.

SIR W. HARCOURT said the question was one of great interest and importance. The matter had, however, been carefully investigated by a committee in 1878, especially on the point whether a possibility existed of persons being unduly deprived of liberty by means of a false allegation. That committee had agreed that allegations of *mala fides* had not been substantiated, and that had been true, as far as he was aware, since. He was not prepared to say that the present system required no amendment, and he would be very glad to make a change in the law on this and on many other subjects, but was sorry to say that it was absolutely impossible for the Government or, as far as he could see, anybody else, to pass any bill on any subject (cheers and laughter).

Mr. MACIVER asked why the Government did not abandon some of the many controversial matters and proceed with more useful ones?

Sir W. HARCOURT had not been able to discover what was a subject which was not a controversial matter (laughter).

HOUSE OF COMMONS.—MONDAY, MARCH 24th.

THE INDIAN MEDICAL SERVICE.

In reply to Mr. Gibson, Mr. J. K. CROSS stated that he would lay the amended Memorandum relative to the Indian Medical Service, together with those which preceded it, on the table. The last Memorandum made no change in the conditions of service, but merely elucidated certain points, regarding which misapprehension is alleged, although these points are identically the same as have been continuously notified since the year 1876.

Obituary.

DR. ALLEN THOMSON, F.R.S.

ONE of the most profound anatomists the present century has given birth to passed away on Friday last in the person of Dr. Allen Thomson. Deceased retired from the active discharge of professional work some few years since, from which time to his death, which occurred somewhat unexpectedly, he resided in Palace Gardens, Kensington. For eighteen years he represented the University of Glasgow in the General Medical Council, his career in that august body being marked by that courteousness of manner to friend and opponent alike which won for him throughout his professional life such a host of friends. Few will be able to contemplate his death without feelings of regret when they remember that nobility and thorough honesty of character which never shone more brightly than when endeavouring to remedy abuses and to hasten the many educational reforms which he saw looming in the near future. Dr. Thomson was the author of many literary contributions, but his name will be best remembered in this direction as joint Editor of Quain's classical work on Anatomy. His professional career commenced in 1830, when he obtained the M.D. Ed. In 1832 he was elected to the Fellowship of the Edinburgh College of Surgeons, and the University of Oxford conferred upon him the honorary degree of D.C.L., and the Universities of Edinburgh and Glasgow the LL.D. He was also honoured with the blue ribbon of Science, the Fellowship of the Royal Society, and occupied the Chair of Anatomy in the University of Glasgow from 1848 until his retirement in 1877.

DR. CHARLES WILSON, OF EDINBURGH.

At the ripe age of 80, we are called upon to announce the death of Dr. Charles Wilson, which took place at his residence, Dalrymple Crescent, Edinburgh, on Wednesday last. Deceased was educated for the medical profession at Edinburgh University, proceeding afterwards to Paris to complete his studies. In 1828 he commenced practice in Kelso, his native town, where he remained till 1854. He was the first secretary of the Tweedside Physical and Antiquarian Society, and exerted himself greatly in establishing its museum. For a long period he also filled the office of secretary of the Border Medical Society, and was held in the highest esteem by the members, who presented him with a testimonial, to which he attached great value. On giving up practice in Kelso, Dr. Wilson proceeded to Vienna, and subsequently settled in Edinburgh, where he continued to practise until he retired in 1864. Meanwhile, by his energy he succeeded in founding the Hospital for Sick Children, which has since become a Royal institution, with an excellent staff and 84 beds. He was also for several years honorary librarian to the Royal College of Physicians. Since his retirement from practice, Dr. Wilson, who was a great linguist, devoted himself exclusively to literary studies, of which he was always very fond. Dr. Wilson received the M.D. Edin. in 1827. He became a F.R.C.P. Ed. in 1855, and was elected Corresponding Fellow to many foreign learned societies. In 1855 he published a work on the "Pathology of Drunkenness," and among his contributions to medical journals, which attracted considerable attention, were articles on "Croup," and on the "History of Medicine in Spain." Both in public and private life the deceased was justly esteemed.

SURGEON-GENERAL FURLONG.

WE regret to announce the death of Surgeon-General Furlong, recently Principal Medical Officer of the Army Medical Department in Ireland. Dr. Furlong had been transferred from Halifax, Nova Scotia, where he served for a long period, to Ireland, and, on his retirement from the Service last year he took up his residence at Llandysall, in South Wales, where, unhappily, he shortly showed symptoms of thoracic aneurism, from which, after a few months, his death has resulted. Dr. Furlong was much esteemed, both by his superiors in the Service, who had entrusted him with very responsible duties, and also by the subalterns of the Department whom it was his function to control.

International Health Exhibition.—The great interest manifested in the forthcoming Exhibition is shown by the fact that application has been made, by British exhibitors alone, for space five times as great as that actually at the disposal of the Executive Council. Information has recently been received that the French Government has appointed a Commission; and Italy—owing in a great measure to the individual exertions of a member of the Executive Council—will, it is hoped, take an active part.

Notices to Correspondents.

THE HOSPITALS ASSOCIATION.

WE are asked to announce that it has been arranged that the evening meetings of the Association shall be held at the rooms of the Medical Society of London, Cavendish Square. The first will take place this evening (Wednesday), when Mr. William J. Nixon, house governor of the London Hospital, will read a paper, "On Difficulties associated with the Administration of the Out-patient Department, and how best to deal with them." Sir Andrew Clark, Bart., will preside.

KILLED BEFORE HIS TIME.—In its attempts—commendable in themselves—to be first in the announcement of news within and without the profession, our contemporary the *Lancet* sometimes falls into very serious errors. For instance, in its issue last week, March 22nd, it speaks of the death of Surgeon-General Archer as occurring on the 27th instant. Many a man has before read his own obituary notice, but, unfortunately, in the present instance it is not possible, as we regret to announce that Surgeon-General Archer, with whom we had the pleasure of personal acquaintance, is no longer in the flesh, albeit the 27th has not yet arrived.

A FACETIOUS LEGACY FOR MEDICAL SERVICES.

THE *Canadian Practitioner* reports the death of an old lady who had reached her four-score and ten. On opening her last will and testament it was found that she had bequeathed to her physician, "to whose enlightened care and wise prescriptions I owe my long life, all that is contained in an old oak chest in my boudoir, the key to which will be found under the mattress of my bed." One can more readily imagine than describe the feelings of the said enlightened and wise physician when he discovered, instead of the fortune, all the drugs and potions, still intact, which he had prescribed for the old lady for many years back.

A SATIRE UPON INTERN APPOINTMENTS.

MUCH dissatisfaction having been occasioned among the students at Queen's College, Birmingham, at the appointment of an outsider to the office of house physician over their heads, when some of their number already possessed higher qualifications than the person put into the post, the following satirical document was placarded on the walls last week, and created considerable amusement at the expense of the authorities:—

NOTICE TO STUDENTS, ABOUT TO QUALIFY. QUITS' HOSPITAL.

WE, the Committee of the Quits Hospital, have noticed with regret, the immense strides in intelligence and industry taken by our students during the last three years, and the corresponding tendency to take new-fangled and higher qualifications to the detriment of those which our ancestors of several centuries since justly respected and revered.

Knowing full well that this course of events must lead to the cultivation of your minds to a dangerous and alarming extent, we have felt it necessary, in the exercise of our paternal care over you, to pass the following resolution at a meeting of the committee on the 25th ultimo. We would warn all students of the dire effects of educational over-pressure; and, to give force to our opinion we hereby decree that the appointments of this Hospital shall in future be granted only to such of our students as shall exhibit the following esteemed qualification—L.F.P.S. Glas., L.S.A. Lond., L.A.H. Dub., "Double," Edin. The possession of any (presumably) higher diplomas in addition to these will be visited with our displeasure and will mark the candidate as dangerous; yet one or more failures to attain thereto will proportionately enhance his chance of election.

In addition we now place all Scotch degrees in the above favoured category, and also express our determination, should there be a lack of suitable candidates from our own School of Medicine (owing to an extraordinary lack of appreciation of our efforts on your part) for the

appointment, to elect *strangers* with the aforesaid objectionable higher qualifications rather than give you any encouragement to disobey our express command.

Feeling that we are acting for the best interests of the School of Medicine, our patients and ourselves, we are now fully rewarded for the trouble we have taken, and cry

QUITS.

By order.

GUY'S.—*Portio mollis* is the name given to the auditory nerve by those anatomists who take it as a branch of the seventh pair of cerebral nerves, instead of considering it as a distinct (eighth) pair.

MR. FENWICK.—The surgeon first called to the case was undoubtedly right in at once performing the operation, seeing that it was immediately necessary in the interests of the patient. By subsequently communicating with the family attendant, and offering to transfer the after-treatment, he did all that could possibly be expected; and we entirely fail to see in what respect he can have been supposed to act improperly "towards a *confère*."

VALEDICTORY ADVERTISING.

NOT long since we had occasion to animadvert upon a circular issued by a hospital surgeon—when emigrating to another country—to his own and other people's patients, in which he made it a personal favour that the person addressed should "call in" the practitioner recommended by him. Our attention is now called to a similar case, and we are asked our opinion as to the following document, circulated widely in Clonmel by a gentleman who is leaving that district:—

[PRIVATE.]

MY DEAR MR. ———, Owing to a well-grounded apprehension about my health, I am unfortunately compelled to relinquish a lucrative and increasing medical practice, and to leave my native land for a more southern climate.

Feeling naturally and deeply concerned in the welfare of my patients, I am happy to say that I leave in my place a gentleman in whose professional attainments and skill I have unbounded confidence, and whose judgment, clear-headedness, and practical experience in matters of professional detail, I have seen more than once exhibited with effect. The gentleman I allude to is Doctor ———, who now occupies my late residence.

As I would entrust to Dr. ———'s care the life of any member of my family, so I can, with equal confidence, recommend him to you as your medical adviser.

While with many deep regrets, and a keen sense of sorrow, I thus sever my connection with my patients and friends, it is to me at least a satisfaction to feel that I am leaving to fill my place a more than worthy representative.

Wishing you every happiness,

I remain,

Ever sincerely yours, . . .

As we have already said, we regard this sort of thing as altogether inadmissible. A departing practitioner may, without impropriety, intimate to his patients and no one else the fact that he is about to leave and has transferred his practice to another, but, beyond this, any advertising circular, especially if addressed to other practitioners' patients, is totally inconsistent with professional decency, and reflects as much on the recipient of the laudation as on the author of it.—ED.

WESTON'S WALK.

WE are asked to mention that a special meeting of the British Medical Temperance Association will be held, in the rooms of the Medical Society of London, on Wednesday next, at 4 p.m., for the purpose of receiving the report of the committee appointed to make observations on Mr. Weston during the last week of his walk of 5,000 miles. All members of the profession are invited, whether members of the Association or not.

DR. BOWE.—No case should be given up as incurable in which only single remedies have been employed. It often happens that syphilitic patients who exhibit no kind of improvement under iodide of potassium will get rapidly well if submitted to the influence of mercury; and many other instances might be cited. You should pursue a plan on this principle in your case.

DR. FARMER.—There were twenty-two persons present, but none of them had ever been previously made acquainted with the nature of the resolution to be proposed. Under the circumstances, therefore, it does not seem to be just to the general body of members to publish the decision arrived at as being concurred in by the whole association. The majority was the narrowest possible.

F. W. B.—He only expressed an individual opinion, and it acquires all its importance from the subsequent discussion to which it gave rise.

MR. NEWMAN.—Nothing would be gained by publishing the facts. They are discreditable to all concerned.

DR. BRADY.—On application to the Registrar a circular containing all the particulars will be forwarded to you. We are unable to say in what particular way the exception was made.

Meetings of the Societies.

WEDNESDAY, MARCH 26TH.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At 5 p.m., Croonian Lecture: Dr. Hughlings Jackson, Evolution and Dissolution of the Nervous System.

HUNTERIAN SOCIETY.—At 8 p.m., Mr. Hutchinson, Some Notes on Arsenic.—Mr. McCarthy will show some Osteotomies.—Dr. Stowers

will relate the Sequel of a Case of Paget's Disease of the Nipple.—Mr. Charters J. Symonds will show a Case of Scleroderma, with Gangrene of Fingers.

HOSPITALS ASSOCIATION.—At 8 p.m. (in the rooms of the Medical Society of London), Mr. W. J. Nixon (London Hospital), On the Difficulties associated with the Administration of the Out-patient Department, and how best to deal with them.

THURSDAY, MARCH 27TH.

ROYAL INSTITUTION.—At 8 p.m., Professor Tyndall, On the Older Electricity.

FRIDAY, MARCH 28TH.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At 5 p.m., Lumleian Lecture: Dr. James Andrew, Etiology of Phthisis.

ROYAL INSTITUTION.—At 8 p.m., Professor Osborne Reynolds, Motion of Water.

CLINICAL SOCIETY OF LONDON.—At 8.30 p.m., Dr. Finlay, On Cases of Enteric Fever associated with Rheumatism.—Mr. Davies-Colley, On a Case of Dislocation of the Spine.—Mr. Durham, On a Case of Neuralgia successfully treated by Trephining.—Dr. de Havilland Hall, Sequel to a Case of Perichondritis of the Larynx.

Vacancies.

Birmingham Children's Hospital.—Dispenser. Salary, £80. Applications to the Secretary by April 1.

Brighton Lying-in Institution.—House Surgeon. Salary, £120, with furnished apartments, &c. Applications to the Secretary before April 4.

Chatham, St. Bartholomew's Hospital.—Assistant House Surgeon. Salary, £100, with board, &c. Endorsed applications to be sent in by May 1.

Flintshire Dispensary.—House Surgeon. Salary, £100, with furnished house, &c. Applications to the Secretary by April 15.

Northend and Tynedale Mining Company.—Salary, £100, with house, and liberty for private practice. Applications by March 29, to Mr. Hy. Hall, West Northend, Cumberland.

Appointments.

COXWELL, C. F., M.R.C.P. Lond., Assistant Physician to the Royal Hospital for Diseases of the Chest, City Road.

DAVIDSON, P., M.A., M.B. Edin., Assistant Medical Officer to the Infirmary for Children, Liverpool.

DAY, J. B., M.R.C.S., L.R.C.P. Lond., Clinical Assistant to the Brompton Hospital for Consumption.

ELLIS, R., F.R.C.S. Ed., Honorary Consulting Surgeon to the Sheffield and South Yorkshire Ear and Throat Hospital.

ERSKINE, J., M.A., M.B., C.M., Assistant Surgeon to the Glasgow Hospital and Dispensary for the Diseases of the Ear.

GARMAN, W., M.B., C.M. Edin., Resident Physician to the Queen's Hospital, Birmingham.

GOULD, A. P., F.R.C.S., B.Sc. Lond., Surgeon to the Royal Hospital for Diseases of the Chest, City Road.

MACPHERSON, R., M.B., C.M., Physician on the Staff of Anderson's College Dispensary, Glasgow.

REDMOND, J., L.K.Q.C.P.I., L.R.C.S.I., Pathologist to the Coombe Hospital.

SCOTT, J. W., late Surgeon R.N., Junior Assistant Medical Officer to the Hants County Asylum, Knowle, Fareham.

SMITH, W. B., F.R.C.S. Ed., L.R.C.P. Ed., Acting Medical Superintendent to the Sunbury Lunatic Asylum, Victoria.

SUNDERLAND, S., M.D. L.R.C.P., M.R.C.S., Resident Medical Officer to the Royal Hospital for Children and Women, Waterloo Bridge Road, S.K.

Marriages.

ATKINSON—CLARK.—March 20, at the parish church of Fangfosa, George Fernley Atkinson, L.R.C.P., of Snaith, to Mary Sophia, eldest daughter of Edward E. Clark, Esq., of Cowick, Selby.

BRADFORD—WELBY.—March 19, at the Cathedral, St. Helena, Surgeon-Major Robert Mark Bradford, to Edith Frances Welby, youngest daughter of the Lord Bishop of St. Helena.

Deaths.

ARCHER.—March 17, Surgeon-General Charles Archer, M.D., Deputy Inspector-General of Hospitals, aged 66.

AYERST.—March 15, at Stanbury, Torquay, James Smith Ayerst, M.D., aged 59.

DAVIS.—March 19, at 41 Boundary Road, St. John's Wood, John Hall Davis, M.D. Lond., F.R.C.P.

FOX.—March 17, at Rome, Edith, fifth daughter of the late Charles J. Fox, M.D., of Brington, Somerset.

FURLONG.—March 16, at Dolbadd, Carmarthenshire, after a short illness, Surgeon-General Furlong, Retired Half Pay, aged 61.

LEREW.—March 16, at Clifton Terrace, Malda Vale, W., William Kirby Lerew, M.R.C.S., L.S.A. Lond., aged 69.

REYNOLDS.—March 18, at Beckenham, suddenly, Samuel Reynolds, F.R.C.S., aged 87.

ROBINSON.—March 16, at Devonshire Street, Portland Place, W., John Robinson, M.R.C.S., aged 72.

TEEVAN.—March 22, at North End House, Croydon, John Teevan, M.R.C.S., aged 82.

THOMSON.—March 23, at his residence, Kensington, Allen Thomson, M.D. Ed., D.C.L. Oxon., F.R.S.

TOULMIN.—March 18, at his residence, Upper Clapton, Francis Toulmin, F.R.C.S., aged 81.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 2, 1884.

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Original Communications.

A CASE OF RUPTURED BLADDER AND FRACTURED PELVIS, WHERE MEDIAN CYSTOTOMY WAS PERFORMED. (a)

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RUPTURE of the bladder is an injury of so fatal a character that it is desirable to record all instances where attempts have been made to deal with the lesion other than by that means which has hitherto proved of little avail, the introduction and retention of a catheter.

With the same desire as prompted Dr. Alexander (b) to bring before this Society a case of a somewhat similar nature, where he had opened the abdominal wall down to the peritoneum, I submit for your consideration and criticism the following particulars. It is seldom that an operative measure in surgery is perfected at once or by one man. We have but few illustrations of this; on the contrary, it is by the experience of many that precision eventually has been arrived at. Hence there is no case which has not its bearings upon the issue before us:—

On January 12th, 1884, G. H., æt. 29, was admitted into the Royal Infirmary, having tumbled from a railway waggon, a distance of about six feet, with a heavy "set," or stone on top of his pelvis. He was rendered unconscious for about five minutes.

On admission, some blood was found on the front of his shirt, and pelvic crepitus was detected. He was unable to pass water, and had not done so for three hours previously. A catheter was at once introduced,

and about eight ounces of urine, mixed with bright red blood, drawn off. I saw him six hours after this (11 p.m.) and removed with the catheter about five ounces more urine of a similar nature. The catheter passed easily, was not locked in the bladder, and the urine passed off in a steady stream. I also localised a fracture of the right pubic bone. The conclusion arrived at was that the bladder was ruptured, but there was some doubt as to the precise position of the rupture relatively to the peritoneum. I therefore determined to explore the bladder with my finger by a median opening from the perineum, and to shape any subsequent proceeding in accordance with what was found. This I accordingly did, and discovered that the rupture was extra-peritoneal and situated on the anterior wall a little behind the prostate. The opening admitted the index finger by which a fracture of the pubic arch could be felt. The position of the rupture decided what should be done—a large lithotomy tube was passed into the bladder from the perineum through which drainage could be carried on.

Jan. 13th, 10 a.m.—The patient had passed a restless night, but was not in pain; the urine came away freely slightly tinged with blood. 5 p.m.—Much pain complained of in lower part of abdomen. Pulse, 95; temperature, 99 deg. He vomited everything, and complained intensely of thirst. 8 p.m.—As the pain and vomiting continued nothing was given but ice and small doses of opium.

Jan. 14th, 2 a.m.—Complains of much pain over lower part of abdomen; fomentations applied; pulse increasing in frequency; temperature, 101 deg.; urine drawing away freely, and natural in appearance. At 2.30 a.m., the excretion of urine suddenly ceased. It was thought that the tube might be blocked up, but this was not the case. At 8.30 a.m. the patient collapsed suddenly, the abdomen remaining soft and compressible to the last. It was subsequently found out that the patient had only left his bed a fortnight previously, after an attack of scarlet fever.

(a) Read before the Medical Institution, Liverpool, March 13th, 1884.
(b) Liverpool Medico-Chirurgical Journal, January, 1884.

The patient lived thirty-two hours after the cystotomy, during twenty-seven hours of which urine was freely passed through the tube. No urine seemed to have been excreted during the last five hours of his life. The operation of opening the bladder was done on a staff, it only occupied a few seconds, and may be said to have been bloodless.

Post-mortem Examination.—On opening the abdomen there were found signs of commencing peritonitis; there was some serous fluid in the pelvis, but no blood. The visceral peritoneum, covering some coils of small intestine in the pelvis, had lost its gloss, and the whole of the pelvic peritoneum was rough and injected. The space in the lower part of the anterior abdominal wall between the two layers of the transversalis fascia leading down to the bladder (porta vesicae of Retzius), contained some bloody urine. This space was found, on passing a finger into the bladder through the perineal wound, to be in communication with a laceration in that viscus, situated on its anterior aspect a little behind the prostate. There was no laceration of the peritoneum; the bladder was empty. The pelvis and contents were then removed, and are now submitted for examination. They include the following injuries: A lacerated wound of the bladder, in the situation before mentioned, about three-quarters of an inch long, and a similar one in the base of the trigone; a laceration of the perineal tissues below the level of the urethra, but communicating with the operation incision; a fracture of the right side of the pubic arch could be detected by the finger both from this and from the vesical wound; much effusion of blood beneath the pubic fascia in the neighbourhood of the right sacro iliac synchondrosis, and a similar but rather smaller collection of blood in the sub-peritoneal tissues on the left side around the upper part of the obturator foramen with complete division of the obturator artery and vein. There were in all six lines of fracture of the pelvic bones. The transverse and descending rami of both pubic bones were broken through about the point of their junction with the ilium and ischium. The left descending pubic ramus was also broken across near its junction with the body of the bone, and on the right side there was a complete vertical fracture of the sacrum running through the anterior vesical foramina.

In this case the rupture of the bladder was undoubtedly caused by a penetration of the fractured pelvis. Where rupture of the bladder is complicated with fracture of the adjoining pelvic bones the opening into the viscus is usually extra-peritoneal; where the rupture is not thus complicated it is intra-peritoneal, and is generally found in the base or posterior wall.

In investigating injuries involving the parts constituting the neck of the bladder, in which I include the membranous urethra, I have experienced difficulty in satisfactorily explaining how it was that the membranous urethra was sometimes ruptured without fracture of the pelvis co-existing, whilst there was no evidence that the perinæum had ever been struck.

In treating of rupture of the urethra, Bryant refers to this point in the following words: (a) "In not a few instances the injury (ruptured urethra) has been produced by the passage of a cart-wheel across the pelvis. It is somewhat difficult to understand how such a result can be produced by such a cause, unless some fracture of the pelvis co-exists; but explain it how we may, in practice we meet with cases of ruptured urethra following upon the passage of a wheel across the pelvis, and unconnected with any other symptom of its fracture."

In some instances of ruptured urethra I have seen in young subjects, where the force has been applied to the sides of the pelvis, as in crushes and squeezes, and not to the perinæum, as is more commonly the case, I feel convinced that the tearing of the urethra more or less across is occasioned by the bowing or bending forwards of the circle of the pelvis at the symphysis pubis under

pressure applied to the sides. In this way, by the sudden elongation of the antero-posterior diameter of the pelvis, the urethra is put on the stretch and gives way at, or immediately behind, the point where it passes through and is fixed to the deep triangular ligament.

In the case I have narrated the very extensive injuries to the pelvic bone, and possibly the condition of the kidneys consequent on the attack of scarlet fever, placed the patient in the most unfavourable position for any hope of recovery. I believe he died from shock more than anything else. As a rule, however, cases of ruptured bladder owe their almost unexceptional fatality to the rapid development of acute peritonitis provoked by the retention of blood and urine. Here this symptom, though possibly sufficient time had not elapsed for the full development, seemed to be in check. It is, however, to the management of the urine in this class of cases I wish more especially to direct attention. I do not think the transition-contact of healthy urine with any tissue of the body, such, for instance, as the peritoneum, is necessarily provocative of inflammation. Meizel's experiments, as well as clinical observations where recovery took place, though there can be no doubt that urine actually passed into the peritoneal cavity, from whence it was removed, warrant such a statement.

A bruised tissue, or urine rendered morbid either by decomposition or admixture, represent very opposite conditions, or those where inflammation of the most acute and destructive form is sure to be provoked by contact of this kind. In some cases I have seen where the bladder has been burst like a paper bag suddenly compressed, pent up urine which has been left to decompose in the peritoneal cavity has practically been the cause of death. From a careful consideration of these accidents, and some records relating to their treatment, together with an experience of my own, I have resolved for the future to adopt in principle the following procedures, subject to such modifications as may, from time to time, be required:—

1. To open the bladder from the perinæum and to carefully explore with the finger. I should prefer this as a preliminary to opening the abdomen, as the latter might prove to be unnecessary by reason of the rupture being extra-peritoneal. If exploration determines the necessity for such a complete examination of the fundus of the bladder as can only be afforded by laparotomy the perineal opening will still be desirable for the most effectual form of bladder drainage.

2. If the rupture prove by perineal exploration to be extra-peritoneal, the insertion of a bladder tube for drainage similar to what is adopted after lithotomy. In the case I have recorded the urine escaped readily so long as the kidneys excreted it; the post-mortem examination showed no indication either of lodgment of urine, or urinary extravasation.

3. If the rupture on exploration proves to be intra-peritoneal, and there is consequently a probability that urine has passed into the peritoneal cavity, the further proceeding of opening the abdomen with the view of clearing out the peritoneal cavity will be determined by two considerations, (1st) relating to hæmorrhage, and (2nd) to the question of urine drainage. If the urine is deeply tinged with blood, and clots escape from the bladder through the exploratory wound, then I think that laparotomy should be proceeded with, as it is extremely likely, especially if there has been much delay, that clots will be found in the abdominal cavity, these, with a small admixture of urine, will most surely occasion acute peritonitis.

Rivington (a) observes: "A considerable amount of blood has been found in a few cases in the abdominal cavity. When Mr. Heath operated he was surprised at the amount of clots which had to be taken out of the peritoneal cavity; and at the post-mortem in Dr. Dewar's case three pounds of clotted blood were removed.

(a) "The Practice of Surgery."

(a) "Rupture of the Urinary Bladder," 1884.

In one of the cases reported by Mr. B. Cooper, three or four pints of nearly pure, uncoagulated blood were found effused into the cavity of the peritoneum."—P. 25.

If, however, on exploration the urine escapes with only a slight admixture of blood, as frequently has been the case in recorded instances where the catheter has only been used, and which has been verified by post-mortem examination—then the question arises, Will a perineal incision and a drainage-tube be sufficient to prevent urine finding its way into and lodging in the peritoneal cavity?

Assuming that we are dealing with a case of intra-peritoneal rupture of the bladder, where the laceration is necessarily above a horizontal line drawn between the openings of the two ureters, and that we have a normal bladder and prostate, I undertake to say that, if an incision is made from the perineum through the neck of the bladder, such as we employ in the operation of lateral lithotomy, and we then put in a tube, as after the latter operation, not one drop of urine will find its way into the peritoneal cavity.

Apart from conclusions drawn from my own observation of wounds made into the bladder for a variety of operative purposes, I would seek to substantiate the assertion I have just made by the post-mortem records of ruptured bladder and the structural arrangement of the normal bladder.

As Mr. Rivington (a) observes, "the records of post-mortems on the intra-peritoneal cases prove the frequency with which the bladder is found contracted. In 27 out of 34 the bladder is described as contracted, in two as empty, in one as collapsed, in one as not fully contracted, in one as contracted to one-third its natural size, in one as not much contracted, and in one as much enlarged. In some the contraction was very considerable, being described as 'very much contracted and entirely empty' (Cusack), 'firmly contracted,' 'completely shrivelled up around the entrance of the urethra,' &c."

Furthermore, the connections and muscular construction of the bladder are such as to favour the escape of urine through its neck, provided adequate means are adopted for entirely suspending the sphincter action which controls micturition. The trigone, which we all know is immediately below the orifices of the ureters, is exceedingly smooth, and by reason of its connections and construction is incapable of contraction. In making the assertion that, if in a case of ruptured bladder an incision be made into the neck urine will not find its way into the peritoneal cavity, I limit the kind of incision to that which is usually employed in lateral lithotomy, for reasons that must be well known to every practical lithotomist. In the selection of this procedure I have the support of Rivington (b) who observes: "in lateral cystotomy the knife would be able to cut freely into the prostate, and reach the neck of the bladder, which would be slow to regain its retentive power. This constitutes the great recommendation of the lateral operation, and no other measure appears to me to equal it for efficiency in this important direction."

Six cases, with three recoveries, are briefly referred to by Stein (c) as illustrating the employment of lateral cystotomy for rupture of the bladder. The greater number of these can hardly be regarded as testing the value of this procedure under these circumstances, as the operation does not appear to have been performed for considerable periods of time after the injury, and on the development of signs of peritonitis.

In conclusion, in a case of ruptured bladder, I would say do not trust to the catheter, except as an aid to diagnosis—perform without delay this lateral operation as for lithotomy—explore carefully with the finger; if the rupture prove to communicate with the cavity of the peritoneum, and there are reasons for believing

that hæmorrhage either has been or is going on, or the bladder is not contracted sufficiently to prevent urine from passing into the cavity of the peritoneum, open the abdomen with the view of removing clots and urine from its cavity, and closing with sutures (as Willele (a) and Heath (b) have done) rupture in the bladder.

If the laceration prove to be extra-peritoneal, be content with the introduction of a tube from the perineum to permit of continuous drainage being carried on.

The Gulstonian Lectures

ON

NEUROSES OF THE VISCERA.

Delivered at the Royal College of Physicians, London.

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LECTURE II.

WE are thus led to the cases which stimulate gastric ulcer; and in which, as I have said, diagnosis, often difficult, is sometimes impossible. No doubt, I have at times mistaken a case of ulcer for gastralgia, and at other times have assumed the existence of ulcer when gastralgia and gastralgic vomiting alone were present.

Such cases, if not familiarly known to the profession, are, at any rate, so far known to the closer observers as to make it unnecessary for me to give the long case-histories which such patients afford. Taken shortly, we find this form of gastralgia most frequently in young women; and it is marked by the sequence of ingestion of food, severe pain in the stomach, vomiting, and relief. The pain may occur only on taking food, and vomiting may give speedy relief. It is not an uncommon thing, we know, for young women to produce blood in irregular ways by the mouth, sometimes repeatedly or in quantity, even when all parts are free from disease. If such an appearance should be found, the diagnosis of ulcer becomes almost inevitable. Indeed, blood or no blood, it is often hard to come to an opinion which shall be confident enough to justify us in withholding foods on the one hand, or, on the other hand, in pressing stomach-nutrition gently but firmly forward. But according to the correctness of our judgment must our treatment be helpful or positively mischievous. Probabilities do not aid us much, for I think the ulcerous and the pseudo-ulcerous cases are about equally common. The catamenia may be absent or present in either case, nor do I agree with a writer in "Quain's Dictionary" that gastric neuroses in women especially frequent the catamenial periods. In so far as these act as general depressants of vitality, they may open the way to an attack, as may any other exhaustion; but I do not find among the genuine gastralgias a consensus of cases showing any more direct or any very frequent association of the kind. Emaciation is, perhaps, rather more usual in the neurotic than in the ulcerous disease, but this cannot go for much, nor can chlorotic anæmia, which may be seen in either form. Pain in the back is as common in gastralgia as in ulcer. In these doubtful cases we must try to reach safe ground by a careful review of the patient's life-history, diathesis, and associated symptoms; and we can often attain this position by the discovery of neurotic antecedents, and of some previous irregularities in the now associated symptoms. We shall find, perhaps, that vomiting and pain have been dissociated in the past; that the pain has been noc-

(a) *Op. cit.* (b) *Op. cit.*
(c) "On Rupture of the Bladder." New York. 1882.

(a) "St. Bartholomew's Hospital Reports." 1876.
(b) "Royal Medico-Chir. Trans." 1879. Vol. 62.

turnal, or otherwise periodic; that there have been voluminous flatulence, cravings, sinkings, and so forth. With such commemorative symptoms, both as regards stomach and other parts, we may sometimes recognise gastralgia clearly enough, even in spite of the occasional appearance of some ejected blood. Hyperæsthesia of the stomach is not of course always, nor even generally, associated with vomiting. Many persons have alighter degrees of such hyperæsthesia, and suffer some discomfort during digestion, either because digestion is slow and defective, or because the stomach resents even a normal digestive process. When such discomfort becomes an ache, the patient calls himself a dyspeptic; when the ache rises into an agony, we have a very grave malady to deal with, even if there be no vomiting nor tendency to vomit. This state of stomach much resembles that of the uterus in the irritable uterus of Gooch, and of the spine in the irritable spine of Teale and Griffins. It cannot be doubted, I think, that these three maladies, coincident as they often may be with hysteria, are nevertheless essentially independent of it. Irritable spine is found frequently, no doubt, in the plump, listless, and egoistical victim of hysteria; but it occurs likewise in the higher class of neurotics. I am attending such a case of spinal irritation at present, with Mr. Richardson, in Leeds. The young lady is not only cheerful, alert, unselfish, and worn in flesh, but she is full of will and energy in her efforts to carry out any troublesome plan of treatment we may suggest. I take her complaints as literally as I do the complaint of any other sensible and temperate person who says that he is suffering from some unseen distresa. (a)

Irritable uterus, again, in spite of the mechanical school, is a genuine neuralgia in many persons, as it may be an affected malady in others. Irritable stomach is a grim reality in no less a number, though hyperæsthesias and anæsthesias, as functional disorders, do, no doubt, belong, also, to the hysterical; and it may, indeed, be hard to say, in a given case, where active neurosis ends, and where a brooding persuasion of pain begins. We have types intermediate between the sleek religious woman, who knits antimacassars, and lives upon her friends; and the hollow eyed, fiercely active, wan woman, who, labouring ever for others, tries to hide the wolf within her, even from herself. Before Lasague and Sir William Gull published their cases of anorexia nervosa, I had myself collected six cases, with a view to a publication, which thereon became unnecessary. For these cases, I would deprecate the stereotyped use of the name anorexia hysterica. In some of these cases there is (4) great pain on the ingestion of food; in others there is no pain, but simply a distaste for food. This distaste has arisen in most of them, however, from some discomfort, which at one time accompanied digestion, a discomfort which may have taken its rise either in dyspeptic or neurotic causes. Sometimes, the distaste has taken its origin in a mere shirking of food—in fear of growing stout, or in a nobler avoidance of self-indulgence. However established, the distaste, as we know, often becomes invincible, even when eating is unattended with gastric hyperæsthesia. If I were to judge by my own original cases, I should fail to see how the word hysterical could usefully be applied to any of them; in three of them, the word would be absurdly out of place unless we are to apply it to any nervous malady in any woman whatever. This anorexia nervosa is no whimsical malady, no inconsistent nor irregular indisposition, but is a definite complex, consisting, in part, of objective symptoms. With more constancy than is commonly found in disease, we find the malady as follows:—It occurs in young women, and nearly always in those who inherit a decided neurotic taint. Five objective

symptoms are always present, viz., amenorrhœa, constipation, subnormal temperature, slow pulse, and cold extremities. To these we may add a degree of emaciation proportionate to that of the malady, and a tendency to loss of hair from the scalp. The first five symptoms are observable long before they would appear as simple results of inanition. In some of these cases, as in Mr. Skey's, the pain which follows the use of food is agonising. I have a case in my mind of the last degree of severity, for her agony on the reception of a cup of lithed broth was extreme. I mean that she would shrink away unnoticed and uncomplaining into any remote corner, where she might moan to herself, unconscious of any observation. Now, to this lady, like all the sufferers of this class to which I have referred, the airs and humours of hysteria were wholly alien. Her daily life, even in the days of her weakness, was full of energy and of well directed good works. Her habits were punctual and methodical, and her affections stanch and wholesome (a). She never vomited her food, nor have I found vomiting in any cases of anorexia nervosa. The chief variation in the group of symptoms in these patients is in the presence or absence of pain. Pain, so acute in a few, is in most of them absent or insignificant. In the latter, exists simply an invincible distaste for food. To yield to such a distaste seems at first to many high-spirited girls rather, perhaps, a merit than otherwise—it seems but a distaste for indulgence, a denial of the animal propensities. Thus creeps on unknown or unconsidered an aversion from food, and indeed, an inability to take full meals, which seems, in some cases, almost unconquerable. If the fear of such a state becomes more prevalent among the public, it is probable that the known results of such mistaken self-denial will serve in future as a timely warning to prevent the full establishment of the distaste.

Hyperæsthesia of the stomach, then, may be found in anorexia nervosa, and to such cases is a grievous addition; in gastralgia of the periodic type, when it may concur with the attacks, or alternate with them, or, again, it may itself constitute a form of gastralgia, a form in which pain occurs only during digestion. These cases are constantly confounded with dyspepsia; but the term can only be applied to them etymologically. For instance, No. 356, 1878, is a solicitor, æt. 31. He called upon me to complain of "grievous indigestion of long standing." Soon after meals, pain would come on at the epigastrium, after a time generalising itself about the chest or waist. It would last from one to two hours, and it never occurred on an empty stomach, not even if the due hour of a meal were over passed. Now, this surely seemed due to some defect in the peptic process; and, if it were not, how were we to distinguish its cause? Well, his tongue was quite clean, his secretions normal, and he had no offensive flatulence. Nor, again, did he much care what he ate; all things gave him pain alike, except that one thing, beef, which especially tries the neuralgic stomach. But fatigue or annoyance increased his liability to the torment. Sometimes, the pain had given place to a pain in the head, or sometimes it had "pinned him through the body." A year before this stomach-disorder set in, he "was demented with neuralgia in the head," but had suffered thus but little since. Before that, again, he had had a well-marked but brief attack of melancholia; his brother had hay-fever badly, and the family-history is neurotic in other respects. Here the gastric pain then seemed to be of the hyperæsthetic form of gastralgia; nor was the diagnosis ultimately difficult unless we are urged to confound it with hysteria. No stomach-medicines could relieve such a patient, and this one was cured with Easton's syrup. In other cases, diagnosis might not be so easy as in his, and in some mixed cases it is very difficult to disentangle the pains which are caused by neurotic

(a) I cannot forbear to refer in this place to the admirable service Dr. Handfield Jones has done in warning us against the delusive phrase of "hysterical pain." Dr. Kent Spender offers the same testimony in his work on "The Relief of Pain," p. 65.

(a) Lasague notices the briskness and energy of these patients, and gives a very fanciful explanation of it.

hyperæsthesia from the pains which are caused by the presence of products of abnormal digestion. In Miss — (No. 311, 1879), pain during digestion occurred as in the last case, and there were present also the characteristic nocturnal seizures. Miss — (No. 31, 1880), suffered in like manner during digestion, but with great severity. It is strange to see that in her case the group of symptoms called anorexia nervosa never arose. She was pallid, emaciated, highly neurotic, and dreaded food. Still, her pulse was rather quick, as well as feeble; the catamenia were regular, though scanty and watery; constipation was not well-marked; and she manifested no loathing of food, but would gladly have eaten if she had dared. This lady had the abdominal aortic throb, and also, when the pain came on during digestion, her mouth would fill with clear water. It was a great pleasure to me to restore this valuable life to health and activity after a long illness. A combination of morphia with arsenic and quinine, administered with food, did best service.

In Miss — (No. 538, 1882), the pain only came on after distinctly improper food, such as tough beef, new bread, and pastry or cake. Here is a transition towards maldigestion. But the pain was so intense as to point rather to a neuralgia aroused by peripheral causes, and, moreover, pain was not unfrequently aroused by the same cause in the left orbit, or in the brachial plexus. The three pains might come separately, variously combined in pairs, or all together. This case reminds us of Watson's instance, in which a severe pain in the foot was brought on by eating an ice. I may indicate again the curious fact that such gastralgias may be associated with vomiting, or they may not be. In some cases, a tendency to reflex motor spasm is there, in others it is not there. The former cases simulate ulcer, the latter do not; for I presume that vomiting is aroused in all grave cases of ulcer.

Miss —, æt. 22 (No. 416, 1883), came under me for intense pain after food, with vomiting and consequent relief. She was sent to me as a case of *ulcus ventriculi*, and I could not promise her at first that it was not. But her family history was neuralgic, and she used to be a "martyr to tic." Now, "the food makes her so sore and hurts her so," but she is relieved by vomiting. Whether the point be fit for universal application or not, I cannot say; if it be, it is worthy of a pointed reference—namely, that I found warmth always gave relief in her case. I directed her to drink hot water with her dinner, and after a meal to lie down under a rug with a hot bottle to the epigastrium. This gave her much comfort but it probably would not have relieved the pain of ulcer. On the other hand, in her, as in many like her, cold feet would precipitate an attack. This lady was quickly and completely cured by anti-neuralgic remedies.

Finally, we must remember, nevertheless, that, in organic disease of the stomach, the pain may be independent of food. Mrs. —, æt. 52 (No. 240, 1882), consulted me for pain, which was independent of food, and thus closely simulated simple gastralgia. There was no neurotic history, nor was the pain periodic. She vomited catarrhal matters; but some gastralgics vomit gummy phlegm with their attacks. The diagnosis was very difficult, until progressive emaciation and loss of complexion compelled us to infer the presence of carcinoma, an inference which was but too surely justified by the result.

One symptom very characteristic of gastralgia next demands our attention, and that is flatulence. The flatulence of a typical gastralgia is a portentous thing. Like vomiting, like hyperæsthesia, it may concur with the pain, or come independently of it. It returns often in attacks as the pain does, striving vehemently, so that the occurrence of this wind and gastralgia make up the malady known as "the spasms." That such distensions and belchings as these are of other origin than the maldigestion of food is, I think, very imperfectly realised by

the profession at large. But in its more striking forms its independence of such causes is obvious. It recurs often with the same periodicity as gastralgia itself, and, like it, has a fondness for the small hours of the afternoon or of the early morning, especially of the latter. The patient awakes, let us say, at 2 or 3 a.m., with a sense of distension which he knows but too well. His body is sometimes flat, but more often has swelled about the epigastric region, and becomes tight and hard. For a while, restless and distressful, he rolls upon his face, and rubs his belly until "the wind begins to move." This, as it does so, rumbles upwards rather than downwards, and delivers itself by no common eructation, but the working load rises in a series of eruptions, which roll from the throat in successive waves of flatuosity. It is a prolonged storm rather than an explosion, and its tumult will keep the patient raised in bed, heaving in strife with it for an hour or two before he finds ease.

Miss —, æt. 23 (No. 233, 1883), *migraineuse*, is liable to violent attacks of flatulency. It awakes her in the night. She has no pain but great distress; wind works upwards in enormous volumes. Her tongue is clean and tremulous, and secretions normal. The gases ejected are innocent of all odour. The uterine functions are normal. It is not stated that this lady ever had gastralgia at all; certainly she had not at the time of my notes. A like state of things existed in a friend of my own, whose mental and bodily activities are incessant, and who has suffered greatly from gastralgia. He had consulted physicians high and low, home and foreign, and his flatulence had invariably been put down to "indigestion," and he was consequently dieted into still farther emaciation, and still profounder gastric distress.

Miss —, æt. 29 (No. 374, 1881), has gastralgia well marked, but complains as bitterly of flatulence. This always comes on upon an empty stomach, and is sure to be generated on the delay of any meal. It "rifts up voluminously."

Mr. H. (No. 629, 1880), has had psoriasis for years. He is subject to attacks of "sinking in the stomach and bowels, as if actually dying." He never had pain, but he has "rounds of intense and tremendous flatulence . . . always on the empty stomach."

Again, Mr. —, æt. 47 (No. 72, 1879), always "delicate," has gastralgia, at present daily. It recurs exactly at 4 p.m., and he hastens to relieve it by food. It is thus postponed till 7 p.m., when it is again put off by dinner. He is thus at rest till 4 a.m., when he is always awakened by "loud, noisy, and continuous belching . . . with great rollings of wind and most painful distension." He presents no signs of disease anywhere, nor of disordered secretion. He never vomits; he has no discomfort from careful meals, but the reverse. He has had a continuous loss of blood from piles for a long time, and he looks anæmic. This fact he omitted to state until directly questioned, for he believed "that relief to be good for the system," and calculated to clear his "torpid liver." All these people are profoundly convinced that the main enemy is a vicious liver.

I will give but one case more: A solicitor, æt. 30 (No. 73, 1878), had been very hard worked. First came dull heavy pain in the left side. Then he became subject to "painful distensions of the body, not by food," and extreme flatulence; with this comes on great dyspnoea, like spasmodic asthma, or again dizziness so severe that he fears he may fall. He passes profuse and pale urine at such times, and if a woman he would have been written down a hysteric; whereas he is a man of intellect and good sense, and holds successfully a high professional position. The only difficulty in his case was to secure for him a sufficient rest. It is to be noted that in all these cases the wind is quite inoffensive. Whether it be carbonic acid, common air, hydrogen, or what else, I am unable to say, as I have never tested it. By its mode of occurrence, the suddenness and volume of its generation, as well as in its innocence of taste or odour, it is clearly marked off from the foul wind generated by the fermenta-

tions of food. It is certainly produced in some way by the agency of the nervous system. Such are the painful symptoms which may be observed and discussed under the head of gastralgia; but a few yet remain.

There is a distension of the body, real or false, which sadly distresses some patients. Women having this distension must, perhaps, go upstairs to remove the corset to obtain ease. The swelling is, for the most part, real and measurable; but I am not prepared to say what is the cause or mode of it. That it is a mere accumulation of wind, I hesitate to suppose. It is often unassociated with any consciousness of the presence of flatulence; and, moreover, it is not confined to the region of the stomach. I am assured by many patients, and their observing friends, that it may extend all over the breast, and even to the neck. It may be vascular, but there is no blush with it.

To the horrible, death-like sinkings that belong to gastralgia, though not always actually coincident with the pain, I have already referred incidentally. No. 80, 1874, a male, æt. 28, after a few months' worry, began to have neuralgic pain in the left arm and up the neck. After this, he became subject to nocturnal attacks of "want"—not a craving, nor exactly a faintness, but "an awful emptiness, with a dread at the heart." He was substantially quite healthy, and was soon cured on restorative and tonic treatment. I am now seeing a similar case in Leeds, with Mr. Robson, in a neurotic subject. Vertigo is sometimes associated with this symptom. Slighter degrees of this distress often accompany gastralgia or enteralgia, or, with an unaccountable languor, precede them. These subjective sensations are, of course, to be distinguished from the collapse, sometimes alarming in its degree, which is consequent upon the intenser attacks of abdominal neuralgia. The intensity, indeed, of most severe cases of gastro-enteralgia may be seen in the ashen cold face and blue nails. Finally, most gastralgics are subject, not when actually suffering only, but also at all times, to borborygmi. Few people are ignorant of this phenomenon; but it is in neurotics especially that it reaches its most lively and garrulous form. An old and valued domestic, who has recently retired after twenty-five years of household service, and who presented all the phenomena of gastralgia in an active form, was so embarrassed by these audible internal questionings that she almost withdrew herself from waiting at table. In some persons, borborygmi are rhythmical, and coincide with the inspiration. The noise is then rather of a churning character, and, I believe, is made in the stomach only. On examination, it will be found that, in these persons, the breathing, when full, is wholly abdominal. Even in women the thorax may be motionless. In addition to tonic measures, gentle dumbbell exercises are most potent to remove this disorder.

And now, gentlemen, have I succeeded in enforcing that which you already know—namely, that all the symptoms I have discussed to-day form, not only a consistent, but a very uniform series? Few maladies present a more definite series, or one more capable of rational explanation. Is it not one of the last maladies to be classed with those of irregular, capricious, and fanciful evolution? Shall we then say, as the authors of our text-books do to this moment, that gastralgia is, for the most part, a malady of hysterical women? If we still say so, then it is indeed time for the lion to paint the man.

THE annually recurring questions relative to the Contagious Diseases Acts have commenced in the House of Commons, and, in answer to Mr. Cavendish Bentinck, Mr. S. Smith, and Lord E. Cecil, Sir William Harcourt replied that the statement made by Mr. Blackwood, "that the administration of these Acts demoralised the police, and that women had been sent to prison without trial," was utterly devoid of foundation.

TORTURE: AN INCIDENT IN INDIAN MEDICAL LIFE.

By JOHN ROCHE, M.D.,

Retired List, Bombay Medical Service; formerly Civil Surgeon, Kotree, and Civil Surgeon, Hyderabad, Scinde, India.

IN the year 1869, a retired sepoy cut the throat of his paramour at night time in a village of the Shikarpoor Collectorate, Upper Scinde, India, and was soon placed under arrest. He had raised a noise and pretended that the murderers, after entering the house where he lived and after committing the crime, had escaped. Mr. de R., the son of a Dublin gentleman, was deputy collector and magistrate of the Talooka in which the deed was done; he investigated the case, and forthwith returned the individual charged to be tried by the district judge for wilful murder. The evidence was most conclusive. However, in about a fortnight the features of the affair were suddenly changed by the prisoner's brother appearing one morning at Shikarpoor before Col. D—, and stating that his brother had been tortured in jail into forced confession by having a galvanic battery applied to his private parts, and by having his feet burned, and that the authors of this diabolical conduct included the magistrate, Mr. de R., and the Civil Surgeon, Sheikh Sooltan, M.B., of the Bombay University. Forthwith, Col. D— despatched Mr. F— to investigate the case which, from *prima facie* evidence, was pronounced to be complete as to the torture. Mr. de R. hastened to Shikarpoor to remonstrate with his chief because he was suspended in his district *ultra vires* and hurriedly, and prejudicially condemned. Col. D. would not receive him nor hear him, for having left his district without leave. Mr. de R. proceeded to Kurrahee and sought an audience from Sir W. Merewether, where he was again rejected, on account of being absent from his station without permission. Mr. de R. further left for Bombay to see the governor and lay his case before him, but he did not fare better, an interview was denied as it was telegraphed from Scinde that he had not permission from his superior. When passing through Scinde Mr. de R. called me, who was Civil Surgeon at Kotree, to see him one night, when I had only a very short conversation with him, which convinced me that he was a gentleman of quick intellect, of much wealth of language, and apparently a *gentleman* in acts and superlatively so in manners. At the time his name was universally calumniated by the official community in Scinde; so it behoved one to be very circumspect and guarded in language which would insinuate anything to throw doubts on the charge that was circulated against him. Sheikh Sooltan, the Civil Surgeon of Mr. de R.'s Station reported himself sick and departed down the Indus. It was mooted that he had left his post without leave, and being implicated with Mr. de R., should be treated in like manner. I had a communication from my chief, Deputy Inspector-General Mahaffy, C.B., that Sheikh Sooltan, M.B., was on his way to Kotree, reported to be not sick, but that as he had been reporting himself suffering from fever and ague for some months, I should be very guarded and examine him most carefully, and, if I found him ill to treat him, and if shamming to deal with him accordingly. On his arrival at Kotree I perceived he was intensely malarious, and had an attack of fever every day, which I reported to my chief. In conversation over the torture episode, I ascertained that the sepoy in question was a paramour of the murdered woman, was living with her the night of the crime, had been in the service for 12 years, during which time he served as hospital orderly at Kurrahee, where a galvanic battery was used. Dr. Sheikh Sooltan had a galvanic battery which he used in his practice, and which circumstance was known to the accused murderer. I also heard Dr. Sooltan describe the extent of the burn, its nature and character, and was satisfied that, being on the sole and side of the foot, and healing after a few days' treatment, it was more likely to be produced by a burning rag or wisp of hemp than by heated wood or iron as imputed. Now, as a general rule, if torture be applied to extort confession of guilt, it will be applied

in some part sensitive and not easily exhibited, such as the genitals or anus; whereas, if used for the purpose of imputing it to others, it will be applied to the parts which are constantly exposed and which will call forth pity, such as the face, hands and feet. If torture be used by an outside person it will be through an instrument easily regulated, and if by oneself it will be such as can be had to hand. The description of the wound accorded with what a burning rag or piece of tow would produce, not what a defined piece of wood or iron would cause, and as for the galvanic battery there is nothing would make such an impression in a native hospital orderly as the sight of it at first, and there was no talent required in describing the action of that which was different from everything else, and which was the lion as it were of the whole fold. I became convinced that the charge of torture against Dr. Sheik Sooltan and Mr. de R. was cruelly false. I stated so to a relative of the Governor of Bombay, who was staying with me at the time, and who asked me to place my argument in writing, which I willingly did. Mr. V. F. essayed to defend the charge against Mr. de R. on my lines before a large group of officials at a dinner conversation, and appealed to me, when, with much nervousness, I endeavoured to explain why it was not at all so certain that Mr. de R. and Dr. Sheik Sooltan were guilty of torture such as might be common in days of native rule. Suffice it, that I induced the governor's relative staying with me to place the facts per letter before his Excellency and to have the two sides heard in the case. An inquiry was granted, and after an interview with Mr. de R., the inquirers were perfectly convinced that the torture was a trumped up case. Mr. de R. was rehabilitated and took leave to Europe. I heard from a clergyman of the Indian Establishment whom I met the other day and was acquainted in India with the facts, at present Mr. de R. is governor of a colonial island. He has not the remotest conception of how he was saved from ruin.

Clinical Records.

ST. BARTHOLOMEW'S HOSPITAL.

Case of Right Hemiplegia, followed by Epileptic Attacks—Albuminuria.

Under the care of Dr. REGINALD SOUTHEY.

(For the report of this case we are indebted to Mr. ALBERT GRESSWELL, B.A. Oxon., M.R.C.S.)

WILLIAM F., *æt.* 53, a well-built, corpulent man, by occupation an engine-driver during the last twenty years, was admitted to Matthew Ward on July 19th, 1882, and died on July 23rd. He went to work apparently well on July 19, at 3 p.m., and was brought in about 11 p.m. the same day. When first seen in the surgery he was lying calmly on the stretcher; he spoke rationally, but with very indistinct articulation. He could move his left leg freely, but when asked to move his right one he said "I can't." When also asked to move both arms he moved them freely, and he could put out his tongue. About a quarter of an hour after being brought to the surgery he suddenly became quite unconscious. The left pupil dilated to its full extent, and became fixed. The right arm also became paralysed, the left side of the mouth was puffed out with each expiration, and his breathing became stertorous. Shortly before the fit he sat up, asked in an excited manner for a urinary vessel, and then immediately passed water. He then fell back and became quite unconscious, as mentioned above. His wife told us that he had been complaining for some weeks of great languor after his work, and of some loss of appetite, and that he went to work apparently pretty well this morning. She said he had been in the habit of drinking moderately, had been laid up seven months with rheumatic fever about two years ago, and that he had had a little cough for a long time, but never spat blood. His bowels were generally regular, and he had passed water frequently during the night for some years past. He had never complained of momentary loss of his senses, or of giddiness, and he had never had any fit before of any kind. He was a

largely-framed, fat man, of fair complexion, and his skin was moist and rough. When examined in the ward his left pupil was dilated and fixed, and the left side of his mouth retracted. His tongue was flabby and moist, and the cervical glands were enlarged. The lungs were normal. The impulse of the heart was forcible, the apex indefinable. The precordial dullness was slightly encroached upon by pulmonary resonance. The heart sounds were distant but clear. Pulse 120, arteries hard and tortuous, temperature 99°6'. There was a papular rash over the right hypochondrium. Right upper and lower extremities were paralysed. Both legs and feet pitted on pressure. Patellar reflex marked at each knee. No patellar or ankle clonus. Very slight reflex excitability of the right sole; marked reflex excitability at the left sole.

Ordered—D.L. Beef tea. Balneum vaporis.

Hms. c. m. s. 3ij. statim.

Hst. sennæ co. 3iss. statim.

July 20th, 1 a.m. —Has been quite unconscious, and very drowsy through the night. Breathing stertorous. Left side of face twitching violently every two or three minutes. Left angle of mouth still drawn up. Constant movement of the left arm and fumbling about with the bedclothes. Temperature of right side 100°4'; of left side 102°. Left pupil much the larger. Both pupils react to light. Urine is clear, acid, and contains many granular casts, and one-fourth per cent. of albumen.

2 a.m. —Lies quite still and unconscious. Temperature, right side 99°4'; left side 100°2'.

3 a.m. —Right lower extremity moves when tickled at the sole, but not nearly so much as does the left lower extremity. Temperature, right side 98°8'; left side 100°4'.

6 a.m. —Passed water freely in bed. Bowels not open.

11 p.m. —Both pupils react. Lower extremities pit much less than they did on admission. Patellar reflex present at each knee, less at the right than at the left. Has swallowed very little, but he swallows with much greater ease than he did. Pulse 80. Respirations 40. Temperature, right side 100°6'; left side 99°8'.

Ordered—Ice. Hst. sennæ co., p. r. n. Boroglyceride 3j. in each pint of milk that he takes.

July 21. —Slept about two hours in the night. Very restless during the rest of the night. Is much more conscious this morning. Had great difficulty in swallowing last night, but this morning he opens his mouth and swallows easily, and says "No," when he has taken enough. Bowels not open. Temperature 98°8° both sides. Has swallowed hst. sennæ co., 3iss. Passed water under him. Both pupils freely react to light; the left is slightly the larger. Tongue very dry.

P.m. —Both pupils are equal and react to light.

Ordered—Enema simplex, cras mane, si opus sit.

July 22. —Much better night. Bowels open. Pulse 60, smaller volume. Respiration 80. At 9 a.m. had an epileptiform convulsion; clonic convulsions, affecting chiefly the muscles of the face, followed by coma, with puffing, stertorous respiration. Temperature, 98° right side, 99°4° left side.

Ordered—Cataplasma sinapis to the loins, to be followed by hot fomentations.

11 a.m. —Became somewhat more conscious. Temperature, right side 104°4', left side 104°2'.

3 a.m. —Was apparently quite conscious. He complained by gesture of his flannel shirt, and seemed to be satisfied when his wife told him that she would fetch him another.

5 p.m. —Respirations became greatly quickened and loudly stertorous. Had two epileptiform attacks, in the first of which he became entirely comatose, and remained so, profusely perspiring, with respirations greatly hurried, and a pulse which quickly became very weak, small, and irregularly intermittent until death, at 5.15 p.m. No post-mortem examination.

Remarks.—The symptoms presented on admission were those of ingravescent apoplexy. The heart's impulse was forcible, and the patient had some albuminuria, and his radial arteries were hard and tortuous. The onset of the symptoms was not sufficiently sudden to justify a diagnosis of embolism, and, moreover, the heart's sounds were natural. The temperature record is interesting, as serving to show how very similar the heat of the two sides of the body was. The paralysed side was at first the cooler, then it was hotter, then of the same temperature for one whole day, and about the same for two days. After death the temperature on the two sides fell at very similar rates.

Transactions of Societies.

ACADEMY OF MEDICINE IN IRELAND.

MEDICAL SECTION.

A MEETING of the Medical Section was held on Friday evening, Feb. 15, at the College of Physicians, The Registrar-General of Ireland (Dr. Grimshaw), in the Chair.

SPINAL CORD DISEASE.

Dr. NIXON read a paper on a case of primary lateral sclerosis and exhibited the patient.

Dr. J. W. MOORE pointed out that the deep reflexes were better marked on the side first affected, and on which the disease had apparently made most way. This was of some interest, as the right limb was affected more than two months before the left became implicated.

Dr. HENRY KENNEDY said there were cases on record where similar symptoms existed, and yet no lesion of the cord. Considering some of the facts, there were grounds for ascribing all the symptoms to a local cause. The late Dr. Graves had drawn attention to the fact of paraplegia occurring as the result of external causes, and that persons can get paralysis of the lower limbs from exposure to wet. The boy here being a common labourer, it was not straining a point to suppose that he had been exposed in such a way as to endanger the functions of the lower limbs. In Weir Mitchell's work there were records of a host of cases where extraordinary symptoms arose from direct injury to the nerves themselves. A Scotch medical man had given an interesting account of an individual labouring under an affection of the hand, and after death the nerves of the hand and arms were found diseased in themselves. Therefore, he would be slow to connect symptoms necessarily with the spinal cord.

Dr. NIXON, in reply, concurred with Dr. Moore that the reflexes were more marked in the limb where the paralysis commenced than in the other limb. It was difficult to conceive how anyone could adopt the view of the symptoms that existed in the boy's case being due to a peripheral form of paralysis. There were other symptoms that clearly showed the disease had a central origin. In no other way could be explained the reflex phenomena. Or, assuming there was a motor paralysis, why was there not complete extinction of the reflex, as there should be if the motor nerves were involved. He would be sorry the society accepted the view that a case like the present, where the signs of nervous lesion were of so marked an origin could be due to functional phenomenon, or phenomenon that had a mere peripheral source.

DISCUSSION ON SCARLET FEVER.

Dr. J. W. MOORE in the first place pointed out the strict obedience to the law of seasonal prevalence of scarlet fever which the present epidemic had shown. He illustrated that law by an allusion to the observations made upon the subject by the Registrar-General for England, Dr. Ballard, Dr. J. W. Tripe and himself. According to the statistics of admissions and deaths from scarlet fever patients, compiled from the register of Cork Street Hospital for ten years, 1874-83, inclusive, it appeared that of 738 patients admitted with the disease, 192 came in during the first quarter of the year, 136 during the second, 194 during the third and 216 during the fourth. The deaths, 149 in number were, similarly distributed, 38 occurring in the first quarter, 24 in the second, 31 in the third, and 56 in the fourth. The continued prevalence of so infectious a disease during the autumn and winter was no doubt due to the facilities for the spread of infection afforded by overcrowding and deficient ventilation. As regards the present outbreak, the admissions were:—April, 1883, 0; May, 8; June, 5; July, 9; August, 15; September, 23; October, 27; November, 32; and December, 26. The epidemic reached its greatest intensity about the end of October, and was now subsiding, according to the usual law. He presented a table showing the number of male and female patients, with the ages, deaths and mortality in each group. The prevailing type of the disease was scarlatina anginosa, and the mortality up to the end of January, 1884, had been 24 per cent. among males and 23·8 per cent. among females. The general mortality had so far been 23·6 per cent. Among children under 5 years of age it was particularly high, 32 per cent. among males and 35·3

per cent. among females. The chief complications were acute desquamating nephritis and renal dropsy, uræmic convulsions best treated by pilocarpin; diffuse cellulitis of the neck, followed in one instance by cancerum oris; diphtheria in one case, treated with sulphurous acid spray; rheumatism and, in a private case, phlegmasia alba dolens.

Dr. J. E. KENNY bore out Dr. Moore's statement fully as to moderate temperature favouring the development of scarlatina. Moisture was an important factor in the production and spreading the disease. Another point was the connection of scarlatina and erysipelas. In the late epidemic in August and September erysipelas became frequent, and he had a number of cases of diffuse cellulitis of an aggravated form in the North Dublin Union Workhouse Hospital, and scarlatina in the following month became epidemic in the house itself, he connected the action of the atmospheric influence and the alliance between the two diseases. The defective housing of the poor was one of the great causes of epidemics such as scarlatina; in winter time ventilation is an important factor, and that was why the epidemic reached a climax in cold weather, though it commenced in moderate temperature, he asked what was the most rapid case in which death occurred? In a child, æt. 13, he had known it to follow 36 hours after the first symptoms.

Dr. C. J. NIXON corroborated Dr. Kenny with regard to the effect of the humidity of the atmosphere influencing the spread of scarlatina, he agreed with Dr. Moore's statement as to the frequency with which epidemics of erysipelas and scarlatina run together. There was another also prevalent in scarlatina epidemics—namely, typhoid fever; and that was one of the arguments Dr. Harley used for regarding typhoid fever as abdominal scarlatina. He would be sorry to go the length of regarding the two diseases as one, only having a different locale. Another point he had no opportunity of verifying was the particular lesions found in very grave cases of scarlatina that died in a couple of days after the accession of the disease. A little girl was admitted from a house where two of her sisters had died, and she died in the Mater Misericordiae Hospital, she was unconscious with a temperature of 106° or 107°, and an exceedingly rapid pulse. She died within 24 hours after admission and within 48 hours after she got ill. On post-mortem examination, the only lesion he found was an extremely well marked condition of poecenteric. He did not, however, think that could be regarded in the smallest degree as establishing any identity between the two diseases; because in all cases of pyrexia there was an increased amount of lymphatic functions, and the spleen underwent enlargement. He did not think there was anything more remarkable than the varying symptoms in the different epidemics.

Dr. BOYLE said Bartell had referred to a malignant form of scarlatina where the throat was principally affected, as the form most complicated with nephritis.

Dr. FITZPATRICK related the case of a child whom he was called to see in consultation some years ago. It was in perfect health and was suddenly attacked with vomiting. He saw no eruption, sore throat, enlarged tonsils or any indication except prostration of the high fever, and he said the child was labouring under congestion of the brain from poisoning, and the poison he could conceive was scarlatina. The child died next morning at 7 o'clock, that was the quickest case of fatality he ever saw. A post-mortem examination was held and a slight effusion was found on the brain, while there was enormous congestion of the cerebral substance. One solitary gland was enlarged; two of the family and a lady in the house were attacked with scarlatina. He, himself, took the disease and one of his children died of it, making two deaths out of 12 cases; it afterwards transpired that the child had been taken the night before to the wake of a person who had died from scarlatina.

Dr. HENRY KENNEDY observed that in these cases of rapid course the throat was very little engaged. He had seen them several times to succumb between thirty to thirty-six hours. Within six weeks he had been called to two fatal cases which ran rapidly into coma. There was no affection of the throat, but there was evidence of congestion and the pupils of the eyes were wild-looking and exceedingly contracted. He had been cognisant of four cases of fatal hæmorrhage from the vessels in the neck giving way.

Surgeon-Major GORE mentioned the extreme rarity of scarlet fever in India, where there was such a high temperature. In five and a-half years' experience in India he reported only four cases, and these in troops coming into

the country. The disease never spread, it did not exist among the natives, whereas measles was extremely common.

Dr. J. W. MOORE in reply, said during the present epidemic they had had no very rapid case. The shortest was three days from the initial symptoms. The most rapid case of which he was ever cognisant was thirty hours. As to the period of incubation alluded to by Dr. Fitzpatrick, it appeared in his case to be only one day. He was now in the habit of speaking confidently as to the safety of those who had been exposed to the infection, if seven days had elapsed from the exposure. There was no ground for supposing that the period of latency was protracted beyond seven days; it was nominally between three and seven. With regard to the coincidence of enteric fever and scarlet fever, or (as Dr. Nixon had put it, in the words of Dr. Harley), the possible connection, he did not believe in that at all. Enteric fever and scarlet fever both arose in autumn. That explained their coincidence. Again, both were accompanied by a glandular complication, particularly in children; but the glandular complication was quite distinct. It was usually the solitary glands, in scarlet fever, that were affected, while in typhoid fever the agminate glands were. There had not been much enteric fever in Dublin. With regard to the infrequency of scarlet fever in India, Dr. Ballard considered that a higher temperature than 60° did not appear to be in itself unfavourable. For its complete development it was necessary that the condition of the atmosphere should not exceed 86° or be much less than 74°. In India the temperature was exceedingly high unless at the rainy season, and hence the infrequency of the disease for the reason he had mentioned. The coincidence of erysipelas and scarlet fever was not a new discovery, having been alluded to by Dr. Graves in the terrible epidemics of 1803-32 in Dublin, and James Cusack had also placed the same observation on record. Lastly, it was worth remarking that small-pox and scarlet fever were closely related as regards their times of prevalence, and there seemed to be a strange susceptibility to the poisoning of scarlet fever by those who were recovering from small-pox, and the converse was equally true. The same observation was not at all applicable in common or typhus fever.

The CHAIRMAN remarked as to the parallelism which Dr. Nixon seemed to think existed between scarlatina and enteric fever, that so far as the present epidemic was concerned there was no parallel whatever. During the fifty-two weeks of 1883, enteric fever was constantly prevalent, whereas, in the early part of the year the death-rate from scarlatina was returned in most of the columns, blank. Six weeks elapsed without a single death from scarlatina being registered, and then only one. In Dublin the epidemic had been as nothing compared with what had occurred in Belfast, where during 1883, the deaths from scarlatina numbered 353 against 179 in Dublin, and Belfast district was not two-thirds the size of Dublin district. It was one of the most formidable epidemics of which he had ever heard. He had a table for ten years, setting out the most important zymotic diseases for each province, and it appeared that scarlatina and several other diseases had regularly ranged throughout the country. It was highest in Leinster in 1874, in Munster in 1872, and in Ulster in 1875. This moving about was a feature common to epidemics, and showed the importance to take proper measures to prevent the spread of disease by notification. Nearly all the diseases they got from Liverpool, and it was important that the advent of a disease should be noted from Liverpool just as from one part of Dublin to another. The liability of small-pox patients to get scarlatina arose from the great diffuseness of the poison of scarlatina rather than any predisposing liability of the patients themselves.

The section then adjourned.

FOR the Chair of Pathology in the University of Cambridge the following gentlemen are candidates:—Prof. Hamilton, of Aberdeen; Dr. Joseph Coats, of Glasgow; Dr. Woodhead, of Edinburgh; Dr. Roy, of the Brown Institution; and Dr. Creighton, formerly Demonstrator of Anatomy at Cambridge.

LIVERPOOL MEDICAL INSTITUTION.

THURSDAY, MARCH 13TH.

Dr. MACFIE CAMPBELL, Vice-President, in the Chair.

Dr. ARCHER exhibited an interesting specimen of
MITRAL STENOSIS.

It was the heart of a male, *æt.* 27, who had had an attack of acute rheumatism fifteen years previously. There existed the well-known signs of contraction of the mitral orifice, that is to say, there was a presystolic murmur and thrill situated slightly internal to situation of apex beat, also a duplication of second sound over the pulmonary area. The area of cardiac dulness was increased. He suffered at times from severe attacks of dyspnoea, and from congestion of the lungs. From time to time he apparently derived much benefit from treatment. The cause of death was the onset of a sudden attack of pulmonary oedema. Some time before the fatal termination, the presystolic bruit had become inaudible. Dr. Archer mentioned that this was a symptom of bad omen, showing that the heart was losing its compensatory powers. At the post-mortem, there was found extensive pleural adhesions, and also pleuro-pericardial adhesions. The pericardium was adherent over the anterior surface (right ventricle) of the heart. The heart was rather globular in shape, weighing between sixteen and seventeen ounces. The left auricle was dilated, and its walls somewhat hypertrophied. On looking at the mitral opening from the auricle, it was represented by a narrow button-hole like slit, surrounded by a rough, thick, bony ring. It had much the appearance of a diseased and indurated os uteri. The mitral valves were thickened, rough, noduled, and fused together. The right cavities were dilated, and there were traces of commencing disease at the tricuspid valves, they were thickened, and minute vegetations were visible along the margin of one of them. The lungs were congested and oedematous.

EXTRAORDINARY FOREIGN BODY IN THE NOSE.

Mr. RUSHTON PARKER showed a gun breech and bolt removed from the nose after five years. The patient was a Welsh farmer, *æt.* 26, who was brought to him suffering from a fetid discharge from the nostrils and from the upper jaw inside the lip, with the history of a gun accident five years previously. The discharge was supposed to proceed from a necrosed bone, and Mr. Parker at once made arrangements for removing the diseased portions, the patient taking lodgings in Liverpool for the purpose. In order to avoid disfiguration, the opening between the lip and jaw was enlarged and, after considerable violent traction, a loose body was removed, which proved to be a breech and bolt of a single barrelled fowling piece, which had remained embedded ever since the gun accident five years before. The bleeding was profuse, but was allayed by hot water. The weight of the metal removed was 3½ ounces, and the length about 2½ inches. He mentioned that a somewhat similar case had been noted by Mr. Lawson. He then showed some specimens of comparative pathology, and afterwards a simple mammary cyst that was of interest clinically, as it was almost solid and so hard as to be scarcely distinguishable before removal from cancer.

Mr. DAMER HARRISON then showed a boy from whom he had removed a portion of os calcis for destruction of soft tissue over the heel; after which he exhibited a patient who had sustained a fracture of the spine between the second and third lumbar vertebrae. This case was noticeable from a curious area of anaesthesia on each thigh, and from the fact that when bladder trouble arose an opening was made into the bladder for the purpose of drainage, this line of procedure being followed by very happy results.

Mr. REGINALD HARRISON remarked on this case that Mr. Damer Harrison had suggested and illustrated a line of practice. In paralysis after such injuries it was usually the bladder complication that killed—the cystitis, sloughing, ammoniacal urine—the patient was killed by his own excretions. We should do good service by laying the bladder freely open and letting the patient drain. This was far better than passing the catheter six times a day.

Dr. GREVES asked whether there was any affection of the rectum simultaneously with that of the bladder. Also if there was any acute muscular atrophy of the legs, and whether the anaesthesia was quite limited to the area described. He quoted a case which proved the truth of

Charcot's recent observations, which proved that regeneration of a diseased cord might take place, and pointed out that the presence of acute bed sores and bladder trouble in Mr. Harrison's case showed that there was serious mischief either in the central part of the lumbar cord, or complete obliteration by pressure of the transmitting power of the nerves of the cord equina.

Mr. REGINALD HARRISON then read his case of
CYSTOTOMY FOR RUPTURED BLADDER,
which will be found on page 295.

Dr. CAMPBELL related the particulars of a similar case that had been treated in the Liverpool Northern Hospital, under the care of Mr. Puzey, and which ended favourably.

Drs. Alexander and Imlach also spoke; after which Mr. Harrison replied.

Dr. GLYNN then related some particulars relating to a case of

OPHTHALMOPLÉGIA EXTERNA,

a disease which was of sufficient rarity to be of interest. The patient was a young man (patient exhibited) suffering from no very positive symptoms, except vomiting and hiccough, and it was also noteworthy that he had become worse under treatment. As there was a syphilitic history, the patient had been treated by mercury and large doses of iodide of potassium. The prognosis in these cases was unfavourable. The affection was interesting from its association with bulbar paralysis, neighbouring parts of the medulla being affected in the two diseases. The pupils were generally sluggish, and there was no ataxia.

SUPPURATIVE OSTITIS OF THE FEMUR.

Mr. PAUL showed the femur from a girl, *set.* 12, who had been subjected to amputation at the hip-joint for this condition, following excision of the hip. The patient was some time under observation with hip disease before the excision was performed. After the operation she progressed fairly well for a time. Then the whole thigh became gradually very much swollen, and a profuse discharge of pus commenced with the formation of numerous sinuses from the hip to the knee. Exploration of these sinuses showed the periosteum was not removed from the bone, and that there was no large sequestrum anywhere that could be removed. After nine months profuse suppuration, when the child was almost exhausted, the parents permitted amputation at the hip-joint, which was rapidly followed by recovery. The bone was a specimen of considerable interest and rarity. The whole of the old shaft had been removed by suppuration, and replaced by the gradual formation of a delicate loose new bone, of scarcely greater diameter than the original shaft. Here and there in the meshes of the new bone small sequestra of the old one still remained. The medullary cavity was not differentiated. The lower epiphysis was simply in an extreme condition of rarefying ostitis. Mr. Paul said that inflammation of the central portion of the bone produced exactly analogous conditions to inflammation of the cortex and periosteum, and showed several specimens in illustration. Acute inflammation led to septic poisoning or central necrosis as after amputation; while a lesser intensity produced rarefying or suppurative changes in delicate subjects, and osteoplastic changes with the formation of new bone in the medullary cavity in more robust constitutions.

THE triennial dinner of the Jews' Hospital, held last Thursday, has, so far, produced the largest subscription list of any of the London festivals. This was held under the presidency of the Lord Mayor, when a sum of £4,200 was subscribed in the room. The hospital is in connection with the Orphan Asylum, and both have done good and useful work among the distressed portion of the Jewish community.

A FIRE broke out at Hope Hospital, Salford, on Saturday night, and was not extinguished for six hours. The damage done to the building is very heavy, but, fortunately, all the patients were removed to a place of safety without injury.

The General Medical Council.

THIRTY-FIFTH SESSION, 1884.

LAST Tuesday week the members of the General Medical Council met in London, according to annual custom; but considerable haziness appeared to pervade the minds of many as to the objects for which they were called together, now that the Government have taken medical education and medical affairs generally into their own hands. This view of uncertainty of tenure, of cramped powers and hampered intentions pervaded the President's speech in opening the session. In this speech Dr. Acland gave a brief outline of the work before the Council, and of the objects of the Medical Bill, the main principles of which were four—viz.: (1) To ensure one final pass examination in each branch of the Kingdom, all three being reasonably uniform. (2) To appoint three medical boards which shall regulate the chief educational details, in the place of the branch councils. (3) To alter the mode of appointment of the supreme General Council. (4) To amend or enact divers clauses which experience has shown to need revision or addition. He referred to two or three cases of removal from the Register for infamous conduct, and to the action of the committee on unqualified assistants. He naively suggested that the Council might consider whether it could not reform itself, by the rectification of certain ambiguities which have from time to time been found; concluding his address by mentioning that, as his term of office expired this summer, the fate of the Bill would probably be known.

The Council this year is constituted as when it last met, with the exception of Professor Struthers of Aberdeen, who took his seat this session for the first time as the representative of the Universities of Edinburgh and Aberdeen, *vice* Prof. Turner.

THE EXECUTIVE COMMITTEE.

The Executive Committee was then chosen, and the following members were reappointed: Dr. Acland (President), Sir Henry Pitman, Mr. Simon, Dr. Haldane, Dr. Humphry, Dr. Quain, and Dr. Aquilla Smith.

PASS AND PLUCK STATISTICS.

A table showing the results of professional examinations held in 1883 for qualifications granted under the Medical Act by the bodies named in Schedule A was laid before the Council.

Dr. AQUILLA SMITH, referring to the table prepared by him, said it contained some interesting facts, to which he desired to call attention, with reference to the percentages of rejections at the final examinations by the different bodies. He had compared the rejections in 1883 with those in 1867, with the following result:—

Percentage of Rejections in 1883 and 1867.

	1883	1867.
Royal College of Physicians, London ...	20.0	11.2
Royal College of Physicians, Edinburgh ...	29.8	19.4
King and Queen's College, Dublin ...	19.4	19.4
Royal College of Surgeons, England ...	36.7	12.0
Royal College of Surgeons, Edinburgh...	47.7	17.5
Royal College of Surgeons, Ireland ...	25.3	15.8

Conjoint Boards.

	1883.	1867.
Royal College of Phys. and Surg. Edin.	47.6	20.4
Roy. Coll. of Phys. Ed. & Glas. Faculty	42.8	14.7
Glasgow Faculty	43.6	44.0

In the case of the following bodies the rejected exceeded the passed:—

	Rejected.	Passed.
University of London	126	116
Royal College of Surgeons, Edinburgh ...	120	111
Faculty of Glasgow	54	49
Roy. Coll. of Surg. Irel. (New Scheme)...	100	17
Ditto ditto (Old Scheme)...	118	126

Taking into account these large proportions of rejections at primary examinations, and also the large proportion of candidates rejected by the College of Preceptors, they had unmistakable evidence of the fact that there was a great defect in the primary education of young men entering the medical profession. The matter was one which ought to engage the serious consideration of the Council, with a view of instituting an improved curriculum of education. No student ought to be admitted into any medical school

without having obtained a satisfactory certificate of preliminary education. At present young medical students were often not better educated than those who had situations in the Custom House or in the Post Office. A well-devised system of elementary education for the students would, he believed, produce very satisfactory results, and prevent many abuses. He did not propose to make any motion on the subject, but he hoped it would not be overlooked by the Council.

Mr. MACNAMARA thought there must be some error in the figures cited by Dr. Aquilla Smith with regard to the licence of the Royal College of Surgeons, Ireland (new scheme). The statement was that 100 were rejected and 17 passed. He doubted if more than 17 students altogether had gone in under the new scheme.

CANDIDATES UNDER THE EXCEPTIONAL CLAUSE.

A table showing the number of exceptional cases occurring in 1883 under Clause 20 of the Council's Recommendations on Education and Examination, with a statement of the action taken thereon by the licensing bodies, was laid before the Council.

Mr. MACNAMARA said he thought it would be gratifying to the Council to know that the College of Surgeons, Ireland, had cordially accepted its recommendations, and that "exceptional cases" had been remitted at once to the branch council for consideration, as required by the General Council. He observed, however, that the College of Physicians of London and the College of Surgeons, England, had had a number of such exceptional cases, but had not referred them to the branch council in England.

Mr. MARSHALL said that the cases in question had been very carefully considered by the Council of the College of Surgeons, and the authority of different examining bodies had been closely investigated. The candidates were from Indian, Colonial, or foreign universities and colleges, and the Council had exercised its power with extreme care.

Sir HENRY PITMAN said that the Council had resolved that such exceptions might properly be allowed in case of any graduate in medicine of an Indian, a Colonial, or a foreign university, or of any student who, having completed the full time required by the Council, and having given satisfactory evidence of general education, should have spent the whole or three-quarters of that period at an Indian, a Colonial or a foreign university.

Mr. SIMON said that the licensing bodies had been requested to communicate to the Council (not to the branch councils) annually a statement of the action taken by them in respect of such exceptional cases. The returns laid before the Council were in accordance with that request. He desired to express the pleasure with which he had heard of the action taken by the Royal College of Ireland in the matter.

AMERICAN AND COLONIAL EXAMINATIONS.

A communication was read from the Provincial Board of Nova Scotia enclosing extracts from the Medical Act of Nova Scotia, and informing the Council that the subject of elementary mechanics of solids and fluids had been added to the subjects in the compulsory list.

Sir HENRY PITMAN moved that the communication be received and entered on the minutes.

Dr. HAUGHTON said he had satisfied himself by personal visits that the elementary examinations of many of the American and Canadian bodies were not at all satisfactory. Those in Australia, New Zealand, and Ceylon were of a much better character. He argued that it was not necessary to enter the letter from that Board on the minutes, and that it should be simply entered as having been read, no action being taken upon it.

This was ultimately agreed to by the Council.

PERSONATION AT EXAMINATIONS.

The following report was received from the Executive Committee with reference to the provisions taken to ensure the impossibility of personation at the examinations of the several bodies, the certificates of which were accepted by the Council as satisfactory evidence of preliminary examination.

"In some instances (the Universities of Oxford, Cambridge, Durham, Glasgow, St. Andrews, Victoria, Aberdeen, and Dublin), the students are resident in the universities, and are personally known to the examiners or others con-

noted with the examinations, which is regarded as affording sufficient security against personation. In Aberdeen, however, there is the additional precaution of comparing the handwriting of the exercises with that on a small schedule filled up beforehand by the candidate; and in this way two instances of personation were detected. In other instances (the Oxford and Cambridge School Board Examinations, the Durham and St. Andrews Local Examinations, and the Local Examinations of the College of Preceptors), the examinations are at the schools, or the schoolmasters or teachers are present, or are responsible that the candidates are *bond-fide* pupils in their several schools; and there is, in addition, the security afforded by the signatures of the candidates previously given in. In the third class of cases (the Examinations of Colleges of Physicians and Surgeons of Edinburgh, the Durham Medical Registration Examination, the University of London Matriculation, the Glasgow Local and Preliminary Examinations, the Examination of the Apothecaries' Society of London, of the Apothecaries' Hall of Ireland, the Assistant Commissioners of Intermediate Education in Ireland, the Royal College of Surgeons of Edinburgh, the Examination of Private Students at the College of Preceptors, and Oxford Local Examinations), the candidate previous to the examination fills up a form with his signature, the handwriting of which may be compared with that of his answers. In the case of the Local Examinations, moreover, the candidates are usually from schools or centres where they are known. In the University of Edinburgh the signatures of candidates are preserved, which can be compared with their names at subsequent examinations. The Faculty of Physicians and Surgeons of Glasgow, after full discussion, with a view of devising some effective check, forced upon them by the occurrence of two cases of personation at their examinations, came to the conclusion 'that the most effectual means of deterring from such a nefarious practice will be found to be the prosecution of the delinquents in every case in which the evidence warrants it.' The Royal College of Surgeons in Ireland has not adopted any special means, but appreciates the necessity for the adoption of precautions. The Civil Service Commissioners say that they take such measures as they deem necessary. The committee recommend the Council to suggest to all examining authorities that, except so far as they may have in use other and better means of identifying candidates, precautions as follows should be taken:—1. That each person desiring to present himself for examination by any examining authority should be required to make previous application to the authority in a prescribed form, signing his name to the application, and having his signature attested in a way which would suffice for its authentication. 2. That each examining authority should keep a signature book for the candidates who present themselves for examination, each of whom should be required to sign his name in the book in the presence of an officer of the authority." The committee recommend that if this Report be approved, a copy of it, with the "answers," be sent to each of the several bodies, the certificates of which are accepted by the Council as satisfactory evidence of preliminary examination.

The two recommendations proposed by the committee in the foregoing report were then entered on the minutes, and the Council adjourned.

SECOND DAY.—WEDNESDAY, MARCH 26TH.

REMOVALS FROM THE REGISTER FOR INFAMOUS CONDUCT.

The first business was the reception of a report by the solicitor of the Council on the case of Daniel Murray O'Hara, referred to him by the Executive Committee, by whom he had been instructed to take such steps as might be necessary to ascertain the identity of Daniel Murray O'Hara, and to bring his case before the Council, both in respect of his being the person he represents himself to be, and also in respect of a letter received from him in October, 1883, by Dr. Heard, registrar of the Irish Branch Council.

In the first case there was a confliction of identity and name, the person charged being O'Hare or O'Hara. A medical agent who gave evidence swore positively that it was one and the same individual, and that he had seen him that morning. The solicitor to the said Dr. O'Hara, on the other hand, attended and produced a medical certificate, dated March 24th, certifying that Dr. O'Hara of Prescott

had had a very severe attack of angina pectoris, and was totally unfit to travel.

Dr. HAUGHTON stated that he had compared some of the letters written by Dr. O'Hara and Dr. O'Hare, and the handwritings did not appear to him to be identical; but he attached but little importance to that circumstance after the positive evidence of identity given by the medical agent.

Sir HENRY PITMAN said it would be an important link in the evidence if they had before them the diplomas actually held by Dr. O'Hara. It was true, however, that they would not establish his identity, as he might have surreptitiously obtained them from another person.

Mr. BURRELL, law adviser to the Council, stated that in January, 1859, D. M. O'Hara was registered as M.D. of the Queen's University of Ireland, and Member of the College of Surgeons, England, and that in December, 1858, O. P. O'Hare was registered with the same qualifications.

After some deliberation in private.

The PRESIDENT announced that the Council had come to the conclusion to adjourn the inquiry into Dr. O'Hara's case for further information.

The Council received a report from the Dental Committee with reference to the cases of J. P. Murray and A. A. Sadgrove, whose names had been removed from the Medical Register for unprofessional conduct but remained on the Dentist's Register. The facts stated by the committee were as follows:—

1. *Re James Patrick Murray.*—That James Patrick Murray was concerned with others in kidnapping some natives of the Fiji Islands, in consequence of which an outbreak occurred on board his vessel, in which several of the kidnapped islanders were killed. That in consequence of this offence, the King and Queen's College of Physicians of Ireland and the Royal College of Surgeons of Ireland struck his name off the respective rolls of Licentiates of those Colleges. That James Patrick Murray's name has been removed from the Medical Register by order of the General Medical Council in conformity with Section 28 of the Medical Act.

2. *Re Arthur Augustus Sadgrove.*—That Arthur Augustus Sadgrove, being registered only as a "Licentiate of the Apothecaries' Hall of Dublin," falsely and fraudulently held himself out to be also a Licentiate of the Royal College of Physicians of London and a Licentiate of the Royal College of Surgeons of Edinburgh, thereby endeavouring to induce persons to believe that he was possessed of more or greater qualifications than was the fact. That the Royal College of Physicians of London had previously proceeded against Arthur Augustus Sadgrove, at Wallingford, for professing to be a physician, for which he was fined £5, and costs £5. That a prosecution by the Faculty of Physicians and Surgeons of Glasgow against Arthur Augustus Sadgrove for unlawfully and wilfully uttering a forged document, purporting to be a diploma of that Faculty and obtaining money by false pretences, failed on technical grounds. That Arthur Augustus Sadgrove's name has been removed by order of the General Medical Council from the Medical Register.

Both of the accused having been summoned to appear before the Council (Mr. Sadgrove alone appearing), the President, after private deliberation of the Council, announced that, as it had been proved to the satisfaction of the General Medical Council that these two persons had been guilty of infamous conduct in a professional respect, the Council does, by this order in writing, direct their names to be erased from the Dentist's Register, and it orders the registrar to erase their names accordingly.

Dr. STRUTHERS then moved, "That the various examining bodies be requested to intimate in future to the General Medical Council all cases of personation." He said he did not know that the Council could enforce information of such cases being given to the twenty licensing bodies, and therefore the simple plan was to ask that information should be given to headquarters.

Dr. PYLE seconded the motion.

Dr. HAUGHTON said he presumed the object was that the Council should send the names to all the examining bodies, and he should suggest the addition of the words, "with a view to their being communicated to the examining bodies recognised by the Council."

The addition having been accepted by the mover and seconder, the motion as amended was agreed to.

PRELIMINARY EXAMINATION.

The following communication was received from the College of Preceptors, and ordered to be entered on the minutes, the thanks of the Council being accorded for the same:—

"42 Queen Square, London, W.C.

"October 11th, 1883.

DEAR SIR,—I beg to submit, for your information, a statement of the results of the Preliminary Examination for Medical Students and others, held by this College on the 4th to 6th of September last. The number of candidates examined was 264, of whom 193 sat at the London centre, 20 at Bristol, 15 at Birmingham, 15 at Leeds, and 21 at Liverpool. Of the total number examined, 82 (or rather less than one-third) obtained certificates qualifying for registration as medical students, and one candidate passed in mechanics as a separate subject. Of the 182 who failed to obtain qualifying certificates, 20 passed in all the obligatory subjects, but did not obtain the minimum total of marks required for a place in the second division of the second class, as required by the Medical Council. Of the remaining 162 rejected candidates, 61 failed in one obligatory subject, 25 in two, 26 in three, and 38 in four (and more) obligatory subjects. Thirty-two candidates were reported for defective spelling, but only one candidate was disqualified on that account alone.

I am, dear sir, yours faithfully,

C. R. HODGSON, Secretary.

The Council then adjourned.

THIRD DAY.—THURSDAY, MARCH 27TH.

DENTAL BUSINESS.

A Table, showing results of professional examinations held in 1883 for qualifications granted under the Dentists' Act, was received, and resolved to be entered on the minutes.

THE LATE DR. ALLEN THOMSON.

The PRESIDENT mentioned that the remains of Dr. A. Thomson would leave Euston Station at 3 o'clock, and it was resolved that three members, one each for England, Ireland, and Scotland (Prof. Marshall, Dr. Struthers, and Dr. Aquila Smith) should represent the Council on the occasion.

CONJOINT SCHEMES.

On a motion to receive letters from the Royal Colleges of Physicians and Surgeons, advising the Council of their withdrawal from a proposed scheme of conjoint examination,

Dr. PYLE having referred to previous discussion of the same subject,

Dr. QUAIN urged that the Council should have further information respecting the non-fulfilment of the scheme carefully considered by the Council several years ago. Had this been done, the existing need for legislation would never have arisen.

Dr. AQUILLA SMITH thought it would be improper to demand any explanation of the kind required.

The PRESIDENT pointed out that the motion was to receive and enter on the minutes the letters referred to. Dr. Quain might then very properly pursue his inquiry by giving notice of a question.

Rev. Dr. HAUGHTON agreed with Dr. Quain that before agreeing to accept the letters an explanation should be given by the two Colleges of the reason for their non-carrying out of the arrangement.

Sir H. PITMAN took the opposite view.

Mr. MACNAMARA supported Dr. Quain.

Prof. HAUGHTON moved that the reception of the minutes be postponed till the following day.

After considerable further discussion, in which Dr. Fergus, Mr. Simon, Dr. Quain, Dr. Aquilla Smith, &c., took part, the amendment was carried.

UNQUALIFIED ASSISTANTS.

Two letters, from the Registrar-General and the Lord President of the Council respectively, in which acknowledgment of the Council's resolutions on the question of unqualified assistants was made, were next read, and a motion that they be received and entered on the minutes was carried. In reply to Dr. Chambers,

The PRESIDENT said that no clause would be introduced into the new Medical Bill dealing with the question of unqualified practices. The Registrar-General, however, having suggested that the Council should embody its views in the form of a

proposed new clause, it would be for it to consider this question.

The motion to receive the letters was carried.

FINANCE.

The report of the Finance Committee was presented and received. From it it appears that the income of the General and Branch Councils for the year 1883 (ending December 31, 1883) has been £7,945 7s. 6d., an amount which exceeds by £780 19s. 7d. the income for the year 1882. The expenditure during the year 1883 has been £4,451 6s. 6d., which is less than the expenditure of 1882 by £369 3s. 7d., showing an excess of income over expenditure for the year 1883 amounting to £3,494 1s. The excess of income over expenditure for the previous year, 1882, was £2,843 17s. 10d.

THE PHARMACOPŒIA COMMITTEE.

The report of the Pharmacopœia Committee was received and entered on the minutes; it declares that since the last meeting of the Council, in April, 1883, the arrangements for the preparation of the next edition of the Pharmacopœia have been continuous. The sub-committee has met on four occasions, and has been in communication with the editors personally, and by written reports. A memorandum has been forwarded by the Registrar to the several medical authorities mentioned in the Medical Act, to various pharmaceutical bodies, and to several gentlemen holding prominent positions as practical pharmacists and manufacturing chemists. Answers in reply to this communication have been received from the Royal College of Physicians of London (provisional), the Royal College of Surgeons of England, the Apothecaries' Society of London, the Royal College of Physicians of Edinburgh (provisional), the Royal College of Surgeons of Edinburgh, the King and Queen's College of Physicians in Ireland, and the Apothecaries Hall of Ireland.

These communications from the several medical authorities contain many valuable suggestions, for which the thanks of the Council are due, and communications have also been received from several pharmacists and manufacturing chemists.

PRELIMINARY EXAMINATION.

The question of mechanics as a subject of preliminary examination having been considered by the Preliminary Examination Committee, after being found to be not usually a part of such examination, this Committee reported against discussion of the subject until it is settled what fate will befall the Medical Bill. Should this not pass into law, then in the opinion of the Committee, the Council should early take the matter into full consideration, the fact being that under existing relations students become registered without fulfilling the Council's requirements in respect to mechanics.

Sir H. PITMAN having moved that the report be received, and explained the circumstances that gave rise to it,

Rev. Dr. HAUGHTON referred to previous discussion on the subject at the Council, and urged the importance of effecting some alteration in the requirements and standard in respect to hydrostatics and mechanics. He thought the whole question of preliminary examination should be fully considered in Council, and not a single subject. He advised simply receiving the report and deferring further action for a time.

Mr. MACNAMARA said some of the students at the R.C.S.I. did pass in mechanics, and some did not, prior to presenting themselves for the first college examination. All who had not passed in these subjects, we specially examined in them at the first professional.

Mr. SIMON thought the regulation of the Council should be literally carried out, and that every student who has not passed in the subjects should be required to do so at some time before registration.

Dr. MATTHEWS DUNCAN deprecated the suggestion that the Council was moribund, and should therefore defer to take action pending the decision on the new Medical Bill.

The President also considered that it was the business of the Council to continue steadily on with its proper work until it ceases to exist; and he did not think that any reason for deferring the subject in hand could be found.

Dr. MATTHEWS DUNCAN thought physics the most important of all preliminary subjects.

Dr. STOREAR moved that, henceforth, no student should be registered unless he shall have passed in all the subjects of preliminary examination, including mechanics.

Dr. PETTIGREW concurred.

Dr. HALDANE considered that preliminary examination was pitched at much too high a standard. It was better for students to know a few things well, than to have a smattering of many. The whole subject demanded revision.

Dr. PETTIGREW urged the Council to refrain from action that would lead to over-educational strain on students.

The REGISTRAR OF THE COUNCIL, by request of the President, stated that the Students' Register for 1884 contained a special column for entries showing what students have passed in elementary mechanics. But there was much difficulty experienced in obtaining the necessary information. No English students gave such evidence of examination, nor, up to the present time, any Irish or Scotch student.

Mr. MACNAMARA said that the Irish schools did not afford information on this point, especially, because there was no knowledge that such information was required. The College of Surgeons issued only a general certificate of preliminary examination, in which no special note was made referring to mechanics.

Mr. SIMON strongly insisted on the absolute importance of a knowledge of physics to medical men of all classes, and moved that the Registrar should notify to inquirers that the regulation referring to mechanics as a subject of preliminary examination should be enforced.

Rev. Dr. HAUGHTON seconded the motion and moved the adjournment of the debate on preliminary education to a subsequent hour.

FOURTH DAY.—FRIDAY, MARCH 28TH.

THE CASE OF MR. BASS SMITH.

AFTER secret deliberation on the petition for restoration to the Register, made by Mr. Bass Smith, the Council granted the petitioner's prayer.

CONJOINT EXAMINATION.

On the resumption of the adjourned debate on the letters of the Royal Colleges of Physicians and Surgeons of London, announcing their intention to withdraw from the scheme for conjoint examination approved by the Council,

Rev. Dr. HAUGHTON moved to obtain information as to why the arrangement in question had never been carried out.

Sir H. PITMAN took exception to the action of certain members of the Council in raising discussion on the motion for receiving the letters addressed by the two Colleges to the Council, and which discussion had reference to the non-compliance on the part of the Colleges with the approved recommendations of the Council. He contended that it was a simple act of courtesy on the part of the Colleges to send their letters, the reception of which by the Council was not of the nature that it ought to have seen. He moved that the letters be entered on the minutes.

Prof. MARSHALL seconded the motion, and explained that he had no power to give an answer to the question why his College withdrew. If it required to know, the Council should make official application for the information, and as well, of the reason why the scheme had not been adopted. The Council should apply to all the seven bodies interested.

The motion having been carried,

Rev. Dr. HAUGHTON again moved "That this Council having been informed, by the letter from the Royal College of Surgeons, that the scheme approved and sanctioned by the General Medical Council has never come into operation, desires to know if this statement be correct, and, if so, why such scheme has not come into operation." He said that he was influenced in this by the fact that the Irish bodies had acted on the suggestions of the Council, and had drawn up a scheme for conjoint examination, but had waited to see how the English scheme worked before putting it in action, and waited in vain.

Dr. QUAIN seconded the motion, and said this was the first intimation officially received that the English conjoint scheme was not in operation; and it was perfectly reasonable to seek to know why this was so. He thought the two bodies would do well to withdraw their withdrawal. The London University certainly had not withdrawn from the scheme.

Mr. SIMON thought that the action of the two Royal Colleges would have the effect of inevitably terminating the scheme for conjoint examination in England.

Prof. STRUTHERS expressed a brief satisfaction at the action of the Colleges in withdrawing from the scheme. He pre-

sumed, however, that this did not indicate that the scheme had in any way fallen through from weakness. In Scotland there was a general disapproval of the conjoint schemes, and it was a satisfaction to Scotchmen to find Englishmen agreed also that combination between Corporations alone, and not between Universities, was not feasible.

IMPROPER CONDUCT.

The case of Michael Healey, a practitioner of Liverpool, whom the Medical Defence Association of that city accused of dishonourable practice by associating himself in partnership with a notorious quack, was next inquired into. Healey did not answer the summons to appear before the Council, and the Council's solicitor then read several letters bearing on the case. One of them, from the Defence Association, related that Healey died at Christmas last, but continued that the quack in question was now in partnership with another registered medical man, and suggested further inquiries on the part of Council, which, it was the solicitor's advice, should be followed.

Strangers were then directed to withdraw, and on being readmitted,

The PRESIDENT announced that the consideration of the case had been adjourned.

CONJOINT EXAMINATION.

Mr. MACNAMARA, renewing discussion on this subject, remarked that inquiry into the subject was most important. It might be thought the relinquishment of the scheme might have been designed to facilitate the passing of the Medical Bill, as existence of such a scheme would be a powerful argument against the need of such a Bill. As the Bill extinguished the only opponent of the two colleges, viz., the Apothecaries' Society, it might be said they were acting with a view to aid the passage of the measure, and he urged the representatives of the two Colleges to "make a clean breast" of their reason for acting as they had done.

Dr. HUMPHRY felt compelled to speak after the remarks of Prof. Struthers and Mr. Macnamara. Having been more than anyone else associated with the growth of the conjoint scheme in question, he was possibly better than anyone acquainted with its aims and intentions. The scheme was devised and perfected by all the English bodies in conjunction, and they had fully intended to carry it out. If, as Dr. Struthers said, England was at fault, the fault lay at Scotland's door. It was felt unwise to carry it out in England unless it was likely to be carried out in each of the other divisions, the scheme having been intended to be carried out in all three parts of the Kingdom. Prof. Humphry thought it would have been wiser had England carried out the scheme. Mr. Macnamara's remarks had not a shadow of foundation. England hesitated to go on with the scheme while Scotland held back, lest there should be an increased emigration of English students to the easier examinations of Scotland, in case the conjoint arrangement had obtained.

Prof. MARSHALL explained that the Royal College of Surgeons had made no public announcement of conjoint examination, although all arrangements had been made to that end. Action was delayed by the delay of the Scotch division of the Kingdom in proceeding with a conjoint scheme, and a resolution of the College had declared the impossibility of carrying out the scheme until it was adopted in all three divisions of the Kingdom, as otherwise an unfair competition would be perpetuated. The appointment of the Royal Commission and impending legislation served further to create delay. In these circumstances the two Colleges had engaged to create a conjoint examination by co-operation, but this had been deferred lest it might be said that it was designed to obstruct legislation. But if Government should fail in settling the question of reform, it would then remain for the Colleges to unite in forming a combination to carry out the scheme's object.

Dr. HAUGHTON expressed himself satisfied with the explanations afforded. He thought it was a great evil the scheme had not been carried out in the three divisions of the Kingdom.

Mr. TRALE thought the discussion would strengthen the proposals for conjoint schemes should the Medical Bill fail to pass the House of Commons.

Dr. SCOTT ORR alluded to the difficulty that was experienced in formulating a conjoint scheme for Scotland.

Dr. HAUGHTON asked permission to withdraw his motion.

The PRESIDENT alluded to the high importance of this

discussion. Fourteen years ago he endeavoured to promote a conjoint examination scheme. At more than 70 meetings, extending over four years, he advocated such a scheme. The Council had recognised the evil of many examining boards, and that a reduction of their number must either voluntarily or by law be made. He felt that the matter demanded action, and that the opinions of politicians and others should not influence the proceedings of the Corporations in this respect. The state of the existing political atmosphere was too uncertain to admit them to place reliance on legislative action in producing what they wished; and the difficulties under which students labour demanded that something should be done for their relief, and such a means was, he urged, to be found in a conjoint scheme of examination.

The motion was then withdrawn.

DEATH OF THE DUKE OF ALBANY.

In a few words, and under the influence of deep emotion, the PRESIDENT informed the Council of the death of the Duke of Albany, which occurred suddenly at Cannes.

PRELIMINARY EXAMINATIONS.

The report of the Preliminary Examination Committee was read and adopted.

Mr. SIMON having moved that the Registrar intimate the Council's desire to have its resolution as to mechanics duly observed,

Rev. Dr. HAUGHTON pointed out that the requirements of the Council were hardly comprehended by the members; at Dublin all students were examined in elementary physics, and went through three courses of instructions in them, and it was in these subjects the Council now sought to examine all its candidates for registration as students. He thought the whole subject of preliminary education ought to be fully discussed, with a view to limiting the area of the subjects to be brought up, so that a better knowledge of them should be obtained.

Dr. PETTIGREW deprecated putting forward any part of the preliminary examination into the professional examination.

Mr. TRALE thought the preliminary education of students was inefficient.

The motion was carried.

A somewhat lengthy discussion next occurred on the question of permitting the omission of the subjects of geography and history from the Oxford and Cambridge Schools Board Examination, as by the regulations of the Council students must be examined in these subjects. The request to this effect was finally withdrawn, and in the course of the debate leading to it a frequent opinion was expressed that the whole scheme of preliminary education would have to engage the attention of the Council at no distant date.

FIFTH DAY.—SATURDAY, MARCH 29TH.

THE LATE DUKE OF ALBANY.

The PRESIDENT read a draft letter of condolence to be forwarded from the Council to Her Majesty the Queen, and which was then approved, and ordered to be engrossed for subsequent signature by each member.

THE CASE OF O'HARA.

On resumption of adjourned consideration of the case of O'Hara, the Solicitor to the Council read a letter from O'Hara asking for an adjournment of his case on the ground that he desired to submit his defence in person, with necessary documents and witnesses. In this letter O'Hara denied that he had been in London during the week, while evidence that this was not the case had been laid before the Council. Several witnesses were next examined before the Council, by whose statements it was proved that the facts instanced against O'Hara were well founded. Mr. Wynne had engaged a person calling himself Owen Patrick O'Hara as an assistant. Some time afterwards a death certificate signed by O'Hara was returned by the Registrar, because no one of that name was on the Register, and subsequently to this the name of Daniel Murray O'Hara was assumed. Mr. Wynne emphatically stated that Owen Patrick O'Hara and Daniel Murray O'Hara were one and the same person. This fact was supported on the evidence of several tradesmen who had supplied goods to the same individual under both names. Mr. Wynne further stated that on the counterfoil of the

death certificate refused by the Registrar the original signature O. P. O'Hare had been altered to D. M. O'Hara. Mr. Wynne explained that he was not himself a registered medical practitioner. A clerk from Mr. Neede's office deposed that P. M. O'Hara called at Fleet Street on Wednesday last, and that he and O'Hare, whom witness knew well, were one and the same person. A solicitor from Liverpool, to whom O'Hara applied to assist him in obtaining the restoration of his name to the Medical Register, from which, during his absence abroad, it had been omitted, also attended. This application was made in November, 1882.

After some time spent in private deliberation, it was resolved that the name of D. M. O'Hara, which had been fraudulently restored to the Register at the instance of a person named O'Hare, be struck from the Register.

CONJOINT EXAMINATION.

Dr. HALDANE moved—"That the scheme of conjoint examination to be conducted by the Royal College of Physicians of Edinburgh, the Royal College of Surgeons of Edinburgh, and the Faculty of Physicians and Surgeons of Glasgow, be received and entered in the minutes."

Dr. FITMAN moved an amendment to the effect that any such conduct on the part of the Council would be unbecoming at a moment when it had under its possible consideration a scheme for conjoint examination in all divisions of the Kingdom. This not being seconded, it fell to the ground, and the motion was carried.

Dr. HALDANE next moved that the Council should approve of the suggested co-operation, and in defence of the proposal, pointed out that in England circumstances led to comparatively few University degrees being given in medicine, whereas in Scotland large numbers took University qualifications. The proposed scheme was devised when the failure of any other scheme was seen to be assured. It aimed to prevent the abuse of single qualifications to practise. Should the proposed enlarged conjoint scheme already hinted at in the Council be carried out, the Scotch scheme would cease to be attractive to English students. The examinations were proposed to be inspected by visitors, and would be conducted with the utmost care and circumspection. It might be objected that the time was inopportune for such a scheme, but there was no certainty of legislation this year being carried out.

Dr. STRUTHERS seconded the motion.

Mr. SIMON remarked that no like proposal to this had been made during the twenty-six years of the Council's existence. The time chosen for it was inopportune, since if the Medical Bill became law it would provide for combination of all the authorities in each division of the Kingdom. If the Council gave the approval asked for, it would be urged in Parliament as an argument against the Bill. He did not think the Council could possibly, after twenty-six years, accept a partial plan for combination which it had all along consistently urged. He thought it would be well to defer further consideration of the subject till next year, pending the fate of the Medical Bill.

Dr. AQUILLA SMITH thought a strong objection to the scheme was found in the power of withdrawal it provided at the end of five years, on the part of any contracting corporation named in it, on giving a year's notice.

Mr. MACNAMARA thought it unwise to consider the details of the scheme. It ought to be regarded broadly. Mr. Simon's objection might be applied to the other side of the question, and the duty imposed on the Council by Act of Parliament ought to be fully performed, whatever might be taking place in Parliament. Rejection of the scheme ought only to follow its consideration clause by clause. He was convinced the co-operating Colleges were influenced by absolute *bona-fides* in framing its proposals, and it would be unworthy to reject it on the ground that Government had introduced a Medical Bill. He sincerely hoped the Bill, with some modifications, might become law, but it would certainly encounter violent opposition, and its chances were very small.

The debate was adjourned on the motion of Rev. Dr. Haughton.

His Royal Highness the Prince of Wales has promised to open the International Health Exhibition on Thursday, the 8th of May, at 3 p.m.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 2, 1884.

THE OUT-PATIENT DIFFICULTY.

THE Hospitals Association held its first ordinary meeting at the rooms of the Medical Society of London last Wednesday, when Mr. W. J. Nixon, House Governor of the London Hospital, read a paper on "Difficulties Associated with the Administration of the Out-Patient Department, and how best to deal with them." It must be a matter of deep satisfaction to the Council of the Association that they have been enabled to commence their active campaign with the aid of so veteran an official, and one so thoroughly identified with hospital management as the author of this communication has proved himself to be; and if we may be permitted to anticipate the nature of future results from that of the beginning already made, we may safely predict that a course of exceeding usefulness lies before the young Society which has been formed with the object of promoting efficiency and economy in all pertaining to hospitals administration. It would be impossible to name anyone who, more than Mr. Nixon, would have been fitted to deliver the first paper destined to excite discussion among the members of the Association; for no one probably among all the recognised authorities in connection with the subject, has either been so long actively engaged in actual administrative duties, or has shown such persistent and intelligent appreciation of, and successful dealing with, the multitudinous difficulties that confront the managers of a great medical charity. At the London Hospital there

has, from the first period of its existence, been ample opportunity for the exhibition of tact and ability in the comprehension and harmonious arrangement of innumerable details, each with its special influence in promoting or retarding the successful working of the institution; and of late years financial burdens have pressed on it in a way to render more than ever onerous and difficult the task of discharging the duties that fall to the lot of a House Governor to perform. As in an ordinary house, so in a hospital, the *res augusta domi* becomes a potent factor in determining the manner in which domestic details are ordered; and the straitened circumstances that demand economy in the ordering of a workman's home, cry as loudly for a thrifty and efficient conductor when they influence the fortunes of a magnificent charity such as that over the internal affairs of which Mr. Nixon exerts a controlling power. In the paper to which reference is made above there is abundant evidence of the conviction of this truth on the part of its writer; and recognising that a most important element in the problem of hospital relief, and how to limit the claims upon it, is associated with the out-patient system, he set himself to face the question bodily, and to suggest a means for meeting the embarrassment created by the proportion to which this difficulty is extending.

Mr. Nixon at once assumes that out-patients form a legitimate class of claimants for hospital succour, and he shows that at the London at least, as far back as 1742, treatment of such patients constituted part of the regular work of the medical staff. He then proceeds to criticise the suggested methods of limiting the numbers of out-patients; by means, viz., of money payment exacted from them, and by limiting the number of daily admissions in those cases where payment is not insisted on. Neither of these propositions finds favour with him, and on grounds which, while being strictly reasonable, are at the same time unanswerable when the only legitimate *raison d'être* of hospitals is taken into consideration. "Charge for advice is," Mr. Nixon affirms,

"Unfair towards the professional man, who gives his services practically free to that great institution, from his honorary connection with which he looks for his ultimate reward—that reward which for good, intelligent, and faithful service he is certain to attain. Charge for medicine places the hospital in unworthy competition with the local practitioners in its neighbourhood, and, however small it may be, it is a heavy tax upon the *very* poor, who, it is known, can hardly procure bottles wherein to take away the medicines they stand in need of—those medicines which perhaps not infrequently are the only agents able to keep them from applying for that which they desire to avoid—the aid of the parish authorities. At the same time also the charge is a premium upon the dishonesty of a higher class who, whilst hesitating to accept absolute charity, have no objection whatever to take some little trouble—in fact, will cheerfully go out of their way for the sharp and pleasant practice of getting that, for which elsewhere they must pay one shilling, at the small charge of threepence. Numbers, therefore, are not, I think, likely to diminish under this *régime*, but self-respect does, in cases both of doctors and patients, and the treatment, moreover, of the surging crowd is carried on with

the accompanying consciousness that incivility, and even abuse, are by no means uncommonly associated with the demand for so-called charitable aid claimed as a right. And all the time, let it be remembered, the worthiest applicants are going to the wall—those, I mean, who, not being paupers, are just upon the verge of pauperism; and this class, if I am right in my investigations, is a very large one among the out-patients of the general hospitals."

These words, it cannot be too often remembered, are the utterances of a gentleman who for forty years has lived in constant observation of the class about whom he speaks. Their wants, their aims, their resources have been a constant study to him; and the conclusion at which he finally arrives it is impossible to impugn or question, for none so well as himself is in a position to judge what is required, and why.

On the question of limitation Mr. Nixon objects that the system must choke off many who are compelled thus to apply elsewhere; and on moral grounds he disputes the advisability of avoiding burdens which must of necessity, and in consequence, be cast on other institutions, possibly less able to support themselves, to endure.

In the way of remedy for the existing evil, however, he has a proposal to make which can scarcely fail to commend itself generally to all who really desire some sort of reform in this connection. This consists in a plan of *inspection*, not, as Mr. Nixon carefully explains, of an indiscriminate kind, but applied with "careful, charitable, and discerning intelligence." It is to be both social and professional in its bearings, and the social inspector is to have no kind of association with the professional, to whom each case that presents will be in the nature of a query as to whether illness of a serious kind and demanding continuous treatment is shown by it. But in no case would summary and immediate refusal of attendance be accorded, for Mr. Nixon very properly remarks—

"Remembering that no untrained eye can discern those hidden maladies, laden with which men and women still walk about our streets, themselves conscious of no mortal ill, but solely of some indefinite pain of which they desire to be rid, I would recognise in all cases the right of appearing once before the hospital physician or surgeon. With him should thenceforth rest the decision as to need for further treatment and the power of conceding it. And more than this, the skilled hand and eye of the professional attendant should not only decide these points in reference to cases suited by circumstances for gratuitous aid; but in event of urgency being recognised in a case presumably socially unfit, or symptoms being diagnosed valuable in their tracing out, for the promotion of medical or surgical science, he (the medical attendant) should be at liberty to neutralise thenceforth all social inquiries whatever, as things subordinate to the higher interests of the patient at the moment—of the community in the future."

If we can accept such carefully weighed opinions as these as indicative of the spirit that is destined to animate the proceedings of the Hospitals Association throughout its existence, then of a surety we may implicitly intrust to it the working out of those great changes that are nominally its programme. Its deliberations will give a tone and colour to the agitation for

reform in administrative matters which have never yet been apparent in what has been said and done, by spasmodic as it were, and without definite aim or end in view. Mr. Nixon has worthily and ably inaugurated the work the Association has essayed to accomplish; and in the manner that his commencement is followed up by other labourers shall we have to look for the future evidence of accomplished good.

THE COMING MEETING OF THE BRITISH MEDICAL ASSOCIATION.

THE arrangements for the Belfast meeting of the Association have, we regret to hear, pleased no one, and as a consequence we are apprehensive that the meeting will be only a partial success. The selection by the local committee of those who are to occupy the posts of honour in the meeting has given, we understand, the direst offence, not only outside Belfast, but to a section of the local practitioners, who think themselves insufficiently recognised. The Medicine Section, for instance, is officered by a Belfast President, a Liverpool and a Dublin Vice-President, and a Belfast and a London Secretary. The Surgery Section, by a London President, two Belfast and one Edinburgh Vice-Presidents, and a Belfast and a Birmingham Secretary. The Obstetric Section is to have a London President, Vice-Presidents from Aberdeen and Derry, and Secretaries from Manchester and Belfast. The Public Medicine Section is to be presided over by a Glasgow President, Vice-Presidents from Bristol and Belfast, and Secretaries from London and Belfast. The Ophthalmological Department is to be governed by a Belfast President, by Vice-Presidents from London and Liverpool, and Secretaries from Leeds and Belfast. In the Physiological Department the chair will be taken by an Edinburgh President, the vice-chairs by gentlemen from Cork and Glasgow, and the secretarial business will be done by Secretaries from Belfast, Manchester, and Galway. In Therapeutics the Section will be administered by a London President, by Vice-Presidents from Aberdeen, Belfast, and Dublin, and Secretaries from Belfast and London. Lastly, Psychology will be presided over by a London President, two London and Dublin Vice-Presidents, and Belfast and Exeter Secretaries.

From this analysis of the list of officers it appears that the Belfast local committee has been able to find in Ireland but little merit outside their own town and themselves, and have found it necessary to resort to England and Scotland for men to keep their greatness in countenance. The working of the coming meeting has, in fact, been placed in the hands of officers from

Belfast and Vicinity	...	...	...	15
England	...	...	...	17
Scotland	...	...	...	6
All Ireland outside Belfast	...	...	...	5

Probably the local committee are better informed than the rest of the world as to the scientific prestige which entitles the northern capital of Ireland to put itself in the post of honour to the exclusion of its own guests. It does not, however, appear from the foregoing list that modesty is one of those qualities cultivated in the

modern Athens to which they belong. The studied omission of Dublin from a place in the scientific management of the coming meeting is, we are aware, regarded as a deliberate intimation from Belfast that the presence and co-operation of the profession in Dublin is not desired, and, already, we hear that the surgeons and physicians of the Irish metropolis who object to pipe for the dancing of the Belfast performers are arranging for their summer holiday anywhere but in the north of Ireland.

Amongst the other eccentricities of the coming meeting is the entire omission from the programme of an Address in Surgery, an arrangement which is almost without precedent in the history of the Association. To what consideration this omission may be due is difficult to conceive. Is it possible that, supposing Ireland to be excluded, there is no English or Scotch practitioner fit to address the Belfast surgeons? or is it rather that the local luminaries are unwilling to undertake a surgical oration which might extinguish the light of their visitors by its superior effulgence? Whichever be the explanation, the fact remains that the part of Hamlet is to be by special design omitted from the play.

Lastly, we hear that an anonymous party or person in Belfast itself has been making every effort to prevent the advent of strangers to the meeting, and to cover the proceedings with obloquy. This party has disgraced itself by issuing a series of anonymous letters addressed to a very distinguished London physician who had undertaken a prominent rôle for the occasion, warning him that his participation in the proceedings would not be welcome in Belfast, and that he had better stay at home. Furthermore, these anonymous scribblers have given expression to their envy, hatred, and malice by a doggerel entitled "Caleb in Search of a Knighthood," which they have circulated widely amongst the leading members of the Association, and which is devoted to sneering at the chief officers and readers of addresses, and to a vulgar and evidently malicious depreciation of them.

However unfortunate the policy of the local managers of the meeting may have been, we hope that better counsels may prevail so far as to remedy the errors committed, and to make the meeting a success, as we should wish it to be, if for no other reason than for the discomfiture of the scribblers who dare not show their faces or honestly make their objections, if they have any to make.

PASSED AND PLUCKED.

THE table just presented to the General Medical Council, as reported in another column, giving the percentage of successful and unsuccessful candidates at the various examining boards of the kingdom, is of the utmost importance at the present time. The table shows that there has been a greater number of failures at the examinations now than formerly, and it also shows where those failures occur. These results may be due to one of two causes—either a greater stringency in the examinations or to the state of panic into which the examining boards have been thrown by impending legislation. The explana-

tion probably lies in a combination of both causes at work. It will be noticed, also, that the number of failures is more pronounced at the primary examinations than at the final. It may be suggested that either the examinations are more searching, or that the preliminary teaching is deficient, or that the periods of the examination are so far apart as to engender idle habits in the students, or that the preliminary school training has failed to inculcate those habits of application which can alone ensure success. Here, again, the explanation is probably to be found in all the causes suggested, but chiefly in the early school training. Be these as they may, the table just quoted lays bare one of the weakest points in the Medical Bill now before Parliament. To enforce the truth of our statement we must refer to our article in a recent number on the Scotch Conjoint Scheme. We there pointed out that the Scotch medical institutions differed in many most material points from those of England. The Scotch Universities through their degrees virtually grant licences to practise, and grant them freely; the English Universities do not. The Scotch Universities are also teaching bodies; the Corporations are not. The Medical Bill leaves the examinations in the primary subjects—those in which the greatest percentage of failures occur—to the Universities and Corporations. Now, one of two things must follow—either the slow but certain extinction of the Scotch Corporations, no matter how many representatives they may have on the Divisional Board; or a lowering of the standard now existing in the primary subjects of medical education. The manner in which this will be brought about is as follows: The student going to Scotland will naturally attend the University, for by so doing he will have the option or not of taking the degree together with the final State examination, which he must pass. But there is another alternative—the primary examinations of the Corporations will be open to him, and unless care be taken, the primary education in chemistry, anatomy, and physiology must as a result suffer. The existence of the Corporations will depend upon the number of those they may be able to attract to their primary examinations; and it is well known that a showy examination in the final subjects may be passed at any College with the most paltry knowledge of anatomy and physiology, which, together with chemistry, forms the tripod on which the science of medicine does and must rest. To obviate this *contretemps*, and which we should exceedingly regret to see, the examiners in the primary subjects must be elected by the Divisional Board, and not by the Corporations, a proceeding to which they are not likely to submit. The course left open to the Corporations is either to meet their fate with a divine resignation or to become as the Universities are—teaching bodies, and by raising the standard of their examinations for the Fellowships, render these equal in public estimation to the University degrees. These remarks apply of course only to Scotland, where the examining bodies have always been in competition. It is entirely due to the dread of legislation that an examination for the Membership and Fellowship of the Corporations has been wrung from them, and those engaged only know how keen has been the struggle, and how reluctantly the concession has been made.

Notes on Current Topics.

The Place of Physics in the Curriculum.

A LENGTHY discussion originated at the General Medical Council on Thursday last in connection with the question of mechanics and physics as parts of the preliminary education of medical students, and in the course of it several interesting facts were revealed. It will probably surprise none who are at all familiar with the methods of the Council to learn that one of its regulations has for a long period been systematically neglected, and that it has now found itself under the necessity of declaring that it considers observance of its specific requirements as a matter of some importance. This relates to the examination of students in elementary mechanics, and which, according to the Registrar, is not observed by any but a small number of such as register. The discussion arose out of a letter received from the Secretary of St. Thomas's Hospital Medical School, in which, after quoting from the Council's "Regulations" that "the subject of elementary mechanics, &c., may be passed either as preliminary, or before, or at the first professional examination," the writer proceeds to state that confusion exists in the minds of students as to whether being registered by the Council on the strength of an examination which did not include mechanics, they would still be called upon to pass in this subject. It seemed to be a revelation to many members of the Council that its express demands are systematically ignored by large numbers of students; but, as was pointed out by Dr. Haughton, it is quite impossible, under existing arrangements, to secure that every candidate for qualification shall be examined in elementary mechanics; but, notwithstanding this, it was deemed wise to accept Mr Simon's resolution, insisting on a due observance of the regulation of the Council; Sir Henry Pitman observing that students must find out for themselves a way of complying with it. Mr. Simon seems, indeed, to have a most exaggerated respect for the science of mechanics, asserting that of all preliminary subjects it occupies the most important place; but accepting Dr. Haughton's interpretation of his description of its applicability to sanitary engineering, it would appear that Mr. Simon's idea of mechanics is not that universally entertained, since it includes also the sciences of heat and thermo-electricity. However this may be, the Council has decided to believe in itself once more, and to insist on the carrying out of its own regulations.

THE highest annual death-rates from diseases of the zymotic class in the large towns last week were—From measles, 7·1 in Portsmouth, 4·3 in Oldham, 4·0 in Norwich, and 3·8 in Nottingham; from whooping-cough, 2·4 in Bolton, and 1·3 in London; and from scarlet fever, 2·6 in Leeds, 2·0 in Manchester, and 1·6 in Preston. The 36 deaths from diphtheria included 13 in London, 5 in Glasgow, 3 in Leeds, 3 in Hull, 2 each in Edinburgh, Brighton, Portsmouth, and Birmingham. Small-pox caused 4 deaths in Birmingham, 3 in London, 3 in Liverpool, and 3 in Sunderland.

A Curious Difficulty.

DURING a great part of its sitting on Saturday, the General Medical Council was engaged in the consideration of what is probably the most complicated case of fraud with which it has ever been called upon to deal. It seems that last year application was made to the Branch Registrar for Ireland to restore the name of Daniel Murray O'Hara to the Medical Register, from which, during the asserted absence abroad of O'Hara, it had been omitted. Owing to irregularities, the exact nature of which is hardly yet cleared up, the application on being referred, for confirmation of leave given, to the General Council, was made a subject of discussion, with the result that further inquiries were directed to be instituted into the facts of the case. Consequent on these there has been exposed a fraud of the most daring description, perpetrated by the presumed O'Hara, who has now been shown to the satisfaction of the Council to be in reality a person named Owen Patrick O'Hare, and who had assumed the title of a deceased practitioner for purposes of registration. From the evidence given before the Council on Saturday, it is conclusively shown that this must be the case, several instances in which the identity of the person taking on the duplex individuality could be proved beyond dispute, having been recorded. The interest of the case, however, centres in the fact that a system of imposture of this nature could so far successfully be carried out as to obtain for its author so much of recognition as is implied in the acceptance of his credentials by a Branch Council. Unless, too, it had happened that a certificate signed inadvertently "Owen Patrick O'Hare" had not been rejected by a registrar of births and deaths, on the ground that no such person was registered as a medical practitioner, it seems as though no inquiry would ever have been instituted into the matter. The returned certificate, however, was replaced by one bearing the signature of "Daniel Murray O'Hara," and though this name was also absent from the Register, for some unexplained reason it satisfied the registrar, and was accepted. A long series of frauds against the pseudo O'Hara was adduced and proved; and having failed to answer the summons to appear before the Council in person, he was adjudged by default to have been guilty of the personation alleged against him; and, of course, the application for registration was refused. Complications innumerable arose in connection with the case, and it seemed almost hopeless to unravel its intricacies; but there can be no question of the justice of the final decision of the Council, which has, by it, as far as possible vindicated the outrage attempted on its dignity.

Rice v. The Prisons Board.

By the decision given last week by Mr. Justice Murphy at Galway, the Irish Medical Association has succeeded in establishing the principle that, where a prison surgeon is away from duty on Crown business his substitute must be paid by the prison authorities. The facts are these: Dr. Kinkead, the surgeon, had been called to give evidence before the Royal Commission on Irish Prisons, and, on leaving Galway, he made entry in

his gaol journal recommending Dr. Rice as fit to discharge his duty. The Deputy Governor, who was in charge of the prison, sent the recommendation to the Board in Dublin, who sent back their approval. Thereupon the Deputy Governor wrote to Dr. Rice, informing him that Dr. Kinkead "had recommended," that the Board approved, and that he was requested to attend and do the duty, and this request Dr. Rice complied with, having had no communication whatever with Dr. Kinkead on the subject. When he applied for his fees the Prison Board referred him to the Secretary of the Commission, who referred him to Dr. Kinkead, but he refused to allow his claim to be shifted to anyone, and placed his case in the hands of the Irish Medical Association for redress. Meanwhile the Prisons Board directed Dr. Kinkead to pay Dr. Rice, which, under protest, he did, but Dr. Rice returned the cheque, and proceeded with his action. When the case came before the County Court the facts do not appear to have been put properly before the Judge, for he dismissed Dr. Rice's claim, but on an appeal from that decision the superior court has reversed the dismissal and ordered the Prisons Board to pay all costs.

Dr. Rice's case was based on two contentions—first, that he was duly retained by the prison authorities to do the duty, and that they were under contract to pay him, no matter what their relation with Dr. Kinkead might be; secondly, that as a fact, Dr. Kinkead was not liable to pay. The rule governing this is as follows:—

"107. In case of sickness, or unavoidable absence, or leave, to be given by the General Prisons Board, the surgeon shall appoint a fully-qualified substitute, approved of by the General Prisons Board. The name and residence of the substitute shall be entered in his journal."

It was contended that Dr. Kinkead's absence was not "unavoidable," as it was the act of the Prisons Board itself, and that, in any case, neither the Act of Parliament nor this rule declares that the surgeon is to pay the substitute.

We are extremely glad that the hands of the Irish Medical Association have been strengthened by the judge's decision, and that a fitting rebuke has thus been given to the arrogance of the Prisons Board and the meanness of the Treasury. It is some satisfaction that individual practitioners have someone to fight their battles against this rampant bureaucracy.

Listowel Union.

THE Guardians of this Union have elected Dr. Cussen as the Medical Officer of their workhouse. It will be recollected that they had on three occasions elected Dr. Dillon, and that he had been each time unseated by the Local Government Board for Ireland because of his having admittedly purchased the resignation of the last incumbent. At length the Board informed the Guardians that if they did not elect some one else the Board would itself do so, and accordingly they chose Dr. Cussen. Meanwhile Dr. Dillon proceeded at law to set aside the order of the Local Government Board, but when the case had been partially heard it was discovered that he should have given a ten-days' notice of the proceedings. The case was postponed to enable this to be done, and it will probably be reopened at the April sitting of the Dublin Law Courts.

The late Dr. Allen Thomson.

At the commencement of the General Medical Council's proceedings on Thursday last, the President, Dr. H. W. Acland, referred to the fact that at 3 o'clock the remains of the late Dr. Allen Thomson would leave Euston Station on the way to be interred in Scotland. It was then resolved that a deputation from the Council should attend at the Station; and Prof. Marshall, Dr. Aquilla Smith, and Dr. Struthers were chosen to perform this duty. On returning subsequently, Mr. Marshall announced the fulfilment of the task allotted to the three members, and described the scene in which they had taken part as most impressive. A large number of representative scientific men were present at the Station, among whom were the President of the Royal Society and other eminent biologists, &c.

Preserved Meat.

DRS. UNGAR and Bodländer, of Bonn, have recently been engaged in making an inquiry as to whether the contents of preserved meat-tins contain any appreciable quantity of the metal of which the tins are composed, and the conclusion they have arrived at is that a not inconsiderable quantity of tin passes over into the conserve. They could not decide upon the precise form in which the tin was present, but they ascertained the fact that it was not in a soluble form, or, at any rate, in a combination not readily soluble. Experiments on dogs and rabbits showed that the tin was absorbed by the intestinal mucous membrane, and it was detected in the urine, heart, liver, kidneys, spleen, brain, and muscles. They explain the fact of so little being heard of tin-poisoning in human beings by the comparatively recent introduction of tinned meats as an article of food by their high price leading to a minimum consumption, and finally to the presence of other metals, especially lead, used in soldering, to which symptoms of poisoning, when such do occur, are generally attributed. It is important that our knowledge on this point should be accurate and beyond doubt, as tinned meats are much used amongst us, and if the danger is real, the best safety will lie in facing it.

The Medical Register.

THE Register has just made its appearance, and it bears evidence of the continued assiduity of Mr. Miller, as evinced by the elimination of errors which had multiplied in times past. The multitude of names of practitioners long since deceased which had accumulated in the list by reason of the steady addition of new entries, and the omission to remove the names of those who had ceased to be, is palpably reduced, and it may now be taken that the presence of a name in the Register is *prima facie* evidence that its owner is living at the address given. The total strength of the profession officially inscribed for 1884 is 24,517, that for the year 1883 being 23,801; the number for the last year being the highest yet reached. The increase seems to have been entirely due to the influx of new practitioners, for we find that in the year 1882, 1,171 new names were added—the average in the six preceding years being 1,020; while in the past year 1,304 new entries were made, and 710 names were

removed by reason of death, and on looking to this item in successive years it is manifest that a careful watch is being kept by the Registrar upon the available records of deaths. At the present date the Register contains 24,517 names, whose place of registration was as follows:—

				Percentage of the whole.
England	...	16,566	...	67.57
Scotland	...	4,045	...	16.50
Ireland	...	3,906	...	15.93

It must be recollected that these figures do not at all represent the nationality of the practitioners inscribed, because a very large proportion of the Irish and Scotch students do not register until they have entered into practice as assistants in England, and thus their money and their entries go to the London office, and not to the branch registries of the countries where their education has been obtained.

The registration and restoration fees yielded no less a sum than £6,707, while the accumulated funds of the Branch Councils produced an interest income of £1,016. The printing of the Register cost over £420, while its sale only realised £31; but this loss must be considered inevitable as long as the law stands which requires that 3,247 copies should be given away gratuitously to various legal functionaries and to all newly-registered practitioners who please to claim them.

Death of a Medical Man from Chloral.

WE regret to announce the death from an overdose of chloral at Stockton-on-Tees, of Dr. John Middleton. Deceased, a Graduate in Honours of the Edinburgh University, was a retired Surgeon-Major of the 2nd Life Guards, and spent about thirteen years in India, whence he returned to England in bad health three years ago, and in November last, he commenced practice in Stockton. He was subject to sleeplessness and took chloral, but only as a last resource, to induce sleep. He was very unwell on Tuesday, and kept his bed all day. At night he called the housemaid to his room, and said to her, "Oh, Eliza, I have taken too much chloral." He became unconscious and died soon afterwards. Dr. Beatty, of Stockton, made a post-mortem examination of the body, and found that although the heart, liver, and kidneys were affected with fatty degeneration, death was due to an overdose of chloral. Deceased had repeatedly expressed a wish that he might live to see his three motherless children grow up. At an inquest held on Thursday last the jury found that he died from the effects of an overdose of chloral taken by mistake.

Dr. Acland's Address.

The opening address of the President of the General Medical Council is chiefly remarkable for his declaration in favour of the Medical Bill, "the broad principles of which," he says, "will not, with the present tendencies of political action, be departed from." He considers that this Bill "is the only way now known of quieting the disturbed state of education in the medical schools, and of getting into a more reasonable and uniform shape the increased mass of knowledge which our students are required to produce at the examining board."

This pronouncement, emanating as it does from the chief

of the Medical Council—the most conservative medical institution in the kingdom—and from the medical head of the most conservative licensing body in existence, ought to convince the uninitiated who have recently rashly undertaken to give their opinion on the subject, that they had better accept the principle of the Medical Bill as unquestioned, and apply themselves to the amendment of details.

The President of the Medical Council finds the Bill imperfect in only one respect, i.e., that it touches with unholy hand the sacred person of the Medical Council. He expresses his opinion that “the persistent determination that no Bill should be permitted to pass unless the Council were altered in its constitution has produced the result of hampering educational progress, and causing waste of time, suspense, and uncertainty.” We venture to remind the learned President that “any waste of time, suspense, and uncertainty” which has existed has been of the making of the Medical Council, which has for years disregarded public opinion and the public welfare in the effort to preserve itself unreformed. Most properly and most wisely the profession has refused to accept a shadow of reform, while denied the substance; has rejected the offer of improvements the working out of which were to be entrusted to a discredited and effete self-glorification company. “No reform without reconstitution” has been the watchword which has brought the profession within reach of reform; but we are obliged to say that there is a present danger of medico-educational reform being swallowed up in the cry for direct representation. We warn our readers against the party who are working for a direct representation Bill, forgetful or ignorant of the still more important reforms which the Bill should contain.

Dublin Hospital Management.

At the last meeting of the Dublin Fortnightly Club, Mr. Lambert H. Ormsby, F.R.C.S., read a very interesting paper on “Hospital Management and Reform,” in which he dealt with the following subjects:—1. Governors and the management of hospitals. 2. The election and appointment of managing committees. 3. Hospital finance and audit. 4. How to encourage the public to support hospitals. Arguing that the existing arrangements respecting these matters were not satisfactory, he proposed—

a. That all ornamental governors who did not represent grants in aid of the hospitals should be removed from the managing committees in order to make room for those governors who had a natural aptitude for hospital matters.

b. That the same committee should not as a matter of right be re-elected year after year, the “house lists” being abandoned. That the election should be thrown open to all the governors or subscribers entitled to vote, the medical and surgical staff being also largely represented on the managing committee.

c. That Dublin hospitals should adopt some uniform method in keeping their accounts, and then a comparison of expenditure could be accurately made; no hospital to be allowed to audit its own accounts, the services of a public auditor being in all cases secured.

d. That any hospital receiving support from private charity should prove beyond any manner of doubt that efficiency and economy pervaded every department in the institution.

Also that each general hospital should map out for itself a district or area to which it could definitely appeal for support, so as to localise both the relief which it affords and the area from which it derives the greater part of its income.

The Duke of Albany's Death.

THE very fragmentary reports which have been received respecting the much-regretted death of Prince Leopold have left the cause of death very much a matter of speculation and dispute in medical circles. There does not seem to be any good reason for supposing that the injury to his knee which the Duke had sustained had any immediate connection with the unhappy sequence, but it may be that it had its effect as a determining cause of brain excitement, which resulted—in a patient of known hæmorrhagic tendency—in a sudden cerebral bleeding, and death from the apoplectic effusion. A remarkable instance of fatal bleeding of this character was communicated to the Academy of Medicine of Ireland by Dr. William Frazer, of Dublin, on the 16th of March, 1882, and is reprinted in the Academy Proceedings—of an unmarried woman, aged about 50, the subject of frequent bleedings from stomach, lung, and nose whenever she was in any way excited or thrown off her balance. She presented no sign whatever of organic disease, but, nevertheless, was seized without any warning with a pain in her head, upon which coma speedily followed, and she was dead in a few hours, from, as Dr. Frazer believed, a cerebral hæmorrhage. There seems to be a close analogy between this case and the Prince's, which is stated to have first shown itself in the stertorous breathing, which is a usual indication of apoplexy.

The Cork Students and their Grievances.

THE newspapers of the southern city have, for the last couple of weeks, been made the medium for ventilation of statements respecting the anatomical fees required by the College, which a certain number of students seem to regard as sufficient cause for appealing to public opinion against their teachers and superiors. The alleged grievance is stated by their spokesman in the following terms:—

The Charter of the Royal University provides that students for the degree of M.B. must attend two courses in practical anatomy. After attending, the students of the Dublin schools are allowed to prosecute their dissections for a very moderate fee. In the Queen's College, Cork, strange to say, third year's students who wish to dissect, are compelled to pay for a third course of lectures in anatomy, besides the dissection fee, although the certificate is useless. We hold, sir, that the College Council in sanctioning this injustice are overlooking the following College statute, which states that—

“No professor shall be entitled to claim the fees of any class of students, except so long as that class shall be required by the Council to attend his instruction, and it shall be the duty of the Council to revise and amend the regulations prescribing courses of study from time to time, whenever they deem it conducive to the interests of the students so to do, irrespective of considerations affecting the incomes of professors.”

We have looked into this matter, and find that the Queen's College students, so far from having any grievance to complain of, are treated with the greatest leniency in the matter of fees. In the first place, the total cost of anatomical teaching and subjects is about half what they would have to pay in any Dublin school. In the second, they are permitted, if they wish, to pay a composition fee which entitles them to dissect to the end of the chapter on paying merely the cost of preserving and

preparing the subject. They can get their three years' dissection for £3 a year and £1 a year for subjects, so that the total outlay is only £12 for the entire anatomical course; but not content to pay this miserable sum divided over three years, they seek to obtain their entire period of instruction for £8; nay, more, they claim a right to go on for ever as dissectors and recipients of the dissecting-room instruction, paying nothing to the Professor save the actual cost of preparing the subject, and they even go the length of demanding that, if they do not choose to avail themselves of an entire subject, the Professor shall return to them at the end of the session as many shillings as will represent the market value of the unused material, thus putting the transaction on the same ground as a negotiation for butcher's meat.

There is, certainly, no just ground for complaint, and we do not believe that the Cork students are deserving of any sympathy in this matter. In any other of the schools in Ireland, than those of the Queen's Colleges, they would be required to pay the prescribed fee for every course of instruction they might please to take, and a claim to be returned a part of the subject-money would be simply laughed at.

We may be allowed to entertain doubts that young gentlemen who employ the time which they ought to devote to their work in public meetings and newspaper agitations will be likely to do much credit either to themselves or the profession, and we trust the authorities of Cork College will realise the fact that, if they yield to this sort of turbulent dictation, the hope of maintaining future discipline may be abandoned.

SIR WILLIAM GULL, M.D., presided on Thursday last at the thirty-second anniversary dinner of the Hospital for Sick Children, supported by the medical staff and one or two members of the nobility. The income of the hospital for the past year was stated to be £11,107. A special appeal was made for funds to meet the extensive building and drainage alterations in process, and £1,700 was subscribed in the room.

THE deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 22.1 per 1,000 of their aggregate population. The death-rates in the several towns were:—Plymouth 15; Hull 17; Edinburgh, Birkenhead 18; Bradford, Leicester, Bristol, Sunderland 19; London, Bolton, Salford, Brighton, Norwich 20; Sheffield, Cardiff, Huddersfield, Birmingham 21; Derby 22; Blackburn, Newcastle-on-Tyne, Nottingham 23; Wolverhampton 24; Glasgow, Halifax 25; Portsmouth 26; Dublin, Liverpool, Manchester 27; Leeds 28; Oldham 30; Preston 31.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

TERCENTENARY HONOURS.—The following is a list of those members of the profession who are to receive the honorary degree of LL.D. at the coming tercentenary of the University of Edinburgh:—Fordyce Barker, M.D.; Sir William Bowman, Bart., M.D., D.C.L., F.R.S.; Sir Andrew Clark, Bart., M.D.; Professor Cremona, Rome; Professor Ernst Curtius, Berlin; Professor Donders, F.R.S.E., Utrecht; Professor J. Eric Erichsen, F.R.S.; Professor Dr. L. Goldschmidt, University, Berlin; Principal Greenwood, Owens College, Manchester; Professor David Bierens de

Haan, Leyden; Dr. E. Haeckel, Professor of Zoology, University, Jena; D. Rutherford Haldane, M.D., F.R.S.E.; Rev. Samuel Haughton, M.D., F.R.S.; Professor Hermite, Académie des Sciences, Paris; Professor H. von Helmholtz, F.R.S.E., Berlin; Sir Wm. Jenner, Bart., K.C.B., F.R.S.; Thomas Keith, M.D., F.R.C.S.; John Marshall, F.R.S.; Professor F. Martens, St. Petersburg; H. Maudsley, M.D.; Sir W. Muir, K.C.S.I.; Professor Ollier, Lyons, France; Sir James Paget, Bart.; Professor von Pettenkofer, Munich; Professor Dr. O. Schmiedeberg, Strasburg; Professor B. J. Stokvis, Amsterdam; Professor Virchow, M.D., Berlin; Professor Villari, Paequale, Florence, Italy; Patrick Heron Watson, M.D.; Dr. George Wm. Balfour; Dr. John S. Billings, Washington; Dr. John Syer Bristowe; John Wm. Dawson, LL.D., Montreal; Prof. W. H. Flower, F.R.S.; M. Louis Pasteur, Paris; Ed. Henry Sieveking, M.D.; Rudolph Virchow, M.D., Berlin; Professor Frankland, and Professor Saxtorph, Copenhagen.

A LITTLE COMMON-SENSE ADVICE.—The winter session of Anderson's College, Glasgow, closed on the 27th ult., when a meeting was held in the Anatomy class-room, under the presidency of Dr. Marshall Lang. Among the gentlemen present were "Professors" (we are particular in the use of this term, as the teachers of this excellent, but originally very radical, school will insist on their titles, and much remind us, in this respect, of the *democracy* of our Transatlantic cousins, of which Mark Twain remarked that in throwing a stone at a bird a boy missed the intended object but hit four generals and several "professors") Morton, Dunlop, A. M. Buchanan, Dittmar, Gemmell, Christie, and Drs. Wolfe and Pirie. In the course of an interesting address to the students Dr. Marshall Lang said:—"Some of them might recollect what Goethe put into the mouth of Mephistopheles when in conversation with the medical student—how he represented Mephistopheles as looking at him and saying, 'In person you are tolerably made, in assurance you are not wanting—(loud laughter)—you are likely to grow in self-confidence—(hear, hear)—and the world will probably assume you proficient.' (Laughter.) For the rest, he represented the sapient doctor as knowing a thousand R's and O's. (Laughter.) That was a Mephistophelean view of the medical profession. It was not the world which he desired to set before students. Whatever they might be, let him recommend them to avoid all the savour of the quack. Let them not have life pills and all kinds of nostrums for curing every manner of ill; let them not be charlatans; and let them not live in an air of solemn professional importance. They should not be always speaking about the profession, and let them not stand upon little punctilios or mere matters of professional etiquette. The less a professional man brought his profession to the front, the more he acted like a man inspired by the high character of his profession and a true gentleman, the better for himself, the better for society, and the more would he be esteemed as a doctor."

GLASGOW.—SUSPECTED CASE OF ACCIDENTAL POISONING.—On the 24th ult., a man 44 years of age was found dead in his house in the East-end of the City. From inquiries made by the police it appears that the deceased got out of bed, and swallowed by mistake out of a gill bottle a quantity of hydrochloric acid. A friend who happened to call saw that the deceased was ill, and went out and got an emetic, which was administered, and the sufferer afterwards appeared to be getting better. The day following, however, he was found dead in bed, no other person being in the house.

HEALTH OF EDINBURGH.—The mortality in Edinburgh for the week ending with Saturday, the 22nd ult., was 82, and the death-rate 17 per 1,000. There were 21 deaths under 1 year, and 15 above 60, of which 3 were above 80 years of age. Diseases of the chest accounted for 45 deaths, and zymotic causes for 10, of which 1 was due to fever, 2 to diphtheria, 1 to scarlatina, and 1 to measles, the intimations of these diseases for the week being 15, 6, 31, and 79.

MORTALITY IN GLASGOW.—The deaths in Glasgow for the week ending with Saturday, the 22nd ult., were at the rate of 26 per 1,000 per annum of the population, as compared with 23 in the previous week, and 36, 25, and 28 in the corresponding periods of 1883, 1882, and 1881.

CURIOUS DEATH OF A DOCTOR.—We regret to announce the death of Dr. M'Donald, of North Uist, Inverness, under the following peculiar circumstances:—About a month ago a woman died there under suspicious circumstances, and was shortly afterwards buried. The authorities having been led to suspect that the death of the woman was somewhat mysterious, arranged for a post-mortem examination, and proceeded to the graveyard to have the body exhumed. A crowd of people assembled and prevented them, for which three ringleaders, sons of the deceased woman, were apprehended and imprisoned. Thereafter the authorities succeeded in raising the coffin without molestation. While attempting to open the lid, the coffin burst with a loud noise, one of the boards striking Police Inspector Mackenzie, and knocking him down. Dr. M'Donald, medical officer in attendance, fainted, and remained in an unconscious state for some time, but such was the effect of the shock upon his system, that, although able to carry out the examination later on, he died last week. The doctor was about 30 years of age. We have been informed that "professional jealousy" and ill-feeling lie at the bottom of this case. In that event the occurrence is a scandalous one, as only the most urgent circumstances would justify the exhumation of the body. Three sons of the deceased woman are at present in custody for endeavouring to prevent what they very naturally regarded as a sacrilege of their parent's tomb. Legally they may have been wrong, but morally, it will be generally admitted, if the reports which have reached us be true, that their conduct was entirely natural and praiseworthy.

PROFESSOR HAMILTON, of Aberdeen, is a candidate for the Chair of Pathology at Cambridge. The love of Scotch professors for English appointments is unabated. The professor would not gain in a pecuniary point of view, but then the position is so much better than that in Aberdeen. Scotch Universities are good stepping-stones to English ones, and the air of the south is so free and balmy!

TERCENTENARY GOSSIP.

IN another column we publish a list of the gentlemen who are to receive the honorary degree of LL.D. at the coming tercentenary. Some palpable omissions will be doubtless noticed, and it will be remarked that, while the President of the College of Physicians of Edinburgh is to be honoured with the degree, the President of the College of Surgeons of Edinburgh is left out in the cold. In thus ignoring the College of Surgeons the University is acting as a very ungrateful child, for the College can boast that it gave to the University its first professors. In fact, before the University had a medical faculty, the College professors gave all the medical education that Edinburgh had to give.

IN Edinburgh, where success depends so much on the sect

one belongs to, and on the ease in which the bodies of the vertebræ can be made to glide ball-and-socket fashion on one another, it is interesting to see a man passed over; not that he loved the University less, but that he loved his College more, and is anxious to defend its liberties from encroachment.

It is a pity that the tercentenary was not held during the session. Our German and French guests would have then had an opportunity of seeing our professors pretending to teach a class of six hundred students science. They would have been enabled to solve the mystery why home-grown science is nothing till touched by the hand of some German professor in some out-of-the-way German university. Why do students who want the doctorate in science of the London University go to Würzburg for botany and Munich for chemistry? Why does everyone who wishes to push himself in his own country boast that he *has* studied abroad?

YET, with all that can be said against some of the faults of the University, it cannot be denied that its success has greatly tended to magnify its faults and give them an undue prominence. This success is all the more gratifying in the fact that it has never fluctuated, but has been continuous and upward; and if the University ever falls off in its numbers, the cause must be sought, not in a deterioration in its teaching powers, but that its full growth has been attained.

AMID all this tercentenary rejoicing, nothing is heard of the Extra-Mural School—that School in which the medical greatness of the University had its birth, and from which the University still draws much of its inspiration and vigour. Where is the Extra Medical School? Disbanded and scattered about the town by an interminable struggle, in which private animosities take the place of strong union under broad principles.

"WHERE is the Extra-Mural School which I see stated on an advertisement bill?" asks a distinguished guest. "Where is your School?" "We have none." "Then you are a *vox et præterea nihil*?" "Just so!"

SURELY the Extra-Mural School might use this tercentenary celebration to unite, and the different members determine to pull more together.

THE University is apparently not rich in poets. The University offered the munificent gift of £10 for the best tercentenary poem or song for the occasion. Sixty candidates for the poetic laurel rushed into the field. Only three compositions were considered of any merit, and these were not deemed worthy of any further honour than the transitory amusement of the Senatus, who listened to them with, we are informed, much enjoyment. A volume of the rejected poems is, we learn, to be published, and then we shall have the opportunity of judging for ourselves as to their respective merits.

BUT because the undergraduates have failed to strike the quivering lyre, are we to have no song, no poem? Where is the author of "The Battle of Glen Tilt," or "Plain Cold Water?" Where is the topical poet of the College of Surgeons's annual dinner? Where is his jovial competitor on the same occasion? Where is the author of the "Tri Murti?" Surely we *are* to have a song? No song, no supper.

It has just been intimated that Lord Rayleigh is to represent the Royal Society of London on the occasion, and

the Earl of Stair, the Earl of Rosebery, the Earl of Galloway, and Sir Peter Coates have likewise announced their intention of being present.

Correspondence.

DR. CLIFFORD ALLBUTT AND GYNÆCOLOGY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—It would be amusing, if it were not lamentable, to find one in such a position as Dr. Clifford Allbutt gravely, in his lectures before such an audience as the Royal College of Physicians affords, accusing gynæcologists of one-sided, or no-sided, pathology, and of working on blindly in ignorance of the fact that, many so-called uterine symptoms are neurotic. None are more alive than we are to the necessity of general treatment of sexual (I use the word as embracing all affections of the uterine organs) maladies. But when Dr. Allbutt taunts gynæcologists with being ignorant, or what is worse dishonest, in the practice of their own speciality, he only accentuates his own remark that, "no man limited by the bounds of human intelligence can have a fine knowledge of medicine, surgery and obstetrics," and though he says that "the speculum and uterine sound were invented as much for my benefit as for other people," yet he seems to stand in need, if he wishes to propound gynæcological dicta *ex cathedra*, of some course of clinical instruction in that speciality he sneers at. So far from "snubbing" our professional brethren, we, that are gynæcological physicians and teachers, are ever most ready to do all in our power to bring about a more wholesome and scientific appreciation of the various maladies that are constantly before our eyes. We are daily in a position to deplore the grave neglect of this most important branch of medicine and the healing art; receiving certificates of cases to be admitted into our hospitals either vague, as "uterine disease," or flagrantly in error. If the teachers of our speciality in the large hospitals would only take a little more pains to instruct their pupils, and, for this purpose, have greater facilities afforded them in their clinique, we should see in time a body of practitioners turned out who would make fewer mistakes in diagnosis, and who, by recognising uterine disease in its earlier stages, would do much to lessen the misery that is so rife; would retain patients that now drift into our hands, or by knowing when to call in a gynæcologist in consultation, would still retain their patient's confidence as well as their cases.

I am, Sir, yours, &c.,

GYNÆCOLOGIST.

London, March 27th.

Novelties.

SOLIDIFIED LINIMENTS.

We have received from Messrs. Savory and Moore one of the most ingenious and useful improvements in pharmacy to which our attention has been called for some time, consisting in what the inventors term solidified liniments. Struck by the annoyance caused by the use of liniments in their usual form, Messrs. Savory and Moore have devised this improvement on them, and by combining the active principle with a solid cerate base, they are enabled to produce an easily liquefied mass, which can be readily spread as required over the affected surface of the body, the natural warmth of which suffices to melt them. The liniments are put up in metal boxes, out of which they can be protruded by pressing on a movable bottom, and from trials of them we can speak most confidently as well of the comfort and cleanliness associated with their use as of the efficient action they exert in a therapeutic sense. Preparations in this solidified form have been made of cantharides, mustard, croton, aconite, belladonna, camphor, chloral, &c.

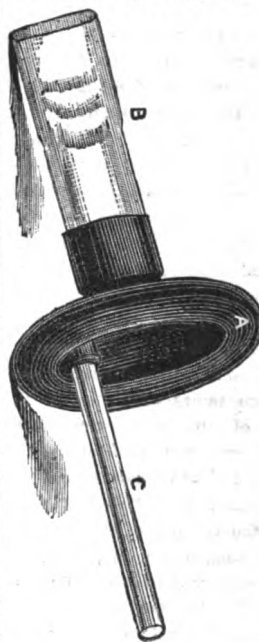
MALTO-PEPSINE.

THE undoubted advantages of malted preparations as articles of food have been so universally demonstrated that each candidate for professional favour, if carefully compounded, is wel-

comed as a useful addition to the physician's resources. In this connection a Canadian chemist, Mr. Hazen Morse, has produced a compound of pepsin and dry extract of malt, which combines the needed qualities of efficiency as a digestive agent and nutritive value as a food; and which, taken in doses of ten grains before meals, acts as a most beneficial and certain promoter of rapid digestion, and so ensures complete assimilation. In those forms of diarrhoea due to undigested food in the intestinal canal, from which young children are especially prone to suffer, this preparation acts almost as a specific; and regarded as a useful therapeutical aid to health, we can confidently recommend it for general use.

AN IMPROVED INHALING APPARATUS.

A NEW, economical, and effective form of vapour inhaler has been designed by Dr. George Stoker, of London.



The invention consists of a flexible cover (A), fitted with glass mouthpiece (B) and air tube (C), to carry the air through the medicated fluid. The ease with which it can be attached to various household vessels, such as a cup, jug, or jar, obviates the necessity of purchasing the reservoir used with most inhalers. Its portability and cheapness (being sold at the small price of 2s.), are, however, its principal recommendations, and by these it will doubtless achieve a very extensive popularity. The manufacturer's address is 36 Exeter Street, Strand, London, and the instrument can be had of chemists and druggists generally.

Medico-Parliamentary.

HOUSE OF LORDS.—MONDAY, MARCH 31.

MEDICAL ACT AMENDMENT BILL.

ON the order for considering the report of amendments in this Bill,

LORD CARLINGFORD said he was anxious that the Bill should reach the other House of Parliament before the Easter holidays, and he proposed that its third reading should be taken on Thursday. He had an amendment which he would move on Thursday relating to the constitution of the Medical Board in Ireland. Having added a representative to the Board from the medical colleges and corporations in Ireland, he had proposed at the same time to give an additional member to be elected conjointly by the Irish Universities; and he had had, as he thought, reason to think that that proposal would be acceptable. Since the last stage of the Bill he understood, on the contrary, that the proposal was extremely unacceptable, and he found it necessary to give it up. He would put an amendment on the paper that evening which would have the effect of giving an additional representative on the Board to each of those Universities.

THE DUKE OF RICHMOND could not conceive how there should be any such haste in proceeding with the Bill, because, even if it went down to the other House before Easter, was there any chance of that House proceeding with the measure for a very long time to come? During the last stage of the Bill now before their lordships, the noble lord had come to an understanding with Lord Cairns, and agreed to introduce a clause in reference to the representa-

tion of the Universities and medical corporations on the Board, and added that if the noble lord proposed to insert on the third reading a clause that would have the effect of giving four members to each University, and three to each Corporation, that was an alteration to which he should not object.

LORD CARLINGFORD said that was precisely the effect of his amendment, which would give four members on the Board to each of the Universities and three to each of the Corporations.

The report of amendments was then agreed to.

Pass Lists.

King and Queen's College of Physicians.—At the March examinations the following candidates obtained the licences in Medicine and Midwifery of the College:—

Medicine.

Beatty, Henry Bullen.	Kelly, Christopher Peter.
Craig, John.	Morice, Margaret.
Cuppaldie, Godfrey Oldfield.	Todd, Henry Ross.
Hickson, Robert.	Williams, George Robert.
Johnston, Benjamin Rigby.	Wills, Samuel Richard.

Midwifery.

Beatty, Henry Bullen.	Morice, Margaret.
Cuppaldie, Godfrey Oldfield.	Neary, Patrick.
Henry, Robert.	Williams, George Robert.
Hickson, Robert.	Wills, Samuel Richard.
Johnston, Benjamin Rigby.	

The undermentioned have been admitted Members:—

Christal, John.	Grant, Charles Scovell.
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Royal College of Surgeons in Ireland.—At meetings of the Court of Examiners, held on March 18th and 19th, the undermentioned was admitted a Fellow of the College:—

Cochrane, Robert Strangman.

Medical News.

A Cartwright Prize Medal.—We learn that the Association of Surgeons practising Dental Surgery has just instituted a Cartwright Medal or Prize for the best essay on Dental Surgery, and to be awarded either biennially or triennially, in honour of its President, Mr. Cartwright. The competition is open to all registrable medical practitioners, and Messrs. Imlach, S. H. Cartwright, and J. H. Craigie have been duly appointed trustees of the fund. We feel sure there are many who may feel disposed to subscribe, knowing the high esteem in which Mr. Samuel Cartwright, F.R.C.S., is held by the profession at large. Subscriptions or donations will be received and duly acknowledged by Mr. Hamilton Craigie, 13 Savile Row, London, W.

A New Association for the Study of Inebriety.—On the 25th ult., at a meeting of medical men held in London, a new association, entitled "The Society for the Study and Cure of Inebriety," was formed to investigate, from a scientific standpoint, the various causes of inebriety, and to educate the professional and public mind to a knowledge of these causes, and a recognition of the physical aspect of habitual intemperance. The officers for the first year are:—*President*—Dr. Norman Kerr. *Vice-Presidents*—Sir Geo. Burrows, Bart.; Sir Spencer Wells, Bart.; Sir Wm. Miller, Londonderry; Sir George H. Porter, Dublin; Sir Edwin Saunders; Dr. W. B. Carpenter, F.R.S.; Dr. Cameron, M.P.; Dr. Farquharson, M.P.; Professor MacLagan, Edinburgh; Dr. J. S. Bristowe, F.R.S.; Professor Macalister, F.R.S., Cambridge; Prof. McKendrick, Glasgow; Dr. C. J. Hare; and Dr. B. W. Richardson, F.R.S. *Treasurer*—Dr. C. R. Drysdale. *Secretary*—Dr. J. M. Caw. *Council*—Dr. Alfred Carpenter, J.P.; Dr. Jos. Eastwood, J.P.; Dr. Balding, Royston, Surgeon-General Francis, Surgeon-Major Evatt, Surgeon-Major Poole, Dr. Hart Vinen, Dr. Danford Thomas, Dr. Haynes, Malvern, Dr. Wickham Barnes, Dr. Sibley Hicks, Liverpool, J. B. Hevory, M.B., Dr. Geo. Robertson, Joseph Smith, M.R.C.S., Rickmansworth, Dr. Bridgewater, Harrow, Harrison Branthwaite, F.R.C.S., Willenden, Dr. Murray Lindsay, Derby, Dr. Alex. Peddie, Edinburgh.

DR. ALEXANDER P. DRUMMOND, lately assistant to Dr. Badger, Penicuik, has been appointed Medical Officer for the parish of Prestons, in succession to Dr. Jas. F. Cunningham, who is going abroad.

Notices to Correspondents.

THE BOYCOTTING OF MEDICAL ASSISTANTS.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—The wide circulation of your journal will no doubt ensure a pretty general perusal, by members of the medical profession in England, of Dr. J. Barter Langley's letter in your last issue. If his opinion be correct, and if, as he assumes, there exists at present in England a dislike to employ Irish qualified assistants, it is hardly probable his statement will meet with anything but silent assent. As this state of feeling, if it exist, may, therefore, escape comment, I, as an Irish qualified medical assistant and one of the many hundreds likely to be seriously affected by it, beg to draw the attention of the profession to the question, in order that such of the profession in England as do not share in what Dr. Langley supposes to be a general sentiment there, may repudiate the very narrow and bigoted views with which he, on what I consider very slender testimony, so generally accredits them. In the meantime, prompted by the idea that the enlightening influences of a medical education cannot have been altogether thrown away on the majority of English general practitioners, and having personally had agreeable experience to the contrary in more than one instance, I desire to say why I do not think Dr. Langley warranted, on the evidence he has adduced, in casting such a sweeping assertion on the English members of an essentially liberal profession. In the first place, Dr. Langley gives only one instance of bigotry, to support his gigantic hypothesis, and in the second, discloses the fact that the expression he quotes did not emanate from a medical practitioner at all, but from the said practitioner's wife, who, for all we know, may be a hysterical invalid or a person of unsound mind. So much for the evidence Dr. Langley offers with regard to the existence of a prejudice he laments; and now for the remedy he suggests, which is such a peculiar one that I am almost inclined to doubt Dr. Langley's seriousness in advancing it. Forsooth, he can only recommend "patience;" in fact he thinks the only way out of the matter is for the horse to wait till the grass grows. I think Irish assistants would be *asses* if they did. I will allow the expression of Dr. Langley's sympathy for Irishmen to pass unchallenged, and will also give him credit for the utility of keeping so many of them as his clients, but I certainly question the fact of his being singular in the latitude or justice of his views. There are ruffians belonging to every nation, not even excepting the English, but ruffians do not often obtain admission to the ranks of an honourable profession; Dr. Lamson and Palmer were hanged for murder, but that is no reason why the world should regard English doctors as a body of assassins.

Yours, &c.,

Rathmines, March 26.

AN IRISH ASSISTANT.

DR. SPENCER (Dublin).—Thanks. Your paper on "The Comparative Mortality from Phthisis in London and Dublin" shall appear as soon as space permits.

MR. E. WHITE WALLIS (London).—The report came to hand as we were at press—too late for present number.

MR. O. EGERTON JENNINGS (Newcastle).—See reply to Mr. Wallis.

WORKHOUSE INQUESTS.

ALIQUIS puts the following case: A tramp is admitted for the night into the "probation" ward by the Master of a workhouse, and dies suddenly during the night. An inquest is held, and the medical officer—who never saw the man alive—is examined by the coroner. Can the medical man obtain his fee? If not, would the same ruling hold good for the same reason if the clerk or guardian had dropped dead in the boardroom instead of the tramp in the ward? Is this the *spirit* of the law?

[The law bearing on this question is the 32nd section of the 9th and 10th Vic., cap. 87, which is as follows: "When any inquest shall be holden on the body of any person who has died in any public hospital or infirmary, or in any building or place belonging thereto, or used for the reception of patients thereof, or who has died in any county or other lunatic asylum, or in any public infirmary or other public medical institution, whether the same be supported by endowments or by voluntary subscriptions, then and in such case nothing herein contained shall be construed to entitle the medical officer whose duty it may have been to attend the deceased person as a medical officer of such institution as aforesaid to the fees of remuneration herein provided." We are of opinion that the "probation" ward of a workhouse comes within the clause, and that "Aliquis" cannot claim a fee. If the coroner had summoned a medical witness not attached to the workhouse the fee should be paid. Evidence as to death of a clerk or guardian would not come within the same category, as it would not be the medical officer's duty to attend them.—ED.]

DR. RUSSELL (Lincoln) will please receive our best thanks.

DR. S. D. T. (London).—Your suggestion has been anticipated. Dr. Routh's case, at the Medical Society of London, of "Sporadic Crétinism," was an exceedingly interesting one, and we hope to publish it in full so soon as the present pressure on our space is lessened and the engraving received from the engraver.

OPHTHALMOLOGIST.—The work of De Wecker and Landolt, referred to in Dr. Jacob's lectures, is not yet complete; the last volume (Vol. III.) is announced, but not ready; the subjects being Refraction and Accommodation.

VALEDICTORY ADVERTISING.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Whatever may be your opinion on the nature of the private letter addressed by me to my patients on transferring my private practice to another medical gentleman (who, by-the-by, was not aware of the contents of that letter, but who certainly deserves the highest recommendation I could offer him), neither you nor the person whose

you a copy of it can, in justice, taunt me, as you seek to do, with having circulated it amongst other people's patients. Such an accusation, so plainly implied in your remarks, founded no doubt on information received, is unmerited and unjust. My letter (lithographed for convenience) was circulated exclusively amongst my own patients, and I took the precaution of marking it "private," so that it might not be given to non-patients to read. In writing out a list from my ledgers I carefully excluded those who might not be considered *bona-fide* patients of mine, and I forwarded my letter to the remainder only. I have that list by me at present, amounting to over 540 persons, most of them heads of families, and it represents to the fullest extent those, and those only, whose family physician or individual physician I believed myself to have been up to the time of my departure. It is, of course, just possible—though of this I have no evidence—that, unknown to me, two or three patients (certainly not more) may have gone over to the medical man who now launches in a covert manner, this formidable indictment against me, for I learned accidentally that this occurred to a very limited extent in the case of another, to whom I immediately wrote an explanatory letter, offering to correct the mistake, and receive, in return, a most gentlemanly and courteous reply. The complaining party has had ample time to collect his formidable list of examples. Let him, therefore, straightforwardly produce it, and I promise to afford him every satisfaction. Did I wish to enroach on him, or other medical men, would I have despatched my letter to one or two isolated patients of theirs, and have left the many unsolicited? I freely admit that many of the recipients of my letter were once patients of *certain* other medical men, but, of their own free will, came over to me, and continued to the last under my professional guidance. But, all these things considered, I cannot other characterize the implied accusation, in the broad sense in which it has been made, than as unwarrantable and unjustifiable; nor can I regard the attempt to use you, Mr. Editor, as instrument to blacken my professional reputation, as otherwise than the act of somebody too ready to grasp at any means, fair or foul, to injure a supposed opponent.

Admitting your right as a medical journalist to pronounce on matters relating to professional ethics, it is quite another thing, and a serious thing too, when broad insinuations, incapable of proof, and calculated to damage one's good name, are circulated in your journal throughout the medical world. The mere finding a letter of mine in the house of one who had ceased to be my patient is no proof that I was aware of the fact; it is certainly not proof of my having circulated it broadcast amongst other people's patients, or amongst a fractional portion of them. To accuse me of this circulating it (for your remarks in plain English are tantamount to this) is unjust and untenable. I defy the person who sent you my letter to sustain the implied accusation.

Regarding the recommendatory nature of my letter, it appears to me that if, in transferring one's practice, it be legitimate to speak flatteringly of one's substitute in private to one's patients, it should be equally legitimate to write flatteringly a private letter in his regard to one's patients. To hope to transfer a practice by a mere notification of the fact is a delusion. Patients must know whether they can place confidence in the man recommended; and should a verbal representation of his competency be impossible, a written one is called for, else the transfer is a mere sham. The extent of the recommendation would appear the only question. I believe (but in this matter I should, if otherwise convinced, stoop to your better judgment) that whatever can be conscientiously stated or written of him in this manner, may be without impropriety, provided that no comparison be instituted between him and others. However, I shall waive the consideration of this point, merely remarking that should any such letter be despatched indiscriminately, the transaction assumes another aspect; it then, and then only, ceases to be of a private nature, is tantamount to advertising, and should be regarded as highly unprofessional. That I have not stooped by word or act, directly or indirectly, to this latter I can attest before any tribunal. To accuse me of it, by implication or otherwise, is to do me a wrong which demands ample reparation. My professional character is dear to me beyond measure. It has never yet been tarnished; and, though leaving for a strange land, I would still jealously (indeed, all the more jealously) guard that reputation against unmerited reproach.

Woodside, Vernon Avenue, Clontarf,
March 27, 1884.

CHARLES MACCARTHY.

[We object to valedictory eulogies on principle, and we by no means agree that a physician who recommends to his patients, in private conversation, his successor in practice is equally at liberty to advertise the gentleman by 540 lithographed circulars. Patients should be left to judge for themselves as to the merits of their adviser, and, if they are aware that a recommendation by the outgoing practitioner is part of the consideration for which money is paid by the person recommended, they will probably pay little heed to the eulogium. We are certain that Dr. MacCarthy limited the issue of his circulars to those whom he regarded as his own patients, but equally certain that many of these 540 documents had reached persons who had passed into the hands of other practitioners without his knowledge. Unpleasantness of this sort is best avoided by refraining from circularising altogether.—Ed.]

THE GRIEVANCES OF THE BIRMINGHAM STUDENTS.

To the Editor of the MEDICAL PRESS and CIRCULAR.

SIR,—The dissatisfaction now rife amongst us is due not only to the appointment mentioned in your issue of the 29th, but it is intensified and aggravated by the circumstances of a simultaneous election to the Obstetric House-Surgery at the same hospital. For this post there were four candidates, viz., a M.R.C.S., L.R.C.P. Lond., a M.R.C.S., L.S.A. (*bona fide* alumnus) of the Birmingham School, a M.B., C.M. Edin., who had received a great part of his training here, and an *unqualified* student. This latter, a Cantab. alumnus (*sine* its degree), through the influence of powerful friends, obtained a pledge of support (in any event) from a number of electors, if he could manage to procure a qualification of any kind in the interval; this he did, obtaining the L.S.A. two days before the date of application, and he was elected over the heads of the other three candidates, though his seniors in

curriculum and knowledge. And this result would appear to be still more disappointing and extraordinary when you know that the selective power lies with the medical committee. Yet with us rumour has it that a committee so constituted is more "workable" and more open to malign influences than one composed of lay-members.

We students cannot but feel pleased to find that our long-pent-up grievances have at last been made public and found expression in your columns. I, personally, am sorry to be able to bear witness to such a statement but we have many, far too many, abuses in our midst, but none, I think, has excited so much discussion and angry comment amongst ourselves as the disgusting lack of interest in us and our welfare displayed by the great majority of our teachers and lecturers; the very men who are paid, and that handsomely, to give us means and opportunities for professional education.

But what do we see? Why, our efforts to raise the tone of the school and to do credit to the College and ourselves rendered abortive, owing to the marked disfavour with which those of our men who show anything amounting to average merit and intelligence are treated. Especially is this shown in the management of our hospital practice, where the case under notice is *only one* and a recent instance of the manner in which the posts which were constituted for, and intended to be filled by the most deserving students of our own school, are given up to other candidates, refugees from various centres of medical education, who chance to have friends on the elective committee or have taken the precaution of gaining votes by mercenary leverage or family influence.

Yours, &c.,

A (*BONA FIDE*) BIRMINGHAM STUDENT.

Queen's College.

DR. H. R. S.—The subject was referred to by Dr. Drummond Mac Donald in his paper on "Position in Labour," published in the *Medical Press*, August 22nd, 1883.

DR. J. L. (Liverpool), MR. SOAMES (Bradford), S. E. R. (Maldstone), A TEMPERANCE ADVOCATE (Dublin), and MR. WILSON (Glasgow).—See reply to Mr. Harrington.

Meetings of the Societies.

WEDNESDAY, APRIL 2ND.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At 5 p.m., Luncheon Lecture: Dr. James Andrew, Etiology of Phthisis.

OBSTETRICAL SOCIETY OF LONDON.—At 8 p.m., Specimens will be shown by Dr. Godson and others.—Mr. Alban Doran, On the Relation of Prolapse of the Vagina to Hernia, illustrated by two Pedigrees.—Dr. Kilner, Upon the benefits derived from the Induced Current during Parturition.—Dr. Arthur Mitchell, On Strong Mental Emotion affecting Pregnant Women as a cause of Idiocy in the Offspring.

THURSDAY, APRIL 3RD.

ROYAL INSTITUTION.—At 8 p.m., Professor Tyndall, On the Older Electricity.

HARVIAN SOCIETY.—At 8.30 p.m., Mr. H. Cripps Lawrence will open a Discussion on Scarlet Fever—(1) Etiology, (2) Surgical, (3) Puerperal, (4) Differential Diagnosis.

FRIDAY, APRIL 4TH.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At 5 p.m., Luncheon Lecture: Dr. James Andrew, Etiology of Phthisis.

ROYAL INSTITUTION.—At 8 p.m., Professor T. G. Bonney, The Building of the Alps.

ACADEMY OF MEDICINE IN IRELAND (Surgical Section).—At 8 p.m., Living Specimens by Dr. Hayes, Mr. Croly, and Mr. Lambert H. Ormsby.—Specimens exhibited by Card by the President, Dr. Hayes, Mr. Lambert H. Ormsby, and Dr. Jacob.—Papers: The President, Pharyngotomy.—Dr. McArdle, Notes on Stricture of the Rectum.—Dr. Lentaigne, Treatment of Compound Fracture.

MONDAY, APRIL 7TH.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.—At 8 p.m., Casual Communications by Messrs. Storor Bennett, J. H. Munro, F. N. Pedley, and E. Lloyd Williams.—Mr. A. S. Underwood, On the Influence of Micro-organisms in the Production of Caries.

Births.

ATTHILL.—March 26, at The Laurels, Great Bentley, Essex, the wife of E. C. Atthill, L.E.C.P. Ed., of a son.

AYLING.—March 26, at The Oaklands, Upper Clapton, the wife of Charles T. Aveling, M.S., M.D. Lond., of a daughter.

CORLEY.—March 20, at 80 Lower Baggot Street, Dublin, the wife of Anthony H. Corley, M.D., F.R.C.S.I., of a daughter.

KIDD.—March 27, at 13 Montpelier Row, Blackheath, the wife of Walter A. Kidd, M.D. Lond., of a son.

Deaths.

BROWN.—March 21, at Brixton Road, after two days' illness, Robert Gibson Brown, M.R.C.S., L.S.A. Lond., aged 52.

COR.—March 26, at his residence, 74 Guildhall Street, Bury St. Edmunds, Thomas Coe, F.R.C.S., aged 68.

HARDING.—March 19, at 54 Lancaster Road, John Harding, M.B. Dub., late of Westbourne Park, aged 75.

HICKMAN.—February 19, suddenly, at Jhansi, India (Rifle Brigade), the result of an accident at polo, Arthur Hickman, M.D., L.E.C.S., L.E.C.P., A.M.D., of Dublin, aged 30.

HITCHMAN.—March 24, at Fairford, Mary Ann Hitchman, the beloved wife of Dr. Hitchman, F.R.C.P.L., late Superintendent Physician of the Derby County Asylum, aged 66.

NICHOLSON.—March 21, at Grove Road, St. John's Wood, John Nicholson, M.D., formerly of Lincoln, aged 69.

SCHULHOFF.—March 27, suddenly, at 46 Brook Street, London, W., Maurice Schulhof, M.D., of Vienna, aged 68.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 9, 1884.

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Original Communications.

RECENT ADVANCES IN PELVIC SURGERY. (a)

By LAWSON TAIT, F.R.C.S.,

Surgeon to the Birmingham and Midland Hospital for Women; Consulting Surgeon to the West Bromwich Hospital, &c.

IN obedience to the invitation of your secretary, I have very great pleasure in addressing this distinguished society as a slight recognition of the honour conferred upon me by admission to its membership.

I do not know that the physician by whose name this Society has marked itself, did anything which either directly or indirectly contributed to the advance of pelvic surgery, as we may surely conclude that pelvic surgery, save within the narrow limits of lithotomy and operations for piles, is a growth entirely of this century. It is true, at least, I believe I have established the fact, that the first ovarian tumour operated upon was removed in Renfrewshire, by Dr. Houston in 1701, but such an operation as that known as ovariectomy may really be considered as abdominal rather than pelvic, and even that dates its establishment within our own century.

From the fact that my own practice is confined to the diseases peculiar to women, so completely that I do not suppose I see on an average one male patient a year, and then he comes for abdominal and not pelvic surgery, I am wholly unable to speak of the recent advances in the treatment of the pelvic diseases of men. What I have to say is of work in a wider and more varied field, the pelvic diseases of women, and this field practically remained closed till the year 1878. The light of progress did not shine till we awoke to the fact that, Keith by giving up the clamp had brought his ovariectomy mortality down from 20 per cent. to 5, so

that all done since then is, in a large measure, to be credited to that distinguished surgeon. With such results our fear of the abdomen and its subordinate cavity, the pelvis, vanished and numerous advances have been made.

I have already written and published so much on the marked success now obtained in the primary results of abdominal and pelvic surgery, that I am almost tired of saying any more about it, and I fear that I should weary this audience if I resumed the thrice-told tale. What I desire to do to-night is to say something in detail of the secondary results of these advances, of the ultimate success and failures, for it is by these and by these alone that the whole of our work must be judged. The whole profession, every branch of it, has been guilty far too much of rushing into print with new operations and new drugs, announcing, nevertheless, results long before time had made it possible to judge of their permanence and real value. In the case of operations it has been only of late that we have estimated their value by any statistical method at all, and even now our best statistical methods are faulty. We are still too easily contented with seeing our patient safely out of bed, or out of our hands, and then publishing the results as satisfactory. But the results are not satisfactory unless we can say of the operations, or at least of many of them, that years after the events both patients and surgeons were glad that the operations had been done. I fear there is no field of operative surgery from which examples might not be taken of the enthusiastic adoption of new proceedings, followed by their extensive application and final abandonment. The curious feature about the latter process is, that it seems to be generally arrived at by common consent and not by any distinctly rendered professional judgment. It is, in fact, true of operations in a more tangible way and to a more limited extent, as is true of new remedies in the hands of the physician—they come and most of them go without leaving any real good behind them. These latter form no real advance; they

(a) Read Before the Harveian Society at London, March 6th, 1884.

are the preliminary experiments which prove failures, but which are essential in every line of human research previous to the establishment of an ultimate success. To those who criticise our art on account of its slow progress and its many imperfections, I would answer that they ought to read Mr. Darwin's statement of the probable experiments made for the mere result of arriving at our present vegetable food supply, and they will cease to wonder that medicine and surgery are still amongst the arts less than they are among the sciences.

When, therefore, it is claimed for any new departure that it is an advance, it must be established that the secondary results are as satisfactory as those obtained primarily, and that they are permanent. During the last six years several innovations have been at least established, in all of which I have had a considerable, if not a chief share, and for most of these to-night I mean to claim that they are real advances, in so far that their primary results are such as justify them, and their secondary results are satisfactory and permanent.

The first of these is the more frequency of the operation of abdominal section as an aid in diagnosis, and by this I do not so much mean the diagnosis of individual cases as of diagnosis in a general application. Let me give an example: Many years ago I was taught, and then believed, a variety of differential diagnostic signs in pelvic troubles, and by one of the greatest masters of his art. I read then, and I have read since many lectures on parametritis and perimetritis, and I believed I was competent to discriminate between the two and between them and many other conditions. It was only after I had accomplished a large number of abdominal sections for pelvic troubles that I understood how ignorant we had been and still are; and now I peruse lectures on these subjects by distinguished physicians who have never had their finger in the pelvis from above, and marvel that they can talk so fluently on mere guess work. Given a pelvis with a uterus fixed by inflammatory or other effusion, with a mass in front or behind, on one side or both, I say it is absolutely impossible for any man to give more than a guess at the real state of matters inside from a vaginal examination. As to whether it may be advisable to make an accurate diagnosis in another way must be determined by the conditions of each case, but the discussion of this question must be approached only on the understanding that, by the very means upon which alone an accurate diagnosis depends, can there be, in the great majority of cases, anything like an avenue opened up for successful treatment.

Let me give an example of this in detail. The wife of a doctor of medicine was sent to me from a long distance suffering from what had been variously diagnosed as parametritis, perimetritis, pelvic cellulitis, and abscess. She was under treatment elsewhere for many months; had an aspirator passed more than once into the pelvic cavity from the vagina, bringing away serum, pus, and detritus, but she got no better. The whole trouble began in a miscarriage, and from a long detailed history given to me by the letters of her husband, I was of opinion that the case would probably prove to be one of pyosalpinx. But, even after I saw her, I would not and could not give any precise opinion without an abdominal section, for in that way only could an accurate diagnosis be made, and, at the same time, a successful treatment of the case might probably be accomplished. I found the patient worn out with suffering and in constant pain, taking several grains of morphia under the skin every twenty-four hours. The whole contents of the pelvis were matted together, and the uterus quite immovable.

The patient's husband at once accepted my proposal to open the abdomen and deal with matters as I best could. I operated and found above as I found below, the whole pelvic contents, including several coils of intestine, all glued together and completely fixed. After much careful manipulation I succeeded in isolating a mass which

proved to be the right ovary enlarged and riddled with abscesses, originating in the follicles. The patient made a somewhat tedious recovery, yet considering her condition before the operation, it proceeded at a satisfactory rate. Exactly one month and a day from the operation her husband wrote to me, "I was delighted beyond measure when I saw my wife walking down the station platform to meet me, and telling me also how she had borne her journey (a very long one) without fatigue." Her illness had extended over a year, and yet she was cured in a month. The condition found was such that it is a matter of no surprise that all previous treatment had failed. Nothing but the proceeding I adopted could have established the diagnosis, and even before the diagnosis was completed the treatment was accomplished; that is to say, as I did not know, and could not possibly have discovered, that I was dealing with a case of abscess of the ovary till the operation was over, it is absolute nonsense to talk of waiting in such a case till the diagnosis is made before operative proceedings are discussed. The whole merit of this proceeding, which I claim to be a distinct surgical advance, is that the completion of the diagnosis and the completion of the treatment are coincident, both having been alike imperfect and impracticable on previous lines.

I am here met constantly with the objection evident to every one that the indiscriminate employment of abdominal section would be disastrous, and I at once reply that my proposal is not for its indiscriminate employment. As in every other department of our art, each case must be judged on its own merits. I appeal at the outset of the discussion of this point to my primary results, which show that a mere exploratory incision may be made with hardly any risk at all, and that the results of completed operations of this kind have a mortality of less than 3 per cent. The real difficulty lies in the operations which are not limited to mere exploratory incisions, and which are not completed, for these are very fatal, and a large number of those in a list must always mean bad work. In my early practice they were far more numerous than they are now, in fact, amongst the class of cases of which I am now speaking—inflammatory disease of the pelvis, I have not had an incomplete operation, nor a mere exploratory incision for about three years and a half. I speak, of course, in the case of the exploratory incision subject to the correction that I may have mistaken cases truly of this character for malignant disease, but I do not think this very likely. At least, I have heard of none such yet.

Here I must mention what seems to me the great difficulty about the general acceptance and extension of this kind of work. It differs, so far as I can see, from every other kind of surgical work in that it cannot be taught in any kind of way. Any surgeon of average intelligence and manipulative skill, after seeing a few operations for the removal of ovarian tumours may begin to operate with a fair chance of success. At least he can learn a very great deal by watching others operate. But in the removal of a small suppurating ovary, densely adherent to surrounding organs, and covered by adherent intestines, the difficulties and how they are overcome can be seen by no one, not even by the surgeon himself. I cannot in the least describe how it is that I can discriminate by my finger tips between a piece of intestine and the bladder, or a distended tube; between the fundus uteri and an enlarged and adherent ovary. I have felt dreadfully certain, on many occasions, that at last I must have torn a hole in something which would be fatal, and yet the accident has never happened.

The difficulty about teaching is, however, a serious one, for it would seem as if each one who follows me in this work must begin absolutely in ignorance. All that can be seen in my operations is my fore and middle fingers buried in the pelvis, and, after much scratching about, fishing up a purulent tube or a suppurating ovary. Many of my visitors go away grievously disappointed, and I know not how to obviate this difficulty.

Before we discuss the ultimate results of this kind of practice something must be said in answer to several objections which have been urged against it. It has been said that such operations as that I have instanced, and some others, are objectionable because they unsex and sterilise the patient.

The fallacy of the first objection has been so repeatedly exposed that I need not further allude to it. Nor need I take up much time by showing at length how completely sterilised a patient must be in whom the pelvic organs are matted together. The loss of one or both ovaries in her case will make no difference. A woman with an abscess in her ovary or in a Fallopian tube, can no more bear sexual intercourse than a man can read small print who has chronic retinitis. The woman is therefore both unsexed and sterilised by the diseased organs. Their removal restores her sexual powers, and makes no difference in her sterility.

A further and more tangible objection to such operation is made by a recent critic, who says, that some less severe measure than abdominal section should be found for dealing with them. I would answer this by detail, as in the case I have quoted. How could multiple follicular abscesses of the ovary be treated save by removal of the gland? The aspirator was tried and failed. It is impossible to deal with an abscess when it can never be known with certainty that there is an abscess, nor in what organ it is, nor where that organ is, save by abdominal section. In fact the answer is that the diagnosis and treatment are practically concurrent; it is impossible to substitute any other means. I have punctured with the aspirator at the most likely spots and got nothing out, yet I have removed afterwards from the same patient a large pyosalpinx. And even if we were successful enough to hit the abscess, we are all sufficiently alive to the fact that the aspiration of an abscess seldom prevents its subsequent filling; that opening and drainage form the only alternative. I confess that knowing as I do the difficulties of dealing with these cases from above, I could not contemplate with any confidence a proposal for groping at them from below. I cannot see, therefore, how any proceeding at present known to us is likely to supersede that of abdominal section.

We come finally, then, to the question of ultimate success. How have the patients got on for a somewhat prolonged period after their operations? To answer this question I propose to give in prominent detail a series of fifty cases from the work done from 1879 to 1881, in consecutive order as they were originally published, so that any one who has sufficient interest or curiosity may easily identify them. The series includes cases of

Removal of extra-uterine pregnancy	...	1
Abscess of ovary	...	1
Removal of uterine appendages for menstrual epilepsy	...	2
Renewal of uterine appendages for pyosalpinx	...	2
"	" hydrosalpinx	6
"	" menorrhagia	2
"	" myoma	13
"	" chronic ovaritis	14
Opening and draining of pelvic abscesses	...	9
		50

I take fifty cases as a series because it is a sufficiently large number from which to form conclusions, and as the first case was done on March 30th, 1879, and the last upon June 13th, 1881, a sufficiently long interval has elapsed in all of them to justify me in making statements as to the permanency of the results. During the time embraced by this group three deaths occurred, two in cases of removal of the appendages for myoma, the patients having been reduced to the last stage of anæmia by hæmorrhage. The third death was after removal of the appendages for chronic ovaritis, the fatal issues being due, I believe, to scarlet fever poisoning, producing septic peritonitis, which a vigorous employment of the details of Lister's carbolicism was wholly powerless to prevent. This mortality, under six per

cent., was, save in the third case, I believe altogether inevitable, as I shall explain by-and-by.

The first case need not occupy us very long, as it has already been published in detail. It was one of extra uterine pregnancy where the fœtus had died, apparently about the fifth month, and constituted a truly pelvic tumour, which gave rise to very distressing pain. No exact diagnosis was possible, and I began the operation without the slightest idea that the case would turn out one of extra-uterine pregnancy. The patient is now in perfect health.

The single case in the second group is one in which a patient was for years the victim of incessant pain in the pelvis from some cause which she could not determine. Her health was breaking down, and Dr. Lyeott, of Wolverhampton, under whose care she was, placed her under my care for surgical treatment. I found an abscess in the left ovary and removed it. I saw her on the 11th of May last in perfect health and free from pain, an interval of three years after her operation.

The third group consists of two cases in which the uterine appendages were removed for menstrual epilepsy, that is for epilepsy centring round and apparently being produced by the period. The first case had all her life been an imbecile. When menstruation began fits came on, and they gradually increased in severity till she became a furious and unmanageable maniac, requiring the constant care of two attendants.

(To be continued.)

The Gulstonian Lectures

ON

NEUROSES OF THE VISCERA.

Delivered at the Royal College of Physicians, March 14th, 1884.

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LECTURE III.

GENTLEMEN.—Enteralgia is, perhaps, the most racking torture contained in the curse of mankind; so bitter, so searching is the agony, that more than one sufferer has said to me, calmly regarding his bygone pains, that surely the sting of death had been more welcome. That this malady is one of singular character and marked identity, I had thought it my duty to show at greater length, until I turned but as yesterday to a description of it in Reynolds's "System of Medicine," by Dr. Wardell. In the famous and masterly handbooks of medicine which have been given to the profession of late years, this malady has received so scanty and indistinct recognition, it has been so often confounded with common gripes on the one hand, or contemptuously tossed over to the limbo of hysteria on the other, that Dr. Wardell's clear account of it is eminently valuable.

Before reading this essay, I had also noticed that the two chief points of onset are the umbilicus and the right iliac fossa, or, as I should put it, the umbilical region and the right flank. The central attacks are not strictly umbilical, but arise at a point usually about two inches to the side, generally the right side, of that mark; and the lateral attacks are generally a little higher than the iliac fossa, being nearer the level of the crest of the ilium itself. Another correction I offer is that "females" are not more prone to the disease than "males." My own experience is, of course, inadequate to overthrow an assertion which Dr. Wardell says is "beyond dispute;" for, happily, the disease, if not actually rare, is by very far less common than gastralgia. Gastralgia, I have said, is commoner in women by two to one; but of fifteen marked cases of enteralgia, I find that eight

occurred in men and seven in women. I should add that, out of a far larger number, I have selected the fifteen as severe cases uncomplicated with any intestinal derangement, or with any concurrent troubles elsewhere. The four most grievous instances were all in men of ages between 22 and 48. Cases of mere tormina consequent upon irritation of the bowels or constipation, and cases of lead-poisoning, I have excluded, not because they have no element of visceral neurosis in them, as indeed they have, but because I desired to study the malady in its purest form. In this way, we may hereafter carry our judgment more clearly to secondary or mixed cases.

The greater relative frequency of enteralgia in men than of gastralgia may be explained in part by its being more directly allied to gout than is gastralgia, in part by its dependence on the weightier stress of the affairs of men. From my own cases I gather that a family history of gout, in its heavier and wider operations, is characteristic of enteralgics rather than of gastralgics. Enteralgia, like sciatica, may be a "pure neurosis," but is, like it, not rarely of gouty nature. I gather, also, that enteralgia is aroused rather by the strife of public life than by the teasing of homely worries.

I will cite a few illustrative cases. The Rev. — (No. 54, 1883) is a minister of religion. He has the bright impetuous manner of a neurotic person, and has expended his energies lavishly in his work. He has suffered from no trace of melancholia nor of hypochondriasis; his knee-jerks and other reflexes are normal. (a) For twelve months he has been subject to attacks of pain in the right flank, which are like the stabs and hacking of a knife. The agony is so frightful that he almost longs for his life to be taken. The collapse and subsequent prostration are very serious. Otherwise his health is good, and physical examination fails to discover any disease of parts, or any morbid state of function. Dr. Daly, of Hull, had seen him and had pronounced the case to be one of neuralgia.

Another case of nearly equal severity was also in a clergyman, who made out for me a very graphic story of his malady. In him the seizure began, and the abiding centre of the pain was fixed throughout all attacks, a little to the right of the navel. Intermittently, however, the pain would strike him "in a semicircular course, and settle in the kidney;" or again, would dash from the centre "right through the liver and lodge under the right shoulder-blade." In these seizures occurred then pains obviously spinal, associating themselves with the enteralgia, as pains of the thoracic nerves may ally themselves with gastralgia. There was always incontinence of urine to a painful degree. "The liver and kidney tracks of pain rarely occurred simultaneously. The character of the pain at the centre was as though a spearhead was trying to force itself out from within." The attacks, in this case, have become rarer and slighter in the years 1879-83 than they were in 1876-78. The patient is a man of stirring life and of a lively and genial temperament. After endless medication for "duodenal dyspepsia," he improved on arsenic and on quinine with belladonna. One day, acting under some irresponsible advice, he took an over-dose of "Mother Siegel's syrup," which floored him for a day or two; but after that event he had a long immunity from pain. There are adequate grounds for the belief of all his many advisers that he suffers from undeveloped gout. I may add that, in the earlier years of the pains, they were at times associated with ordinary gastralgia in the severe form.

In the case of Mrs. —, a lady, past the menopause, often sent over to me by Mr. Ball, of York, severe enteralgia has accompanied, or of late succeeded uterine neuralgia of a violent and intractable kind. All the parts of the pelvis and their functions have been normal. She has shown signs of indistinct gout for the greater part of her adult life. Her enteralgic pains were of a

drawing or tightening character, but presented none of the ordinary symptoms of common colic. Sleeplessness and diarrhoea likewise afflicted her, and seemed to spring from the same diathetic cause.

Again, a medical friend writes to me of his own case, that pain in the right flank attacked him during sleep five years ago. It was not very severe, and was relieved by friction and a cordial. Since that time the attacks have been more frequent, more severe, and more prolonged. Indeed, of late, he has never been free from some sense of pain about the same part, and like a woman with a neuralgic uterus he suffers especially if jolted in riding, or in driving over a rough road. Of all remedial means hypodermic morphia alone relieves him. He has suffered from lithic acid in the urine in past years, but not of late; the regulation of diet and use of alkalies having averted that disorder. There is no sign of any local disease.

In the case of a lady under the care of Miss Ker, of Leeds, enteralgic pains set in with a rough periodicity towards the early night. They were preceded by low spirits, irritability, and a distressed expression of face. After times of ease the attacks have been recalled by fatigue or by exposure to cold. They may only return nightly for a week or more, and then disappear for a while; perhaps for nine months little pain would be felt. Bed and hypodermic morphia alone gave her relief. She is much thinner than she used to be. This lady was under my care for gastralgia some years ago. Enteralgia is rarely associated with vomiting, as in gastralgia; but the latter symptom is very prominent in a nurse whom I saw with Mr. Jessop a few weeks ago. It is doubtful, however, whether her case may not be of ovarian origin. Her catamenia are regular and normal, excepting some deficiency in quantity. Her bowels are quite regular, nor do I find constipation more common in enteralgia than we find it to be in many or most cases of atonic disorder.

In Case 320, 1875, the enteralgia was closely periodic, recurring about 3 a.m. during sleep. The patient was a gouty man. Gout also was a marked feature of the family history of a man, set. 53, whose number is 371, 1875. Number 30, 1877, a man, set. 22, was like the last case, but he had suffered from the age of 15 from alternations of gastralgia with definite umbilical enteralgia. Mrs. —, set. 56 (No. 269, 1877), became the subject of like enteralgia after the cessation of migraine, which passed away about the age of 45. The pain in her case was very severe. In another brother and sister, of whom I have seen a great deal, enteralgia in a definite and violent form is the inheritance of the former, and a gastralgia of equal violence and definition, attacks the latter. Both subjects are pure neurotics without gouty history. Miss — (No. 508, 1881), was seen first by Dr. William Roberts, and by him her attacks were called neuralgic, as no doubt they were. The attacks were "like a corkscrew going into her flank (side not noted), and transfixing her." The pain often is so sudden in onset, that she "stands like a statue, flushes, and then turns white, but has no loss of consciousness." Afterwards, "she writhes in fearful pain." There is no periodicity. Her hands and feet, as is usual in visceral neuralgia, are very cold, especially near the attacks. Her appetite, digestion, and bowels are normal, as are all the functions of life. Her lips and gums are well coloured. She presents all the qualities of a neurotic, and her family history is markedly neurotic. Physical examination revealed no defects. This young lady, two years later, thanked me very sweetly for curing her. I find, on turning to my books, that she had a course of bromides and arsenic with pills of quinine and belladonna at intervals. After her recovery, she had married, and continued well. Miss —, set. 46 (No. 618, 1881), had enteralgia arising near the navel. She is a neurotic person, otherwise healthy, and she lost her attacks by transference. She

(a) It is better to state also that I have discussed no case of visceral neurosis in which the knee-jerk was absent.

welcomed indeed a series of violent attacks of right supra-orbital pain with muscæ volitantes, which took the place of the abdominal seizures. The attacks of Mrs. B. (No. 639, 1881), were of the enteralgia type, but were followed by slackened bowels with a little mucus occasionally, though rarely. It is curious that in so many of my cases diarrhoea has been associated with gastralgia, and in so few with enteralgia. On the other hand, as I have said, I rarely find in the latter the constipation, the disordered alvine secretions, the flatulent colic, which is described by other writers, I believe, on grounds of probability rather than of direct observation. Flatulent colic is a wholly different affair; and, as a matter of speculation, I hesitate to place the seat of enteralgia, in the bowel at all. In Mrs. S., æt. 43 (No. 106, 1881), during attacks which correspond to the enteralgia of the other patients, the abdomen is said to become swollen and hard, the aorta throbs, and the heart palpitates; so that some general storm in the sympathetic accompanies the enteralgia, and the flatulence is probably due to that variation. As the attack ceases the abdomen falls, and it was quite soft and normal when I examined. She was cured or relieved by bromides, belladonna and quinine. The case of Miss B., sent to me by Mr. Knaggs, of Huddersfield (No. 274, 1883), presents a good example of the gouty element. Her family history is gouty, and she had podagra at the age of 7. She was subject for many years to facial neuralgia; this left her for twelve months. Then came, and has often returned since, violent neuralgia in the sub-hepatic region. The attacks last three or four hours; and in her, by the way, some vomiting occurs, with little ejection. The attacks are brought on by fatigue, excitement or worry. She never had the faintest trace of jaundice. Rest and change relieve her. She suffers at times from gouty dyspepsia, but in no connection with the attacks. The pulse-tension is normal, the urine of specific gravity 1022; and all organs and functions were normal. Another very similar case was seen by me in the same year; gouty phenomena, migraine, and facial neuralgia having preceded enteralgia. In a young man sent to me by Mr. H. Wright, of Halifax, violent enteralgia was associated with epilepsy, or rather preceded by it. The enteralgia showed a very remarkable periodicity in this case. A curious series appeared after great mental strain and anxiety in a patient whom I saw for enteralgic seizures with Mr. Holmes, of Leeds. First came cervico-occipital neuralgia, with intense hyperæsthesia of the scalp, loss of sleep and appetite, and great debility; then a strange sensibility to cold upon the skin, so that the lightest draught of air distressed him, even the turning of the leaves of his ledger; then periodic coryzas, as intense as if dilute ammonia had been poured over the mucous surface, an abundant fluxion being followed by general prostration; this developed into frequent asthmatic seizures, called forth by cold drinks or by the least change of temperature in his room, but cut short at once by coffee. These symptoms had been relieved by sea-water baths before my visit. I must not linger over these cases, however, many of which do but repeat the symptoms already described. I shall, however, refer to four of them hereafter, which are associated with symptoms on the skin.

Not included in the list now discussed, but naturally following it, comes a series from which I need not quote largely, if at all; but I may indicate, as not uncommon visitors, certain patients who complain of a pain in the region of the hepatic flexure of the colon; I will go further, and say that I believe it to be seated in that place. It is not severe, nor periodic; it is rather wearisome and abiding. It is found in the melancholic rather than in the brisk neurotic; but, like enteralgia, seems clearly associated with gout. Although not connected with obvious disorder of the bowels, yet a course of blue pill and Carlsbad water generally relieves it—a course which would drive an enteralgic subject to a frenzy.

The pain of lead-colic, though probably of immediate nervous causation, is nevertheless not difficult to diagnose from the preceding forms. It has no limited *lieux d'élection*. It is more diffused than enteralgia, and more extended than the pain of melancholia just described. It is periodic, doubtless; but it is rarely an excruciating, rarely a slashing pain; it is rather of a grinding or fretful character. The parallel constipation and other circumstances will, I believe, always serve to distinguish it in those few persons who, suffering from lead-poisoning, have no blue line.

On turning to consider the neuralgias of other viscera, we are met by the difficulty, as yet insuperable, of proving definitely in what nerves the pain may lie. We know that all essays to localise abdominal pains in the splanchnic nerves and their paths to the sensorium, in the sensory fibres around the large arteries, or in the deeper connections of the spinal nerves, are mere gymnastics, barren exercises which may stimulate the fancy, but which as yet can neither be proved nor disproved. We can only find our way through those obscure gates and alleys of the body by patient clinical watchings, by grouping and contrasting our cases, and by noting the curious warps of disease. Are there such affections, for instance, as hepatalgia, nephralgia, and so forth? Careful clinical observers, such as Anstie and Spender, say there are such affections; and with them I am disposed to agree. I have careful notes of three cases in which neuralgia seemed to me to be seated in or near the liver, so far as I could judge by the situation of the pain.

Mr. W. A., æt. 32 (No. 656, 1881), whose health is habitually good, whose habits are temperate, and who presents no obvious disorder of function, has called upon me at intervals for three years. Four months before his first visit, he was taken with a pain which he precisely refers to the seat and extent of the liver. This pain has often recurred, observing no period of recurrence, save that it always attacks him in bed at night. It is a "miserable pain;" he rises, and paces the floor for hours. He maps out the liver, of whose seat he was previously ignorant, with curious exactness. He has had no jaundice, nor does he suffer from constipation. The pain does not stab nor radiate, as spinal pains would do. On bromides and arsenic he recovered, and was well for twelve months, when worry and overwork recalled the attacks. The family history points to rheumatism. I have about five cases in my books similar to this, all agreeing with Dr. Spender's description of typical cases of hepatic neuralgia, in which the patient suffers from severe pain of the neuralgic type, deep in the region of the liver, with no inflammatory symptoms, and with intermissions of perfect ease. In some cases, a characteristic shoulder-pain is present also. Hydrochlorate of ammonia, he says, will cure it ("Relief of Pain," p. 125). Anstie's words are to the same effect, if a little less confident; and he also marks as characteristic a peculiar mental depression which accompanies the pain. Now, I wish especially to point out that the case which Anstie quotes is of a girl, æt. 18, who suffered from repeated attacks of the kind, and that, after one of them, a jaundiced tint appeared, and rapidly disappeared. Subsequently, the pains appeared again without the colour ("Neuralgia," p. 62).

Let me parallel this with the following. Miss — (No. 14, 1882), æt. 22, consulted me for severe pain in the hepatic region, passing towards the stomach. I was disposed to regard the attacks as gastro-duodenal neuralgia. There was decided evidence of neurotic tendencies in the family history, and in her own a liability to nervous diarrhoea. She presented no signs of disordered function. Her complexion was as clear and pretty as her features deserved, and she showed no marks of anæmia. I fear I did her but little good, the attacks recurred, and she sought other aid. But here comes the point of the case; namely, that on some later date she passed a gall-stone with the usual symptoms,

and shortly afterwards she passed a second. Beyond this point, her history is unknown to me. These facts I had from her own medical man. Little as one could dream of gall-stones in a young and clear-skinned girl; in one, too, whose alvine disorders tended rather to looseness than to constipation, and whose habits were alert and active; yet there they were. Again, I saw some months ago, with Mr. Field, of Dudley Hill, a woman of later middle age, whose sufferings were hepatalgic. She had never shown any trace of jaundice, the pains were of a neuralgic type, and she was of the neurotic constitution. Yet, on deep and close manual exploration, both Mr. Field and myself became convinced that there were gall-stones palpably in the gall-bladder. Another case I saw with an old pupil and friend, in which like unaccountable hepatalgic pains recurred, and greatly distressed the patient, also a middle-aged woman. She died some weeks later, of peritonitis due to the perforation of a gall-stone, which was extracted after death. Dr. Anstie evidently took the jaundice in this case to be neurotic; but, put with my own, does not the group of them prove, or strongly suggest, that hepatalgia is, in many cases at least, a sub-hepatic pain arising in the gall-bladder and the ducts thereof, and due either to the irritation of gall-stones or to some vicious quality of the bile? In this way I have explained other cases I have come across, and which at one time puzzled me—cases in which pains of hepatic and epigastric origin recur frequently and violently at times between attacks which are obviously due to the travelling of gall-stones. At present, then, I regard hepatalgia as a pain aroused by the coincidence of an impressionable or neurotic habit with the presence of gall-stones at rest in the gall-bladder. That pain may not arise in these tubes independently of such or similar irritations, I will not, of course assert.

The same reflections occur to me when I pass on to consider nephralgia. Anstie suspects that many cases of so-called nephralgia have been cases of pain lying more outwardly. In such a sceptical spirit, I minutely searched into the following case. A lady, æt. 41 (No. 528, 1881), was sent to me by Dr. Charles Smith, of Halifax. Two months previously, after great harass, she woke at 5 a.m. with intense pain in the loins, chiefly on the right side. It was dreadful pain; her aspect became death-like, her finger-nails black, and her lips ashen. Thus she suffered for three mortal hours. The pain also ran round the front of the abdomen on the same side and down the groin into the thick of the thigh. Her micturition was frequent for some hours, and it then fell away to scantiness and rarity. The same series of pains recurred every morning at the same time, though happily with less severity, and slight degrees of it were felt occasionally at other times. Both Dr. Smith and myself sought in vain for any gross cause for such attacks; the only discovery made was of some grey sandy matter of an indefinite kind in the urine. Dr. Smith says: "I never could satisfy myself that there was a calculus in her kidney. When she gets below par, she still has returns of the renal pains, with the same flow and ebb of the urine." "I suppose," he adds, "a visceral is like a facial neuralgia, which, when due mostly to a condition of nerve, is called a pure neuralgia, when mostly due to a condition of tooth is called tooth-ache, but in a large mass of cases is caused by a condition of nerve not bad enough to show itself if not irritated by a condition of tooth. In this category comes no doubt Mrs. —'s case—a nephralgia due not entirely to nerve, but coming partly from the kidney having to perform abnormal work. I wonder whether a neuralgia of the kidney could produce swelling of the testicle, not the epididymis. I have seen a case which I could only interpret thus." I have quoted Dr. Smith's remarks in full, as they apply so well to the mixed cases of gastric and other neuralgias I have tried to interpret on like principles. That in Mrs. —'s case, the conditions of nerve predominated seems probable, because she

was a highly nervous woman, and had suffered from other forms of neuralgia, because the attacks showed periodicity, and because no other considerable cause was found.

The small quantity of fine gritty matter seen occasionally in the urine seemed, however, in some of the attacks to be the *causa efficiens*.

Another case is No. 384, 1883. Mr. —, æt. 27, has suffered at times for three or four years from pain in the region of the right kidney, and at times very severely. The pain is then a continuous ache, with exacerbations; it runs, when more acute, down the track of the ureter to, or nearly to, the bladder. At times, its severity causes cramps of the limbs and collapse. There was never a trace of blood, and the differential diagnosis from calculus was carefully considered, and decided against calculus. The urine was wholly negative, not even unduly acid. He improved upon quinine and belladonna.

No. 394, 1882, was a commercial traveller, æt. 39. He suffered precisely as No. 384; and the two cases received much attention from me, as they came within a few days of each other. This patient had also neuralgia of the left orbit and cervico-occipital neuralgia with Valleix' points. There was no syphilis, by the way, in any of these cases.

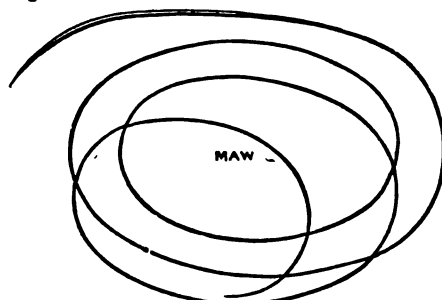
Before dismissing the subject of the kidney, I may remark, that, in chronic renal disease, in granular kidney especially, gastralgia may appear with its craving appetite, sensations of want and so forth, as in the uncomplicated form. I think this has been spoken of by previous writers, and so also has the concurrence of gastralgia with aortic regurgitation. This coincidence I had failed to verify until recently, when three well marked instances came under my observation.

(To be continued.)

NEW SURGICAL NEEDLE AND THREAD.

By JOHN WARD COUSINS, M.D. Lond., F.R.C.S.,
Surgeon to the Royal Portsmouth Hospital.

A VERY simple innovation, in which the ordinary steel needle is superseded by converting the end of the wire into a needle. The wire is cut into equal lengths, and each piece is separately reduced by drawing, with the exception of an inch or two at one extremity. The end is then converted into a convenient needle by pointing and burnishing.



This little invention offers several advantages in many surgical applications. The needle is always new and clean, and it can be used only for a limited number of sutures. It requires no preparation or threading, and the continuity of the needle and the ligature prevents the delay in introduction which often occurs with the ordinary needle from kinking or twisting at the eye. The point is always perfect, so that the pain of penetration is considerably reduced. Damaged needles are instruments of torture; and even in these days of antiseptic surgery I have found them carefully preserved in pocket cases ready for any emergency! The chief purpose of this little invention is to prevent unnecessary pain, and to provide a needle with a perfect point, which can be used only in the introduction of eight or ten sutures, and then thrown away for ever. It is, moreover,

especially adapted for the immediate surgery of the field of battle.

In my hands nicked steel wire has proved an excellent metallic thread for closing skin wounds, and in consequence of its peculiar rigidity it requires only one turn of the ligature to secure the edges in perfect apposition. It admits also of very easy removal, and this is a great advantage, for the "taking out" of the thread is often a more painful operation than its introduction. The single turn of the wire should be made on one side of the wound, over the point of penetration, and the ends evenly bent down. For the painless removal of the suture, the loop should be first unfastened, then, while holding with the left hand one end of the wire, the other end should be straightened out and cut short; the thread now can be easily withdrawn.

The surgical needle and thread is manufactured by Messrs. Maw, Son, and Thompson in several convenient sizes from nickel steel and silver wire. The steel needles are made both straight and curved; the silver needles are tipped with steel and flexible, so that they can be bent to any shape, and are thus especially adapted for many plastic operations. To protect the point from accidental injury, each needle is supplied with a shield of fine straw.

Clinical Records.

IMPERFORATE ANUS—OPERATION—DEATH.

Under the care of Dr. G. DE GORREQUER GRIFFITH,
Late Senior Physician to the Hospital for Women and Children.

Reported by Miss EGER.

Mrs. —, æt. 20, was married October 1882. Became pregnant May 1883; and in the following month was deserted by her husband, in consequence of which she has been in great mental distress during the whole of her pregnancy. In October last she came up to London to be with her sister during her confinement, on the journey she received a shock from the falling of beams of wood close to her. Labour began February 2nd, 1884, 12 p.m.

February 3rd, 10 a.m.—She was attended by two of the pupils, Miss K. Bose and Miss A. W. Eger. At 12.15 p.m. was delivered of a full grown, well nourished child. Patient appeared to be in a very melancholy state, the expression of her face was anxious and distressed; she could not be roused or interested even after the birth of the child. Child was born with snuffles, and a discharge of mucus from the nostrils which quite prevented suction; ordered to be fed by spoon with one part of milk in two of water.

4th, 10 a.m.—Snuffles very bad, great dyspnoea, food had regurgitated through nostrils. No urine or meconium had been passed, so was put into a warm bath which induced a flow of urine but no meconium. On close examination found imperforate anus, there being no bulging whatever in the perineum, nor any appearance whatever of anus. The child was seen in the evening by Dr. Griffith and Dr. A. Routh; both concurred that more than a membrane covered anus, but that it would be advisable, unless symptoms became urgent, to wait, guided by circumstances, in order to give time for a bulging of the intestine at the usual site of anus, if such were possible to take place.

5th, 9 a.m.—Found child suffering from great dyspnoea, abdomen tympanitic, and scrotum cedematous; the urine which was passed was very deep coloured; meconium had been vomited through mouth and nostrils during the night, no food could be retained, the lower extremities were blue and cold, no bulging at perineum. As the mother was willing, and the child was in such evident distress, Dr. Griffith thought it advisable to operate at once.—10 a.m. Chloroform was administered which the child bore well. Dr. Griffith first made a perineal incision at the usual site of the anus sufficiently large to admit the tip of forefinger, and carefully dissected upwards with the handle of knife, and nail of little finger, taking as his guide the curve of the sacrum, till he came into the pelvic cavity and beyond the brim; not finding any trace of the rectum, and meeting with nothing that seemed like the bowel, considering that nothing would be gained by venturing further, he decided to open the intestine through the abdominal wall, and therefore placed an oil plug in the perineal wound to arrest the slight hæmorrhage which resulted from the cut he

had made. He then performed lumbar colotomy, or Amussat's operation, the incision being made below the twelfth rib on the left side where there was a bulging of apparently distended intestines; the gut was fixed to abdominal walls by silver sutures, and an opening made into it, through which flatus and meconium passed freely, the opening being large enough to admit tip of little finger. The wound was covered with lint, and the child placed on its back.—12.30 p.m. Breathing greatly relieved, did not appear to be in pain, meconium still passing through artificial anus; vomiting continued when fed, probably partly due to the administration of chloroform during operation. The lumbar wound was cleansed thoroughly with warm water, no urine had been passed.—3.30 p.m. Wound again cleansed; as vomiting continued, was ordered to be fed every twenty minutes with one teaspoonful of milk and water in same proportions as before.—6.30 p.m. Very little meconium had passed since last visit, and a small piece of mucous membrane of gut protruded into the opening, —ekversion of the mucous membrane—at outer or posterior extremity of incision. Dyspnoea and snuffles not noticeable; had not vomited for two hours, has been fed every twenty minutes. Temperature 97° F.; wound redressed.—9.30 p.m. Seen by Dr. Griffith, who considered the case progressing favourably, no urine passed yet per urethram. Wound redressed with vaseline.

6th, 8 a.m.—Had passed urine plentifully of a dark colour, slight convulsions during the night, no vomiting, small quantities of food being given at a time, and frequently repeated, as above ordered. Around the lumbar wound is a slight ring of adhesive inflammation, the opening is partially closed by the protrusion of mucous membrane as before named, but the bowel seemed to have become adherent all round the abdominal opening, very little meconium had passed during the night; breathing easier. Bathed wound, and applied water dressing. Tried to remove plug from perineum, but it had become firmly fixed.—10.30 a.m. Dr. Griffith ordered linseed poultices to both wounds to relieve the tumefaction of intestine, to keep the artificial anus from being blocked, and to soften plug in perineum; laid the child on the left side.—12.15 p.m. Child seen by Dr. Griffith, who said he would enlarge the lumbar opening at 4 p.m. if the swollen mucous membrane still projected, and ordered the poultices to be continued; the child was in every respect doing well.—4 p.m. Child in state of collapse had been convulsed during the afternoon, appeared to be dying. Dr. Griffith did not think it advisable to do anything further.—6 p.m. The child died.

Post-mortem.—Found the lumbar opening had been made into descending colon which terminated in a cloaca, that was common to the bladder and to the bowel; the cloaca —being the common receptacle for the faeces and urine—was pear-shaped, the narrow tapering extremity being at the pubis, the broader being above, where the bowel was continuous with it; this common viscus lay above and in front of the perineal wound.

The whole of the intestines were cut out and sent to Mr. Cooke for further and more minute examination.

The General Medical Council.

THIRTY-FIFTH SESSION, 1884.

President, Dr. AGLAND, F.R.S., in the chair.

SIXTH DAY.—MONDAY, MARCH 31st.

THE SCOTCH CONJOINT SCHEME.

THE Council resumed consideration of the motion of Dr. Haldane approving the proposed co-operation between the Colleges of Physicians and Surgeons of Edinburgh and the Faculty of Physicians and Surgeons of Glasgow.

Dr. HAUGHTON said he had at the previous meeting of the Council moved the adjournment of the debate because he had not felt himself sufficiently master of the scheme to be able to say whether he approved of it; but since reading it carefully, he approved of the first two clauses embodying the principles of the proposed combination. The great defect in the old Scotch scheme was that only two bodies were engaged in it, and that those bodies reserved the power of giving certain diplomas. Under the present scheme three corporations com-

bined instead of two, and all of them surrendered the power of giving single diplomas. He objected to the clause enabling either of the contracting parties after five years to give notice of withdrawal from partnership. That he thought to be a blot on the scheme, and that the same defect characterised the English scheme. He would propose the insertion of some additional words, to the effect that before any proposition was made to dissolve the partnership the case should be submitted for the opinion of the General Medical Council.

Dr. QUAIN advocated postponing consideration of the scheme pending Parliamentary action. The Council having expressed an opinion in its favour, it was hardly right to bring forward a proposal of a new kind, which suggested that the Council did not believe that there was any possibility of the Bill being passed. It would be inconsistent for the Council to sanction, under present circumstances, separate schemes like those proposed.

Sir H. PITMAN moved as an amendment, "That the question of approving the scheme of conjoint examinations proposed by the three Scotch corporations be not considered in the present session of the Council." As a Bill was at present before Parliament, he submitted that in sanctioning any individual scheme the Council would be placing itself in an attitude of opposition to the Government, and he thought it would be sufficient if the proposed schemes were entered upon the minutes.

Dr. HUMPHREY, in seconding the amendment, said he did not express any opinion as to the merits of the Bill before Parliament or of the schemes submitted to the Council. His reason for seconding the amendment was that the scheme would be entirely invalid if the Bill passed, and they could only enter upon its consideration on the supposition that the Bill would not pass. If the Bill should not pass, it would then be the duty of the Council to reassemble and take into consideration any proposals that might be brought before it in the required direction.

Dr. DUNCAN thought the Council ought to sanction the scheme without reference to any Bill before Parliament. He protested against the unholy alliance between the corporations and the universities, which in their history and in their objects were entirely different bodies. The universities were established for the purpose of promoting religion, morals, and learning, and they had nothing to do with the medical profession as such. The corporations were formed simply to look after medicine, with which the universities had nothing to do. If the Bill passed, he should be for the first time ashamed of his profession. The great object to be desired was that no one should get upon the Register without a complete qualification, and that would be secured by the Scotch scheme proposed by Dr. Haldane.

Dr. HAUGHTON said he had suggested to Dr. Haldane that he should modify his motion by prefixing to it the words "subject to the future directions of the General Medical Council," and that Dr. Haldane had acceded to that suggestion.

Dr. STRUTHERS protested against an abrupt termination of the discussion after it had been commenced, as proposed by Sir Henry Pitman.

Mr. MACNAMARA thought the Council would be guilty of a dereliction of duty if it did not take the system into consideration. He hoped that Dr. Pitman's proposal would be negated, and that the Council would express its views of the scheme one way or another.

Dr. STRUTHERS thought Sir Henry Pitman's amendment was a high-handed proposal to stop an important discussion. In his long experience he did not know any more important proposal that had been submitted to the Council; and whether the Council approved the scheme or not, it ought to be thoroughly discussed. No important purpose could be served by suppressing discussion, and the Council would place itself in an awkward position by its refusal to consider the question. He desired to express no opinion on the subject of the Bill, but he maintained that it was the business of the Council to do its duty, irrespective of any proposal which might be brought forward by the Government. It was stated that the scheme, if approved, might interfere with the Medical Bill. That was an admission that the scheme was so good that if it had the approval of the Council there would be no occasion for medical legislation as far as Scotland was concerned. He was surprised to hear the statement that the Bill would supersede the proposed scheme. He did not know a word in the Bill that was incompatible with the scheme, and he denied any such incompatibility.

Mr. TRALE thought it would be better to have a special meeting to consider the English and Scotch schemes.

Dr. P. HERON WATSON thought that the Council ought to consider any well-conceived scheme brought before it for the amalgamation of any of the bodies. He hoped that the scheme would be sanctioned and come into operation immediately. The Colleges had no *arrière-pensée*; they had burnt their ships, and had no intention of going back upon the single qualification. The Council ought to sit as long as was necessary to inquire into the details of the scheme, and not allow their own private convenience to interfere with the performance of duties imposed upon them by Act of Parliament. They had heard from a very distinguished Fellow of the College of Surgeons why the English scheme of 1877 had not come into operation, and if the Council now refused to consider the question after what had occurred, it would be believed that the representatives of the English bodies had declined to discuss it for reasons of a similar kind.

Dr. BANKS believed that the scheme was in the right direction, and had no doubt that Ireland would follow the example that had been set.

Dr. SCOTT ORR said he could not support Sir Henry Pitman's amendment. The Scotch authorities had again and again endeavoured to formulate a conjoint scheme, but they had found it impossible to unite the universities with the corporations, and he believed the same difficulty would always exist. He was delighted to hear that there was a possibility of amalgamation between the universities, and he hoped that the scheme of the corporations would meet with the approval of the Council.

Sir HENRY PITMAN, in reply, said he adhered to his amendment, believing that that was not the right time for the consideration of a conjoint scheme whatever bodies might bring it forward. He was surprised to hear the statement of Dr. Struthers that the Government Bill would make no difference in the Scotch scheme. According to the scheme there were to be three examinations, but if the Bill passed that arrangement would be upset. He thought it would be far more prudent to postpone the consideration of the subject to another meeting of the Council.

The amendment was then put and rejected; 8 voting in its favour and 11 against.

On the original motion being put from the chair,

Dr. WATSON explained that Clause 15 of the Scotch scheme, providing that either of the parties to the arrangement should be at liberty after five years to give notice to terminate it, had been inserted on legal grounds, and that but for its insertion either of the parties could at any time appeal to a judge in court to have the whole concern broken up. If the scheme worked for five years, there was every prospect of its future continuance, especially as everything would be under the direction of the Council.

Dr. STORRAR asked whether the scheme included any plan for conducting systematic preliminary examinations in arts.

Dr. WATSON said it was intended to carry out loyally the instructions of the Council in preliminary examination.

Mr. SIMON said he could not support the motion while a Bill was before Parliament proposing what he believed to be a far better scheme than that submitted by the Scotch bodies. The scheme of the Bill was in principle the scheme of the Council—the scheme for combining all the authorities in each division of the kingdom. It would be deplorable in the interests of medical education if the universities did not take part with the corporations in providing a single security for the qualification of the licentiates. He was not content with a scheme that combined only three corporations. The Council had voted again and again on the subject, and it was now for Parliament to decide what should be done.

The motion was put and carried by a considerable majority.

The Council then adjourned.

SEVENTH DAY.—TUESDAY, APRIL 1ST.

THE MEDICAL BILL.

Mr. MACNAMARA moved, "That this Council do resolve itself into a Committee of the whole Council for the consideration of the provisions (other than those directed to the reconstruction of the General Medical Council) contained in the Medical Acts Amendment Bill, as amended in Committee of the House of Lords in the present session of Parliament."

He thought it would be unworthy of the Council to discuss any question involving its own existence or non-existence, and hence the words in his resolution, excepting questions concerning the reconstruction of the Council. He had no intention to put himself into a position of antagonism to the Government, which indeed he desired to strengthen in its efforts to pass the Bill, with some few modifications. The Council had been the subject of constant abuse, and its powers of "moral suasion" had been ridiculed, but it was through those very powers that the examinations of the various bodies (he alluded especially to Scotland) had been improved. With reference to direct representation the most distinguished members of the Council had already expressed themselves against it, and when he remembered the important duties of the Council in regard to education, he could not conceive that a country practitioner would be a better representative than any of the distinguished members who now composed that body. The agitation was but a journalistic one, got up by parties who sought by direct representation to get access to the Council chamber. He protested against the charge of self-interest which had been made against the medical bodies in the attitude they had taken. The body which he represented had no such motive. All its efforts had been in the direction of medical education and it had done noble work in that direction; and he believed the same might be said of the other Colleges. He thought that an amendment should be introduced into the Government Bill by which the receipts of the three Branch Councils should be thrown into a common fund and then divided *pro rata*. By the existing arrangement the English Branch Council received a large amount for the registration of students, whose qualifications were Irish and Scotch. On the subject of affiliation, he thought that it should take place not at the end, but at the commencement of medical study. Such a mode of affiliation had not been discussed by the Royal Commission. He believed that the existence of his own College was in peril in consequence of the present Bill. The new licentiates would be contented with the bread-winning qualification (as was the case with the large majority of the present practitioners) and would not seek the Fellowship of the Colleges. It had been suggested that the Colleges could recoup themselves by their primary examinations; but he begged the Council to remember that those examinations were at present conducted by the Royal University at the charge of a guinea only for each student.

Mr. COLLINS, in seconding the motion, protested against the exclusion from the divisional board of the Society of Apothecaries of London and the Apothecaries' Hall of Ireland. He also expressed a belief that the Bill would lower the status of all the bodies and would interfere considerably with their income.

Dr. STRUTHERS said the Bill was often brought forward as being "on the lines of the Royal Commission," but he reminded the Council that the Commission was not unanimous, and that there was a minority report, which he thought might satisfy the profession better than the majority report. He could not reconcile himself to the sweeping away of all the existing and time-honoured degrees in the country. All that was wanted for the public was a complete education and examination; and by the proposed system of coadjutor examiners, say from the divisional board, that object would be fully attained without disestablishing existing qualifications. The principle of the Bill would not be affected by such a method. He did not think that the Government had been well advised. It was giving offence all round, and threatening a general revolution among the bodies. He did not believe that the combination of universities and colleges would work practically. In the great English scheme of 1877 there was no university co-operation. The examining board was limited to the corporations. That could not be tolerated in Scotland, where the universities were large, active medical schools, which would not abdicate their functions, and would not tolerate the imposition of an additional examination on their students. He then proposed the following amendment:—"That the Council take into consideration the question whether the object of the Medical Acts Amendment Bill now before Parliament, in so far as completeness and sufficiency of examination and admission to the Medical Register are concerned, can be obtained with less disturbance of existing arrangements than will be occasioned by the method proposed in the Bill."

Dr. PETTIGREW seconded the amendment.

Dr. QUAIN said that the conjoint schemes originated in

the fact that there were nineteen licensing bodies giving between fifty and sixty different qualifications, and that students rejected by one of those bodies often went and obtained the licence of another. In the English conjoint scheme the universities as well as the corporation joined, their only desire being to benefit the public; but it was not persisted in simply because the Scotch and Irish bodies had not followed the example. Legislation was an absolute necessity. He had been a strong advocate for a conjoint scheme to keep out Government control, but Government control was really required under present circumstances to prevent the gross scandals which existed, and which the chairman of the Royal Commission had said could not be allowed to continue. The Irish and Scotch bodies had been the source of all their trouble. If they did not accept the Bill, there would be a board of examiners like that for the army and navy; the Government would have a special board, and would wash its hands entirely of the corporations and the universities.

Dr. HAUGHTON opposed Dr. Struthers' amendment, believing that it was now too late to refuse to accept the principle of the Government Bill.

Dr. HUMPHRY said he did not think that the English universities would look with favour upon coadjutor examiners appointed by other boards. They would regard such a measure as an indignity. The universities did not regard their degrees as mere licensing qualifications. Nor would the universities be willing to accept the conjoint examination as qualifying for their degrees.

Dr. WATSON maintained that the Council would be justified in taking up the consideration of the Government Bill. He thought that the Government had shown but scant courtesy to the Council in not sending the Bill to it for its opinion; and he regretted that there should be any attempt to burke discussion on the subject. He denied the existence of "gross scandals" such as to justify the Government measure. The agitation for it had originated entirely with the London medical journals. The only opportunity which the members of the Council had of gaining the ear of the profession was that afforded them at the meetings of the Council, and even then they were exposed to the possibility of what they said not being reported in the journals, which only reported as much as suited their own purpose. He should propose on a future occasion the publication of an official report of the character of "Hansard," in order that they might not be dependent on the journals. He supported Mr. Macnamara's motion.

Dr. PETTIGREW thought that the Scotch universities should be encouraged to combine, and thus do away with the necessity of legislation.

Dr. STRUTHERS asked permission to withdraw his amendment, which was granted, and it was accordingly withdrawn.

Mr. MACNAMARA's motion was then put, and it was carried by a majority of 11 to 9.

THE REGISTRATION FEES.

Mr. MACNAMARA (the Council being in committee) again called attention to the large sums received by the English Branch Council for the registration of practitioners holding only Irish and Scotch qualifications, and proposed that the surplus funds should be divided *pro rata* between the three divisions of the kingdom. The sums received for fees should be capitalised and handed over to the Medical Council, as contemplated in the Bill, according to which the surplus funds were to be devoted to "the general purposes of the profession." A clause should be introduced into the Bill providing that the surplus fund should be apportioned to the divisional boards of each division of the kingdom, by whom they could be applied to the general purposes of the profession. The divisional board in each division of the kingdom would know more of the requirements of that division than the Medical Council could know, and would be better able to apply the surplus funds judiciously. The Royal University in Ireland had declared that it would not ask for any share of the surplus; but in repeated conferences between the Colleges of Physicians and Surgeons it had been proposed to divide the surplus funds of the conjoint examination into eighths, giving five-eighths to the College of Surgeons and three-eighths to the College of Physicians. He should be surprised if the proposal he had made met with any opposition, as it was based on the principle of fair play to the three divisions of the kingdom.

Mr. SIMON said he had not voted against going into committee on the subject (although he had a very strong objection to the proposal), as he desired that Mr. Macnamara should have an opportunity of making his statement as to what he regarded as objectionable in the Bill. His proposal seemed a reasonable one. He (Mr. Simon) thought that the money clause referred to was a bungling one and capable of improvement. The matter, however, was not one for the formal consideration of the Council, and he would suggest that Mr. Macnamara's best course would be to associate himself informally with one or two business members of the Council who could come to an agreement as to the right course to be adopted, and there would be no difficulty in getting their views communicated to the Government.

Dr. QUAIN thought that registration was no fit test of the proportions in which the funds should be divided, but that the proper test would be the number of practitioners.

Mr. MACNAMARA said he had no objection to refer the matter to a committee; and after a short conversation this course was agreed to, the committee consisting of Dr. Haughton, Mr. Macnamara, Dr. Haldane, Dr. Watson, Mr. Marshall, and Dr. Humphry.

The Council then adjourned.

EIGHTH DAY.—WEDNESDAY, APRIL 2ND.

THE MEDICAL BILL.

The adjourned consideration of the provisions of the Medical Acts Amendment Bill was resumed, and a report was presented by the committee appointed, on the motion of Mr. Macnamara, with reference to the money clauses of the Bill. It recommended "That any surplus appearing on such accounts to be remaining after leaving a sufficient balance for the payment of current expenses shall be disposed of by the medical board for the maintenance of the above-mentioned medical authorities."

Mr. MACNAMARA moved the adoption of the report.

Dr. HAUGHTON seconded the motion and contended that the proposal to hand the surplus funds over to the Medical Council, as proposed by the Bill, was inequitable. Dr. Haughton added, in answer to an inquiry by Dr. Struthers, that "the above-mentioned bodies" referred to in the report were bodies that supported libraries and museums out of their examination fees.

Dr. STRUTHERS opposed the motion.

Mr. MACNAMARA said that the universities (who were entitled to have their pupils examined on the payment of fees) would have contributed no money to the fund, and would, therefore, have no claim upon it.

Dr. STRUTHERS, after some further discussion, moved an amendment that for the word "Council," in line 17, p. 21, of the Bill, the word "board" be substituted.

Dr. PETTIGREW seconded the amendment.

Dr. HUMPHRY maintained that the question concerned all the universities in the kingdom, not the Scotch universities only. The universities did not contribute to the fund, and therefore had no claim upon it. He hoped that the Council would adopt the recommendation contained in the report.

Dr. LYONS thought that the Council would be placing itself in an awkward position by adopting the report, because it would be naturally supposed that it approved the rest of the Bill. He would suggest that the subject be referred back to the committee, who should be requested to report again upon it at the next meeting of the Council.

The amendment of Dr. Struthers was put and negatived.

Dr. LYONS moved another amendment, that the question as to the adoption of the report be taken into consideration that day six months.

Dr. STORRER seconded the motion, which was supported by Dr. CHAMBERS and opposed by Dr. HAUGHTON.

Mr. SIMON proposed that the Council should express its approval of the report, and its opinion that the corporation might with advantage address Her Majesty on the subject.

The amendment of Dr. LYONS having been put and negatived, Mr. MACNAMARA expressed his willingness to accept Mr. Simon's proposal, which was put from the chair and adopted.

Mr. MACNAMARA then proposed that the Council should again go into committee on the subject of the Government Bill.

The motion was seconded by Dr. WATSON, but was negatived by the Council.

Dr. HALDANE moved "That it be remitted to the Executive Committee to consider whether the experience of the General Medical Council during the last twenty-five years suggests any details which might be introduced with advantage into the Medical Acts Amendment Bill, and that they be authorised to communicate with the Council Office on any such suggestions."

The motion was seconded by Dr. DUNCAN, and agreed to.

Dr. STORRER moved, "That in Clause 9 of Chapter IX. of the General Council's standing Orders, the following changes be made:—Instead of 'the General Council shall pay one-fourth, the English Branch Council shall pay one-fourth, the Dental Fund shall pay one-fourth,' the following be substituted:—The General Council shall pay three-sixths, the English Branch Council shall pay two-sixths, the Dental Fund shall pay one-sixth."

Dr. AQUILLA SMITH seconded the motion, which was supported by Dr. QUAIN, and carried.

Dr. QUAIN moved, "That the Executive Committee be empowered to take such steps as they may be advised to adopt, with a view to improve the structural arrangements of the Council-room."

A discussion followed with reference to the defective ventilation of the Council-room, and ultimately it was referred to the Executive Committee to consider the subject and report to the Council.

THE TIME LIMIT IN EXAMINATIONS.

Dr. CHAMBERS moved, "That it is expedient that any candidate at his final oral examination for a diploma should be rejected unless he shall have been examined orally for at least half an hour by the examiner, or by each of the examiners, on whose authority he has been deemed deficient in requisite knowledge or skill." He alluded to the complaint of the public of the insufficient number of medical men, and to the belief that many candidates were rejected who ought to have been passed. Great complaints, he said, have been made that students who had been considered intelligent and industrious ran a great risk of being plucked at the Pass Examinations. It was hardly a matter of surprise to him that under such circumstances the public should think that there was something wrong in connection with the examinations. At the Royal Colleges of Physicians and Surgeons of Edinburgh the percentage of rejections was 41, and at the College of Surgeons, England, 37; the percentage decreasing with the other bodies down to as low as 22. The greatest number of rejections took place where the examiners were most limited in point of time. He maintained that an examiner ought not to be strictly limited, but should be able to pass a candidate as soon as he had satisfied himself as to his competency, but ought only to be allowed to reject him after a complete examination for the full period. There had been a great change in the character of examinations in recent times with regard both to the quantity and quality of the knowledge required. At the College of Surgeons of England 5 per cent. of the candidates were rejected at the written examinations, which were conducted in a leisurely way, and 33·7 per cent. at the oral examinations, which were very rapid. Some change was absolutely required in conducting the examinations.

Mr. TEALE seconded the motion.

Dr. DUNCAN said he was strongly opposed to the proposition and disagreed entirely with the remarks of Dr. Chambers. It was not generally the nervous man who was rejected, but rather the bold, brazen-faced man. The nervous man was always dealt with as such, and the consideration he received sometimes led students to pretend to be nervous in order that additional favour might be shown to them. The difficulty with examiners was not with the good or the bad candidates, as to whom a decision could easily be arrived at, but with the students of the middle class. He protested against anything like an injudicious interference with the liberty of the boards, which would be the result of passing Dr. Chambers' motion. The best judges were the universities and corporations, who might not unreasonably tell the Council to mind its own business, and decline to carry out such a recommendation.

Mr. TEALE thought that the present was an opportune moment for raising the question. The heavy lists of rejections showed that the various bodies throughout the kingdom were doing their duty in not competing downwards against one another; but the question had another side. It was important to ascertain whether the large number of rejections that took place was absolutely necessary, and whether it indicated a great amount of unpreparedness on the part of the students. Mr. Teale called special attention to a resolution

passed by the Council recommending in oral examinations, notwithstanding any general rule providing a limit of ten minutes or a quarter of an hour, that there should be a margin of additional time for satisfying the examiners in doubtful cases.

Dr. SCOTT ORR said it was rather the middle-class man than either the good or the bad man that required the time. He thought there should be no limitation of time for the examination of candidates; there was no such limitation in Glasgow.

Dr. HAUGHTON said that the proposed rule would greatly surprise the University of Dublin; it applied to a method of examination which was unheard of amongst them. He thought the resolution an impracticable one.

Mr. SIMON said the motion was, in his opinion, highly objectionable. He did not consider that ten minutes was in all cases necessary to satisfy an examiner absolutely that a man was unable to pass. It was doubtful cases that required the time, which might extend to half an hour, or even an hour. A hard-and-fast rule that at least half an hour must be given would be just as faulty as the rule of the College of Surgeons that the examination should be ten minutes.

Mr. MARSHALL said that at the Royal College of Surgeons of England they contended that the decisions of their examiners did not contain an element of doubt. If every candidate were to have half an hour, the rejections would be much about the same; and then there would be a demand for a half, or perhaps even an whole hour. He trusted that the Council would not pass the resolution, but would content itself with what was a really good resolution passed two years ago. The Council must rely on the honesty of the examiners, whose task was a difficult one.

Dr. LYONS thought that the discussion had accomplished a very useful purpose, but as there might be a question as to the expediency of passing the resolution, rather than it should be negatived he would suggest its withdrawal.

Mr. MACNAMARA said the Council was effecting a complete change of front. Formerly its efforts were directed to securing the rejection of incompetent candidates, but now it seemed to be going in the opposite direction.

Dr. WATSON said it was not correct to say that the final examination of the Scotch bodies were for ten minutes each. In surgery and surgical anatomy they were forty minutes; in medicine, forty minutes; midwifery and medical jurisprudence, twenty minutes each; while in clinical surgery and medicine the periods were practically unlimited. It was also the custom whenever there was the slightest feeling of doubt on the part of the board of examiners, to send the candidate back to be re-examined by fresh examiners who might be supposed to deal with the case impartially.

Dr. CHAMBERS then, by leave of the Council, withdrew his motion.

UNQUALIFIED ASSISTANTS.

It was resolved, on the motion of Dr. Chambers, "That the Executive Committee be requested to communicate afresh with the Lord President of the Privy Council and the Registrar-General, with a view to the enacting such provisions as were suggested by the Council in its last session to prevent the delegation by registered practitioners to unqualified persons of duties strictly professional, and to prevent also the signing of misleading certificates of causes of death by unqualified assistants."

Sir HENRY PITMAN then moved the following resolution: "With reference to the fact, adverted to from the chair at the opening of the present session of the Council, that Dr. Acland's term of office as President will expire on the 18th of July next, the Council requests Dr. Acland that, if the Council shall not be sitting at the time when his term of office expires, he will favour the Council by remaining in office as President till the Council shall next afterwards assemble."

Dr. HAUGHTON seconded the resolution, which was unanimously agreed to.

The PRESIDENT, in responding, said, it would be desirable in the event of the Medical Bill not passing that the Council, with its new President, should meet in the autumn, in order to undertake the serious duty of deciding what it was to do after five bills had been passed through one branch of the Legislature and withdrawn in the other. If, on the other hand, the Bill should pass, we would then confer with his colleagues on the Executive Committee as to what course should be pursued in order to carry out the provisions of the new Act.

On the motion of Sir HENRY PITMAN, a communication from the College of Preceptors was entered on the minutes. The communication, dated March 27th, stated that at the recent preliminary examination for medical students and others the number of candidates was 230, of whom 55 obtained certificates qualifying for registration as medical students. The results were stated to be very unsatisfactory, only about a fourth of the candidates having satisfied the requirements of the Medical Council.

This concluded the business of the Council, and after the usual complimentary resolutions had been passed, the session was brought to a close.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, MARCH 28TH, 1884.

The President, Sir ANDREW CLARK, Bart., M.D., LL.D., in the chair.

CASES OF ENTERIC FEVER ASSOCIATED WITH RHEUMATISM.

Dr. FINLAY read notes of five cases, the first of which may be taken as a type of the whole. The patient was a man, æt. 24, a porter by occupation, admitted under his care into the Middlesex Hospital for acute rheumatism on October 1st, 1883. There was a strong family history of rheumatism, and the man himself had had one severe and several slight previous attacks. For a week before admission he had complained of pain, redness and swelling in the ankles, knees, and hips, the ankles being still affected. On admission, his pulse was then 88; temp. 101.4 deg.; tongue slightly coated, and there was a systolic murmur audible over the præcordia. The evening temperature on the day of admission was 103.4 deg. Treatment consisted of salicylate of soda in 15-grain doses, with cotton-wool to the painful joints, under which he rapidly improved. His temperature became normal on October 5th, when he was also free from pain; and he appeared quite convalescent and was allowed to get up on the 13th. He continued to improve till the 19th, when he complained of stiffness in the back, and headache, and his evening temperature was found to be 102.6 deg. Next evening it was 104.2 deg., and from this time onwards the case presented the usual features of one of enteric fever. Rose-coloured spots were observed on the 25th and following days; diarrhoea set in on the 28th; and on the 29th perforation took place; and he died on the 31st. At the post-mortem there was found general peritonitis, the result of a perforation through the lower part of the ileum. Two principal ulcers were found in the small intestine, the one that had perforated, free from slough and with undermined edges; the other, with clean granulating base, to which the edges were adherent, clearly of more remote formation than the former. In order to establish the diagnosis of rheumatism attention was drawn to the redness, swelling, and pain in the joints, the sour sweating, the endocardial murmur, and the history of previous attacks. As to the enteric fever, it appeared probable that it and the rheumatic attacks were co-existent on the man's admission to the hospital, the former being so slight as to be completely overshadowed by the rheumatic manifestations. The fatal attack was therefore a relapse; and this was attested by the different ages of the ulcers in the ileum and by the course of the temperature. Of the four other cases, one, which was fatal, presented very similar features, the fatal result here being also due to perforation of the bowel, which occurred during a relapse. The remaining three presented no special features except the fact of enteric fever following upon an attack of rheumatism. Notwithstanding the fact that no mention was made, even in recent writings, of the occasional association of these two diseases, such association did not seem to be very infrequent. In connection with this view, it was a point of some interest that of seven patients in whom enteric fever became developed in the wards of the Middlesex Hospital over a series of years, five were admitted for rheumatism. Such cases as those recorded suggested the inquiry whether there existed a more than casual connection between rheumatism and enteric fever—an attack of one predisposing to an attack of the other. As regarded the fatal cases, the question arose whether the allowance of solid food after the rheumatic attack passed off was in any degree responsible for the death by perforation. Two practical points seemed to be deducible

from such cases: First, that as solid food might increase the danger of perforation in enteric fever, cases of rheumatism occurring in the course of an epidemic of enteric fever deserved a more than usually narrow scrutiny lest they should turn out to be something more than rheumatism merely; and, second, that if any close connection between the two diseases, such as that hinted at, should be found to exist, rheumatic cases should not be placed in close proximity to cases of enteric fever. Although the facts were insufficient to prove a predisposition, they at least suggested a case for further inquiry.

THE PRESIDENT asked if the two fevers co-existed in these cases, or were sequential to one another.

Dr. FINLAY replied that in one they were concurrent, in the others sequential.

Dr. DOUGLAS POWELL remarked that the cases were both important and interesting, and that he had been about to make the same inquiry as the President concerning the co-existence of the fevers. He had seen three cases bearing on the subject in hand. (1) That of a lady seen on the fifteenth day of illness, and supposed to be suffering from acute rheumatism. She was forty years old, and had previously had attacks of rheumatism. The temperature was 103° - 104° , tongue furred, abdomen tumid, pulse rapid and feeble, and generally she exhibited the symptoms of the prodromal stage of typhoid fever. The temperature subsequently subsided, but rose again slightly on the thirtieth day of illness, on the forty-second day hæmorrhage occurred from the bowels, which had previously been loose; but the temperature had fallen on the fifty-second day, on the fifty-fourth day convalescence was established; a relapse, however, took place, but finally, recovery was complete. (2) Was that of a lady seen in consultation with Dr. Ralfe, in July, 1883, and who had been exposed to sewer gas in a house where typhoid fever had previously been present. This occurred on June 20th, on July 7th there was effusion into both knees; on the 13th temperature was 102° ·5, and there was slight albuminuria; on the 15th diarrhoea, with slightly bloody motions, no sweating, patient much depressed, and exhibiting decided typhoid symptoms. Death took place on July 21, and in the opinion of Sir William Jenner, who had been called to see it, the case was one of genuine enteric fever. (3) The patient, in this case, was admitted to Middlesex Hospital on February 24, this date being the fourteenth day of an attack, said to be rheumatic fever. On admission, however, typhoid symptoms were present. The following day a temperature of 105° was registered, and loose light coloured motions were passed. Thenceforward the temperature steadily fell, fluctuating, however, for some time between 101° and 104° , and convalescence was so far established, that the patient was on the point of going away to the country at the time of speaking. Dr. Powell observed that in these cases the symptoms of two fevers blended together, and that he considered the rheumatic symptoms were developed during the prodromal stage of typhoid. The phenomena were so striking that it could hardly be conceived they would have escaped previous observation if existent, and it would thus seem to be that a new manifestation of disease had been witnessed in this connection.

Dr. DE HAVILLAND HALL said he saw a similar case about eighteen months ago. It was that of a girl with marked presystolic murmur, there was later, a diarrhoea, with typhoid stools, and very evident symptoms of enteric fever, which diagnosis of the disease the further history confirmed. Such cases differed from those in which rheumatic fever and scarlatina were associated, in that in the former class the enteric symptoms were sequential to the rheumatic.

Dr. B. O'CONNOR said that cases of typhoid, which in their early stages presented rheumatic symptoms were common, and were of usual occurrence in sanitary houses.

Dr. HADDEN instanced a case at St. Thomas's Hospital, in which tonsillitis was followed by an attack of acute rheumatism.

Dr. B. ROTH considered that the question to be answered was whether typhoid was induced by the rheumatism?

Sir ANDREW CLARK said he believed the prodromal stage of typhoid fever might last for six weeks, and it was desirable to have an accurate idea, both of its duration and character. During this stage many manifestations of different kinds might be observed. As to the concurrence of the two diseases, he had seen many cases of rheumatism following typhoid fever; and he agreed with Dr. Powell that the facts under

discussion deserved to rank among new complications of disease.

Dr. FINLAY found it difficult to accept the prodromal theory because of the complete break in some cases between the two diseases; and unless the prodromal stage might occupy an indefinite period, no explanation of this kind would suffice. In all but one of his own cases enteric was secondary to rheumatism.

Mr. N. DAVIES-COLLEY on a

CASE OF DISLOCATION BACKWARDS OF THE FIRST LUMBAR VERTEBRA WHICH WAS SUCCESSFULLY REDUCED UNDER ETHER.

A shipwright, æt. 55, was stooping at his work when a mass of iron, weighing 7 cwt., fell upon the small of his back. He was at once admitted into Guy's Hospital. He was collapsed, but quite sensible. The spine of the first lumbar was $\frac{3}{4}$ to 1 inch behind that of the last dorsal vertebra. The adjacent spines were even and formed a continuous series, those above at a level considerably anterior to those below. There was no motility nor crepitus to be detected upon gentle manipulation. He could move his legs, but the right somewhat less than the left. There was impairment of sensation on the outer side of the right leg, and complete loss upon the dorsum of the right foot. Soon after admission, extension was applied under ether. Mr. Davies-Colley kept his hand upon the prominence while three assistants made traction upon the legs. The projection was thus gradually reduced without any jerk; at the same time some crepitus and motility could be felt in the last dorsal spine. A plaster-of-paris jacket, similar to the laminated form recommended by Mr. Furneaux Jordan was applied in the horizontal position, while traction was still being made upon his legs. When he recovered consciousness he was quite comfortable. A more careful examination, two days later, showed that the right musculo-cutaneous nerve was completely paralysed, and there was some loss of sensation between the first and second toes, where they are supplied by the anterior tibial nerve. For ten days he was unable to micturate, and some small bedsores formed over the sacrum, although, within two days of the accident he could turn over in bed and lie upon his side. On the thirty-fourth day after the accident the splint was removed. The line of the spine was then quite even. There was no deformity, and little, if any, tenderness. In less than two months after the accident he was able to walk, but he was still unable to evert his right foot. With the help of Faradisation he gradually recovered power and sensation, and when he was last seen in October, no difference could be detected between the movements of the two legs, and the only abnormality in sensation was a slight numbness in the middle third of the outer side of the right leg.

Mr. BRYANT was of opinion that in the form of fracture described in the paper the value of extension was very imperfectly recognised. Last year a man was admitted at Guy's one hour after meeting with an accident in which he was struck in the nape of the neck by a sack of wheat. Paralysis below the nipple line was fairly complete; and there was a degree of priapism; no loss of sensation, and pain was experienced in the right side of the body. At the third dorsal spine a marked projection could be made out; there was considerable effusion, also, and a fracture of the sternum had been sustained. The diagnosis was fracture and displacement of the third dorsal vertebra. Chloroform was administered and extension applied, when, with a distinct click, the deformity was removed, while on recovering consciousness the patient declared himself free from pain. Next day improvement of the symptoms was present, but anaesthesia of the body surface had come on; and subsequently the patient died from broncho-pneumonia. Post-mortem examination confirmed the diagnosis of the injury, and proved the justifiability of employing extension in such cases. Had the patient been younger, a more favourable result would doubtless have been recorded.

Mr. H. MARSH narrated particulars of a case under Mr. Willett at St. Bartholomew's Hospital some years ago. In this one of the lower dorsal vertebrae was dislocated, and reposition was effected by extension. Death, however, occurred, and post mortem, a fracture was found to divide the body of the bone, proving at the same time the value of the treatment adopted.

Mr. DURHAM congratulated Mr. Colley on the successful result in his case, which he (Mr. Durham) had had an opportunity of seeing when in Guy's Hospital. His own experience of such cases led him to regard them as less hopeless than they

used to be considered. It had early occurred to him that they were likely to be appropriate cases for treatment by plaster-of-paris jackets, but he feared that under such a method there might be danger of injuring the sensory and trophic nerves going to the parts submitted to compression, especially since, in such cases, bed sores or bladder troubles usually led to death. The bladder might be treated easily, but not so bed sores in circumstances of this nature. Under the jacket they were likely to persist unrecognised, so that he would hesitate to apply the apparatus until four or six weeks after the occurrence of the injury. He had recently seen a case of fractured spine recover under Mr. Golding Bird's care. In his opinion treatment should consist at first in support on a water bed, with sand bags on either side; and subsequent application of plaster-of-paris jacket.

Mr. DAVIS COLLEY said he should not employ the jacket when complete loss of sensation below the umbilicus was set up. In his own case sensation was present, and the advantage of the plan of treatment proposed was found in the fact that while bed sores were present over projections uncovered by the jacket, none were produced where the latter enveloped the body.

Mr. ARTHUR E. DURHAM on a

CASE OF SO-CALLED FRONTAL OR SUPRA-ORBITAL NEURALGIA FOLLOWING INJURY, SUCCESSFULLY TREATED BY TREPHINING AFTER FAILURE OF OTHER METHODS OF TREATMENT.

The patient, a man, *æt.* 33, was admitted into Guy's Hospital in October, 1882. A year previously he had been knocked down and kicked on the forehead by a horse. An external wound was produced, extending from about an inch and a-quarter to two inches or rather more above the left external angular process. The wound soon healed. Two or three months afterwards he was thrown out of a cart, and fell upon his head. He walked home a distance of four miles. Soon after getting into bed he began to suffer from intense pain, extending from about the seat of the cicatrix of the old wound towards the top of his head. This pain remained more or less persistent, distracting exacerbations occurring from time to time. His condition became most pitiable; he was altogether incapacitated from attending to his business, and his general health began to suffer. He tried in succession an immense number of medicines and external applications, but without benefit. On the 23rd October Mr. Durham excised about half-an-inch of the external branch of the supra-orbital nerve, and forcibly pulled both the proximal and distal portions. It seemed that the pain occupied the area supplied by this nerve. No relief followed this operation. On the 17th November Mr. Durham again operated, and dissected out and excised portions of other branches of the supra-orbital nerve, and some plexiform filaments of communication between these nerves and the auriculo temporal. The pain remained as severe as ever, though the area over which it spread was more limited. The patient was now sure that the pain started from a spot in the bone very nearly beneath the cicatrix of the original wound. He was ready and anxious to submit to any operation, even at the risk of his life, to be relieved from his agony. Under these circumstances, Mr. Durham trephined the frontal bone at the spot indicated. The portion of bone removed was about an inch in diameter. From the time of this operation to the present he had been entirely free from his old pain. The portion of bone removed was apparently healthy in every respect. It was not obviously thickened, nor indurated. It showed no signs of fracture, nor were there indications of suppuration old or recent beneath it. On subsequent examination, a small depression was found on the internal surface, close to the margin, but this was believed to be only one of those little pits or depressions commonly met with on the internal surface of the adult skull. It was possible, however, that there might have been some small papillary or other outgrowth from the dura mater, involving some highly sensitive nerve filaments, and hence the pain. But there was no evidence of this to be obtained. There was a little bleeding from the dura mater, which was easily arrested, and the dura mater then presented a normal, healthy appearance. The wound was dressed, and subsequently treated in the ordinary way. No bad symptoms of any kind supervened. The wound filled up by granulation, and the patient steadily recovered. He left the hospital on the 28th Feb., speedily regained health and strength, and was soon able to resume his ordinary avocations. He was last heard of two

days ago (some fifteen months after the operation), and reported himself as quite well and entirely free from all pain. Though the result of the treatment was so successful, Mr. Durham considered it would have been more satisfactory if the cause of the pain could have been discovered, and definitely ascertained. He thought the case was allied to those well-recognised cases classed together under the designation *osteitis neuralgica*. Although in almost all of such cases it was one or other of the long bones affected, and, as a rule, there was marked thickening and induration of the bone, Mr. Durham further thought that his case might be taken as illustrative of the comparative immunity with which the skull might be trephined in cases in which there was a prospect of benefit resulting from such operation—an operation the dangers of which he believed to be very much over-estimated. He had brought the case forward, not with the idea of advocating for one moment the adoption of any such severe measures in ordinary cases of supra-orbital neuralgia, but rather to illustrate the good that might be effected by well-directed surgical interference in certain cases in which medicines internally and applications externally proved altogether useless.

Mr. WALSHAM said that Mr. Langton had trephined in the case of a carman, *æt.* 22, who suffered severe pain following on an old compound fracture. The operation completely removed the pain. Mr. Walsham had collected records of seven hundred cases of trephining, thirty of which were for the relief of neuralgic pain. Half of them were due to infliction of blows; in the others no cause could be assigned. Results were good; death occurred in five instances; and in two-thirds pain did not return. In the five fatal cases other causes than the operation were to blame for the result. Two cases at St. Bartholomew's Hospital illustrated the difficulty experienced in deciding where the trephine should be applied. In one a small exostosis existed, but it was impossible to say whether this or hysteria could be assigned as cause of pain. In the other a blow had been received on the head, and constant occipital pain was present in it, but in no point so definitely as to determine exactly where trephining ought to be performed.

Mr. DURHAM briefly replied.

ACADEMY OF MEDICINE IN IRELAND.

PATHOLOGICAL SECTION.

A MEETING of the Pathological Section was held on Friday evening, February 29, at the College of Surgeons, Dr. CORLEY, Sectional President, in the Chair.

STRICTURE OF RECTUM.

Mr. MCARDLE exhibited a specimen of stricture of the rectum taken from a patient, who died of peritonitis. The stricture was situated at the junction of the middle and lower third of the bowel, and extended downwards to within two inches of the verge of the anus. The intestine below the seat of disease was smooth and dilated. The stricture with difficulty admitted a No. 9 gum-elastic catheter. The upper opening of the strictured part was surrounded by a large ulcer, which perforated the anterior wall of bowel, which at this point was attached by bands of adhesion to the recto-vesical fold of the peritoneum. He believed that traction by this fold on the margin of the very sensitive ulcer produced the severe pain, which in this case occurred before micturition. The stricture was of the malignant variety.

CONNECTION OF ACUTE DIABETES WITH PANCREATIC DISEASE.

Dr. DUFFEY reported a case of diabetes occurring in a farm labourer, 24 years of age, the duration of which from the first recognition of the characteristic symptoms of the disease until his death was two months. There was a sudden onset of abdominal pain, vomiting and diarrhoea a week before death, the mode of which was, as is usual in acute cases, by coma. Nothing remarkable was observed by the naked eye at the post-mortem examination with the exception of the condition of the pancreas. This gland was hypertrophied, and felt extremely indurated, the hardness being due (as the microscopic sections made by Mr. Abraham showed) to carcinomatous infiltration. It was well known and remarkable that a diseased state of the pancreas should so frequently be found associated with diabetes. He quoted several authorities showing that the frequency of such association was 50 per cent., and that in

most of these cases the disease was rapid, and the termination quickly fatal. The results following experimental obliteration of the pancreatic canal in animals was referred to as throwing some light on the peculiar type of the disease. In these cases of diabetes the pancreas seemed to be more frequently atrophied than hypertrophied. This difference in the condition of the gland in different cases of the same disease might be explained by the duration of the case. In very acute forms of the disease there might not be sufficient time before the death for the atrophic change which generally followed the primary inflammatory enlargement of the gland to occur. The author admitted that there were on the other hand numerous records to show that the pancreas may be diseased apart from any glycosuria. At the same time there was evidence to show a connection between certain morbid lesions of the pancreas and diabetes constituting a particular type of that disease. He discussed the views of Klebs and Lauder Brunton in explanation of the assumed co-existence, and referred briefly to the subject of carcinoma of the pancreas. It was not unreasonable to infer that there is a peculiar form of diabetes which runs an acute course, is most common in young subjects, and in which the initial symptoms come on with marked brusqueness; that the fatal coma characteristic of these cases is ushered in by suddenly occurring abdominal symptoms and that in this form of the disease especially are morbid lesions of the pancreas.

INTESTINAL CONCRETIONS.

Dr. CHARLES B. BALL showed a number of calculi from the intestines of a horse. Two of these were fine examples of the oat-hair concretion. One was rough and tuberculated on the surface, and a section was found to be composed of concentric layers of vegetable hairs, with a considerable quantity of phosphatic matter and portions of the husk of the oat. The second was smooth and uniform, both in surface and in section, and was composed almost entirely of oat-hairs closely felted together. Microscopic slides of both these calculi, with the hair of the oat seed for comparison, were exhibited. The author also brought forward a collection of fourteen concretions, composed chiefly of ammonia magnesium phosphate, the nuclei of which were very various, including iron nails, small stones, vegetable matter, a piece of leather, &c. Some were much faceted, and illustrated distinctly the two ways in which this appearance is produced. The one which was of prismatic shape and section showed that the concentric layers were continuous all round, but it was evident that the layers were much thicker in the direction of least resistance, namely, at the angles of section, while they were thinned off at the portions corresponding with the facets. In others it was evident that the faceting was due to the rubbing of one stone against others, as the layers were cut through at the facets. One of the concretions was of a peculiar shape, being concavo-convex, and sections showed that this was evidently a portion of a calculus which had undergone spontaneous fracture within the animal. Additional evidence of this was to be found in the extreme brittleness of its structure. Microscopic sections of these calculi were exhibited, which showed well the tubular structures found abundantly in intestinal, as well as in urinary concretions, and supposed to be coniferæ. Dr. Ball showed several beautiful examples of argagropiles and bezoars from the museums of Trinity College and the Royal College of Surgeons.

On the motion of Dr. Bennett, seconded by Mr. Stokes, leave was given to Mr. Valentine Ball, who was not a member, to address the Section.

Mr. BALL said he had, at his brother's request, brought the specimen, the first impression having been that it might be a fossil calculus belonging to some extinct animal; but he had obtained information which showed that, within the last year, a number of rounded masses of triassic phosphate had been introduced into the country for the manufacture of manure. Six months ago he received two specimens, and he had the sections made which were now exhibited. He noted the absence of concentric rings, but it occurred to him that they might have been obliterated by crystallisation. Having exhibited the specimens to the Geological Society, he learned that masses of the kind were abundant in Podolia and Bessarabia, but unaccompanied by any fossil mammalian bones. They resembled specimens of calculi in the museum of the College of Surgeons, and he had heard that twelve or thirteen years ago similar specimens were described in the "Transactions of the Geological Society of Vienna" as coming from

Silurian rocks, thus excluding the hypothesis of any connection with the mammalia. They might have been derived from original spherical masses of carbonate of lime, and some of the analyses showed that they contained carbonate of lime. They might represent sponges or spherical masses of coral in which the carbonate of lime had been replaced by triassic phosphates; or they might be spherical conglomerations of iron pyrites. When obtained from the mother the rock specimens were rough, but when they had been rolled in rivers they presented a polished surface.

Dr. MOORE said he had some years ago got possession of the remains of a crocodile eleven feet long, and on examination he found pendant from the exterior of the intestines and encapsuled, stones and other refuse which the reptile had evidently swallowed, and which instead of having been passed out in the ordinary way had been extruded through the lining membrane of the bowel, lying between it and the peritoneum apparently without having caused any irritation.

Dr. FRASER remarked that, several years ago, he attended an old woman, a cook, for a tumour in the cæcum the size of his two hands. From time to time she passed what he thought were the joints of a tapeworm, but on examination they were found to be portions of the ligamentum mûchæ of a calf which had collected forming the tumour, and which was got rid of by doses of castor oil. Some years afterwards he attended another female for a tumour in the same region, and purgatives produced a ball about the size of a walnut. She had been in the habit of eating her own hair, and the ball was proved to consist of rolled-up hair. Afterwards he attended a young man employed in a shop, who had been in the habit every time he tied a parcel of eating a bit of twine. He got the tumour away, and it proved to consist of pieces of twine. Concretions found in cattle were most common in this country. These concretions were the result of the animal licking its own skin. Calves did so more than cows, and unless they vomited the concretion so formed, they grew emaciated and died. In the old National History Society Archbishop Whateley read a paper on the licking of bones by cows, in which he stated that perfectly healthy cows did not lick bones. In the old days when Scotchmen ate a great deal of strabout the formation of intestinal concretions made of the oatmeal husk was much more common than now. He had seen numerous specimens of these concretions in the old Hunterian Museum. The nearest approach he had ever seen in this country to the bezoar stone of the East was taken from the body of a lunatic who had been employed French polishing, and imbibed habitually methylated spirits containing shellac which formed a concretion in the stomach. Straw was sometimes swallowed by lunatics and formed concretions. As to the curious phosphatic masses mentioned by Mr. Ball, he had himself obtained specimens from a large manure manufacturer, and came to the conclusion that they were metamorphosed tissue of some kind or other, but the curious thing about them was that they were phosphatic.

Dr. BENNETT observed that the essential difference between the concretions which were of animal origin and those which arose under geological influences, and which they had good authority for believing to be the result of chemical or mineralogical action was that the latter did not present the concentric arrangements that were observed in the former.

Dr. BENSON mentioned that he saw in the Whitworth Hospital a ball, the size of a pill-box, which was taken from the stomach of a girl, ten years old, and which proved to consist of the pickings of blankets she had eaten.

FATAL MENINGITIS AFTER ENUCLEATION.

Mr. ARTHUR BENSON showed the brain and read the notes of a case of meningitis which had occurred in a girl, æt. 17, after enucleation of a shrunken eyeball, the result of second purulent inflammation excited in an old blind staphylococcus eye. Headache, vomiting, &c., began on the day after the operation. On the fourth day a bright erysipelato-like blush occurred on the eyelids, nose, and both cheeks, which disappeared in thirty-six hours. There was no discharge from the socket of the eye which had been removed, but on the day that the red blush was first seen there was slight secondary hæmorrhage from the wound. The case presented some points of difficulty about the diagnosis. Many of the symptoms pointed to suppressed scarlatina, others simulated erysipelas, while meningitis was also strongly indicated. Death by coma occurred on the eighth day, and the autopsy confirmed the diagnosis of meningitis, the whole surface of the pia mater everywhere being covered with lymph and pus. A résumé of nine other

cases, all that the author could find record of, was given, and of the nine only two were known to have occurred after enucleation of the eyeballs in a state of purulent panophthalmitis, while four were known not to have been purulent, and in three the condition of the eye was not stated. It was thus shown that purulent disease of the eye at the time of enucleation was by no means a necessary condition for the production of consequent purulent meningitis. It was suggested that an atrophied and shrunken nerve with a loose sheath offered favourable conditions for the conduct of infection from the socket of the meninges of the brain, and that condition was present in four of the eight cases.

Mr. P. S. ABRAHAM, who had made sections of the optic nerve and surrounding tissue, taken at a distance of about 1 c.m. from the foramen, stated the result. The nerve was profoundly altered. No distinct fibres could be made out, but the pericranium and the interfibrillar prolongations were greatly hypertrophied. The spaces which the latter enclose were occupied by a continuous granular material freely interspersed with nuclei. The connective tissue of the framework was itself filled with proliferating cells, which were massed together in some places. The sheath of the nerve was thickened, and towards the outer boundary the fibrous bundles were separated by spaces containing numerous small cells and nuclei, and further out still these were sufficiently abundant to be looked upon as purulent deposits. Some of the sections were treated with methyl blue, and by this means he thought he could detect micro-organisms among the pus cells and between the fibrous bundles. A complete examination, however, had not yet been made. Sections of the kidney showed marked hyperæmia, the vessels being largely distended with blood and bulged in places. No extravasations had been seen. The urinary tubules were quite occluded by the swollen and granular epithelial cells, which had lost their marginal boundary or contour. The materia was studded with collections of inflammatory cell-growth.

The PRESIDENT asked, was erysipelas present in the hospital at the time.

Dr. BENNETT said the evidence of erysipelas in the case depended largely on the appearance of the patient's face, which prevailed one evening and disappeared next morning without any desquamation following. His opinion was that the affection was an erythema, but not an erysipelatous erythema. The rash on the face was due probably to nerve disturbance. He did not think there was any other case of erysipelas in the hospital.

Dr. STONEY agreed that there was no erysipelas in the case; nor had he thought so at first, until the enormous red swelling and blood appeared after the occurrence of the blood-clot. After the rash disappeared he came to the conclusion that the case was one of meningitis without erysipelas. Dr. Stoney, of Abbeyleix, had stated there were some cases of scarlatina in a building next door to where this case had been, and that made him think this case was the commencement of scarlatina; but that hypothesis was disproved. When the girl came to the hospital she was dull and stupid, and she put her hand to her head complaining of headache, so that it was possible there might have been cerebral affection independent of the operation altogether. The case was remarkable, there being so few instances of affection of the brain occurring after enucleation of the eye. The operation was a perfectly safe one. He never saw but one case of trouble after it.

Dr. J. W. MOORE said he saw the patient two days after the operation, and he was struck by the strange combination of symptoms presented, an exceedingly high temperature and a pulse of only 80. He at once suggested meningeal trouble, a view borne out by repeated vomiting and violent cardiac action. The throat was œdematous. It was livid rather than red, and was covered with an exudation, and very like the throat of a person suffering from malignant scarlet fever. The tongue also resembled that of a scarlatina patient; but on the other hand, the slowness of the pulse was a symptom opposed to the supposition of scarlatina. Again, the respiration was such as to prove there was nothing whatever wrong with the lungs. On all these symptoms he expressed the opinion that the case was probably one of meningitis, and that any moment the rate of the pulse might double. Subsequently the pulse rose from 155 to 160. He could understand the probability of the girl from the time she came to town suffering from the initial

stage of meningitis. There was a good deal of erysipelas in Dublin at present, but when he saw the girl she had no trace of erysipelatous swelling, and he thought the meningeal symptoms sufficient to exclude the idea of erysipelas.

DIABETES MELLITUS—MICROSCOPIC SECTIONS.

Mr. P. S. ABRAHAM gave a demonstration of sections from two cases of diabetes mellitus.

Special Articles.

MR. WATSON CHEYNE ON BACTERIA.

A VERY distinguished company assembled at the Parkes Museum on Thursday evening, March 27th, to witness Mr. Watson Cheyne's demonstration of pathogenic micro-organisms. The chair was taken by Sir Joseph Lister, Bart. After stating that the great group commonly called Bacteria might most conveniently be sub-divided into four classes—1. Micro-cocci (round bodies); 2. Bacteria (small oval or rod-shaped bodies); 3. Bacilli (large rod-shaped bodies); and 4. Spirochætic and Spirilla (rods spirally twisted); and dwelling on the great variety as well as importance of the various parts played by this great group in the economy of nature, Mr. Watson Cheyne demonstrated numerous micro-photographs taken by Dr. Robert Koch as well as some drawings, by means of a lime-light apparatus. He observed that great difference existed among the various bacteria in their behaviour towards the human body, some could be injected without causing any injury, others could not grow in the living body, but could develop in dead portions of tissue, and the secretions of wounds, giving rise to poisonous products. The true pathogenic organisms were able to attack the living body and multiply in it; they included the organisms which found entrance through some wound giving rise to the traumatic infective diseases, and others which could obtain entrance without observable wound. Further certain organisms such as the *b. anthracis* were capable of growing outside the body in dead organic substance, while others such as the *b. tuberculosis* were apparently only capable of developing in the living organism or under artificial conditions which reproduced, to some degree, those existing in the tissues of warm-blooded animals, though capable of long retaining their vitality in the dry state. With regard to the traumatic infective diseases he thought that the most absolute proof had been furnished, that the bacteria found in them, and nothing else, were the causes of these diseases, to establish such a proposition it was necessary that an organism of a definite form and with definite characteristics should always be found in the blood or in the affected part. The blood or the affected part when inoculated into another animal of the same species produced the same disease. When the blood or the affected part was inoculated on a suitable soil outside the body the micro-organisms grew and must be indefinitely propagated on similar soil. When in this manner the organisms had been separated from the remains of the materials in which they were embedded, their inoculation in an animal must produce again the same disease, the same organisms being found in the diseased parts. These conditions had now been fulfilled with regard to anthrax, septicæmia of the mouse, erysipelas, tuberculosis, glanders, and acute pneumonia. With regard to typhoid fever, relapsing fever, cholera, and ague, the evidence was very strong, but not conclusive. Mr. Watson Cheyne concluded by dwelling on the importance of surrounding circumstances, chiefly summed up in the phrase un-hygienic conditions, as concomitant causes of disease

by preparing the body for the attacks of these micro-organisms.

The Chairman, Sir Joseph Lister, dwelt upon the important fact that the organisms which produced particular diseases were only able to develop under very special conditions, instancing the bacillus, which caused septicæmia in the house-mouse, but which was unable to produce any deleterious effect on the field-mouse. He thought this fact, which showed that the very slight difference in the blood of these two animals was sufficient to alter the conditions favourable to the development of the bacteria, might prove of very great interest, as it was possible to conceive that by the administration of some medicines sufficient alteration might be produced in the blood of the human system to kill off or to prevent the development of any special bacteria on the first appearance of the symptoms of the disease in the patient. Sir Joseph Lister concluded by referring at some length on the importance of Pasteur's researches on modified virus. Prof. Humphry paid an eloquent tribute to the great work which Sir Joseph Lister had already achieved, and looked forward with a large hope to the future of Medicine.

France.

[FROM OUR SPECIAL CORRESPONDENT.]

FRENCH OPHTHALMOLOGICAL SOCIETY.—This Society held its first meeting for the session 1884 on the 8th January, and three following days, under the presidency of M. Javal. Professor Panas congratulated the Society on its success during the past year, its numbers having now increased to 104 members. M. Masselon read a paper on "Vitreous Inflammation of the Retina and Papilla," caused by the penetration into these organs of warty productions, which are sometimes developed on the vitreous lamina of the choroid, more especially in that of old people. Next followed an important discussion on Jequirity, which was brought forward by M. Coppey (Brussels). The results obtained by the use of this medicine are the following:—Of 164 patients, 140 were attacked with complicated granulations of the inveterate pannus, and were treated by lotions of five to ten per cent., once or twice daily. In one and a-half or two months the most obstinate warts were cured. In the same way jequirity is much superior to blennorrhagic inoculation; this is a remedy which can never be used when only one eye is affected without danger to the other. In any case, the disease has never been aggravated by it. M. Menacho treated 300 cases of jequiritic ophthalmia in M. Wecker's *clinique*, and he came to the conclusion that this substance may be used with great advantage in the torpid forms of ulcers of the cornea, in facietted cicers, and especially of interstitial keratitis; in scrofulous pannus, and the symptoms following parenchymatose keratitis, infiltration, and sclerosis. M. Vallez, of Tournay, who practises in a country where granulations of the conjunctiva are very frequent, stated that he has effected some cures which might be considered almost marvellous. There were fifteen patients, seven of which were admitted to a hospital for the blind as incurables. He only failed in six cases, and none of the accidents were of a serious nature; but, contrary to M. Coppey, he noticed the propagation of the jequiritic ophthalmia from one eye to the other. M. Abadie considers that jequirity may be used in inveterate conjunctivitis. He has done so successfully himself, but, in cases of slight conjunctivitis, he prefers sulphate of copper or salts of lead. Perhaps the parasites of jequirity exercise antagonistic pro-

perties to those of the microbe of granulated ophthalmia, but one may modify the conditions of the system in which the disease is developed, and therefore requires a general therapeutic treatment as well as the local remedy. At M. Nicot's request he described the different actions of this remedy at three different periods—1st. In the beginning or acute stage jequirity is more injurious than useful; in the 2nd or ulcerous period it sometimes produces beneficial results, but this is exceptional; while in the 3rd or fungus condition it is of very great service. M. Dor, of Lyons, and M. Galezowski spoke against the new medicine, while MM. Terson, Vachey, and others were greatly in favour of it. M. Parinaud mentioned that perhaps the difference between the results of M. Coppey and M. Gaget was caused by the fact that one operated on adults, the other on children, while MM. Grand and Chimbret attributed it to geographical relations. It was also stated that jequirity is useful in cornean alterations, but is quite useless in lesions of the conjunctiva. The discussion was here adjourned to the next meeting. Further communications, which we regret we are not able to analyse, were read. They were M. Motais on "The Muscles of the Eye and the Capsule of Tenon in Man and Animals." M. Dehenne on "A Case of Suppuration following the Extraction of Cataract in a Man suffering from Affection of the Liver." M. Stoeber on "The Theory of Central Optical Systems." "On a New Mode of Incision of the Cornea," by M. Pamard. "On a Case of Absolute Glaucoma of the Left, with Iritis of the Right Eye, cured by Iridectomy of the Right Eye," by M. Coursserant; and finally, "On the Absorption of Actinic Radiations by Crystalline."

THE deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 20·8 per 1,000 of their aggregate population. The death-rates in the several towns were:—Derby 12; Brighton 13; Bristol 14; Bradford 15; Huddersfield, Birkenhead 17; Plymouth, Leicester 18; Sunderland, Bolton, Sheffield 19; Wolverhampton, Nottingham, London, Birmingham 20; Salford, Leeds, Cardiff, Hull, Edinburgh 21; Liverpool, Portsmouth 22; Norwich 23; Newcastle-on-Tyne 24; Blackburn 25; Dublin, Glasgow, Manchester, Oldham, Preston 27; Halifax 30.

THE highest annual death-rates from diseases of the zymotic class in the large towns last week were—From measles, 5·1 both in Portsmouth and Oldham, and 2·2 in Birmingham; from whooping-cough, 1·9 in Bolton, 1·6 in Salford, and 1·5 in London; from scarlet fever, 2·8 in Sheffield, and 1·6 in Leeds; and from "fever," 1·1 in Birkenhead. The 30 deaths from diphtheria included 11 in London, 6 in Glasgow, 4 in Edinburgh, and 2 in Salford. Small-pox caused 11 deaths in London, 2 in Liverpool, 2 in Sunderland, 1 in Birmingham, and 1 in Newcastle-upon-Tyne.

IN reply to a question by Mr. Corbet in the House of Commons, on Friday last, as to the existence of British subjects in insane asylums abroad, the Home Secretary replied that the Lunacy Commissioners had informed him that there were no facts which could be got to enable him to answer the question of the hon. member.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 9, 1884.

THE FUTURE OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.—I.

At the present time the affairs of the English Royal College of Surgeons are fraught with a degree of interest and importance which, as far as the general profession at least is concerned, they have never before possessed; for in place of being henceforth what it has hitherto been in the past, a close corporation, the College is destined to become a living centre of universal concern to all the numerous body of practitioners whose professional avocations are carried on beneath the cover of its licence. We say *is* destined to become, because we are convinced that the desire for reform has been most effectually kindled already, and needs only to be constantly and judiciously fanned to result in the gaining of all those advantages and improvements, the justice of which has been practically demonstrated by the unanimous voice of the meeting of Fellows and Members recently held at the College. Under these circumstances it is necessary that every one connected with the institution should be in a position to judge accurately for himself on what grounds, and for what reasons, the changes contemplated by the majority should be carried out; and with the object of affording this information, we purpose in this and two or three subsequent articles to devote attention to the subject in the various aspects it presents.

It may be at once admitted that the resolution of highest importance affirmed at the meeting referred to above, was that proposed by Mr. Forrest, and which provided

for three essential modifications of existing rules—viz. (1) that Fellows and Members shall be invested with some share of the management of the College to which they are attached; (2) that an annual meeting of such Fellows and Members shall be held for the purpose of receiving an account of their stewardship from the Council of the College; and (3) that the first officer of the College shall be elected at such meeting by a majority of Fellows voting at it.

Those who were present at the meeting on March 24th could not fail to have been at once impressed and amused by the anxiety exhibited on the part of the chairman to declare that nothing that might be done on that occasion could be supposed to have any binding effect on the Council, the members of which, he affirmed, would regard any resolution transmitted to them from the meeting as merely *recommendatory* in character, and as suggestions for their consideration. This excessive precaution was so far a satisfactory sign that the ruling powers had already become uneasily conscious of the insecurity of their position; but it ought not in any way to influence the pre-determination of reformers to carry out to the uttermost the programme of salutary reforms they have agreed upon. For a time, even, we may be called upon to witness the spectacle of rejection, counter-rejection, and insistence rendered familiar to every student of political history; but, as in national struggles against oligarchical combinations, the cause of right is always ultimately successful, so in this instance we may hopefully anticipate the issue, whatever the immediate attitude of present authority may chance to be towards the popular cry for reform. It would possibly be too much to expect an unconditional surrender by the Council of the power it has so long exercised; but none the less concessions must be made, and at a later stage we propose to point out the manner in which unwilling assent to them can be enforced, should such a mode of obtaining them be necessary.

From the first commencement of the agitation for a reformed management of the affairs of the College we have been actively interested in promoting the movement; and, following the conclusion of the meeting in which this agitation culminated, we made it our especial business to ascertain the light in which the individual members of the Council regard the resolutions which were then adopted by unanimous consent of all present. And here at once it has to be confessed that the outlook is anything other than promising, and that it affords ample occasion for indulgence of pessimist views regarding the prospect of troublous times. A few of the Council, constituting a by no means large minority of that body, are prepared to cede into the hands of Fellows and Members a *limited* voice in the administration; but even these, it is to be inferred, incline to stop a long way short of what is contemplated in the resolution by which their opinion has been influenced. On the other hand, however, the major number of their colleagues are utterly opposed to granting any part of the demand which has been formulated; and if we may accept past experiences as an indication of the unbending fixity of purpose that will characterise their action in the future, there is but little to hope for any change of front as far as they are concerned. Perhaps,

however, it would be premature to anticipate too obstinate an opposition from them, for, dwelling as they now do in a paradise of their own creating, and the barriers of which they presumably think to be impregnable, their resolution to resist is likely to fail before the first clear signs of a breach in their defences. And such a means of attack is, as we shall explain later on, most certainly possessed by those whom the obduracy of the Council will by-and-by drive to extremes.

To different minds, moreover, the idea of "limited power" assumes very varying proportions; we have known instances in which it has been assumed that "power" is given to those who are permitted, and required, to carry out the obligations imposed upon them, and in the formulation of which they have had absolutely no voice whatever. Whether this conception of "limited" power is that of the gentlemen alluded to above, we are unable to say definitely; but that they are prepared to accept the full reading of the demand contained in the resolution of Fellows and Members of the College, may forthwith be decided in the negative.

It is necessary, therefore, to proceed at once to a consideration of the question whether any such delegation of authority is likely to react advantageously to the corporation and to those who make up its licentiates. The obvious reply of placeholders is that the position now held by the College is one of pre-eminence, and that, having attained it under existing regulations, no occasion for altering them has arisen. To this it can be returned that the College is what it is by virtue of possessing exceptional advantages in the past; but that it is called on to compete against rivals of increasing power every year, while in the meantime a spirit of dissatisfaction with it is rapidly increasing among those from the number of whom its importance is derived. So long as the possessor of the College licence was content to regard it as a mere instrument for earning bread, and to look upon the College itself as an emporium for the sale of qualifications, so long the principles of barter and exchange were safely trusted to regulate the transactions between licenser and licensee. Of late, however, the mental calibre of the profession as a whole has undergone improvement in comparison with its former dimensions; and with this increase of intellectual range has arisen also a strong desire to utilise every means that exist for advancing professional influence and excellence. The College of Surgeons occupies a prominent position in this list; and it is naturally desired by those who have allied themselves with its fortunes that the force it exerts shall be wielded to the best advantage. They do not consider that this follows from the action of those who now exercise *all* authority; and they, therefore, seek to reinforce the latter by lending them the combined strength of the whole electorate of the College.

At other institutions where archaic rules do not obtain as they do at the College of Surgeons, vast advantages accrue from general participation in the management of concerns of common interest to all. The Universities derive the principal weight they exert from the fact that every senior graduate is by right a voter on every question of general importance. The College of Physicians of London derives its strength mainly from the voice of its

Executive; and so on throughout the list of great intellectual and educational institutions, until we come to the Royal College of Surgeons of England, which is unique among kindred associations as being ruled and governed by a small band of autocratic and irresponsible men, who consider themselves free to ignore the combined opinions of 18,000 persons.

THE GENERAL MEDICAL COUNCIL AND ITS WORK.

A CALM survey of the labours of the General Medical Council during the session just completed reveals nothing, so far as we can discern, to indicate any necessity for the expenditure of time and money occasioned by the calling together of the Council. Except that one or two names have been removed from, and one or two others restored to, the *Register*, there is really nothing to show for the outlay that will be credited to this meeting, and charged against the accounts for the year. And this is felt to be an unsatisfactory condition of things by a small minority of the Council, who recently, as on a former occasion, sought their best to cut short a meeting which was absolutely uselessly and aimlessly extended. The effort was vain, however, for unfortunately the Council includes a considerable percentage of members who seemingly resolve at any cost to protract the meetings to the utmost limits possible. Their capacity for talking, as distinguished from speech-making, is all but limitless, and the ingenuity they display in inventing excuses for discussion would command admiration if applied to a better cause. As a rule, however, good sense of the Council prevails over any continued obstruction of this nature, although last week it seems not to have been applied with customary success. Any way, the Council pursued the undignified course of accepting a proposal to discuss the clauses of the Medical Bill now before Parliament, and thereby destroyed the good effect produced on the profession last year when it refused assent to Mr. Macnamara's proposal, and which this year it has acceded to. The Council might have been content to continue in the belief it expressed twelve months ago, that, viz., that the Government would have invited its opinion on the Bill if it had been deemed at all valuable or desirable. Now, having declared it unsolicited, the Council is placed in the awkward position of a leap-year lover who proposes unasked, and is met with the scornful silence she so richly merits.

The unprecedented bad taste shown in respect to proposed conjoint examining boards at the very time when the attention of the House of Lords was engaged on a scheme for uniting all examinations in one, is the worst exhibition of the kind ever seen, either in the Medical Council or out of it. Unfortunately, too, the spirit of determination to go on with the discussion was too general among members to admit of any preventive measure being applied; and the result has been that several days and some hundred of pounds have been expended in approving a scheme that bears every sign of being a snare, and that depends for execution on Parliamentary accidents. Being the last session it is likely to hold, it may have occurred to members of Council to make it a memorable one. If this is the case they enjoy the

holy satisfaction of knowing they have succeeded beyond hope.

THE FINANCE OF THE GENERAL MEDICAL COUNCIL.

THE accounts presented last week to the Council show the following comparative figures.

The three Branch Councils began and ended the year 1883 as follows:—

	Began 1883 with	Received in 1884.		Cash balance now in hand.
		Registration fees.	Interest income.	
English...	£2,758	£3,790	£868	£3,571
Scotch...	34	1,661	93	264
Irish ...	327	1,256	54	639

In addition to these cash balances, the Branch Councils have invested funds—

English ...	£30,500
Scotch ...	3,200
Irish ...	1,869

It may reasonably be asked, What is to become of this £40,000 when the Medical Bill passes? It is to be handed over to the new Medical Council, to be disposed of at their absolute discretion, subject to the approval of the Privy Council. The new Council may subsidise teaching bodies with it, or establish lectureships, or appropriate the fund to pay fees to itself, or lay it up to accumulate. In fact, there is hardly any conceivable use—or abuse—to which the fund may not be put if the Privy Council permits, and it therefore seems likely that it will be in the same condition as the Irish Church fund, and that every party which wants money will have a pull at it until it is exhausted.

The General Medical Council in the year 1883 paid into the pockets of its own members over £1,500. This sum represents seven days' sitting of the Council, besides 4 meetings of the Executive Committee and 12 of the various Branch Councils. This means that the preparatory arrangements and the business done (if any) by the Council in 1883 cost the profession £216 per day of the meeting for members' fees alone. The central establishment in London, including the work of the English Branch Council and the printing of minutes, cost £1,800 additional, while the Scotch and Irish Branches cost for establishment £256 and £433 respectively.

Thus it appears that a grand total of nearly £12,000 passed through the hands of the Council in this one year, every penny of it contributed by the medical profession.

We do not ask whether the profession considers that in the year it has had value for its money, but, with such a fact before us, we are aghast at the audacity of those who declare the opinion that the medical profession has no business with the Medical Council or its proceedings, and no right to grumble at its inefficiency or to claim a share in its work.

AN appeal has been lodged in the Queen's Bench in the case of *Page v. Harrison*, on the ground that the verdict was against the weight of evidence. It will be remembered that Dr. Page, of Solihull, near Birmingham, sued the defendant Harrison for damages for slander, the jury finding in his favour with £150 damages and costs.

Notes on Current Topics.

A Biological Association.

A VERY important meeting of scientific and amateur biologists was held last week at the rooms of the Royal Society, Professor Huxley presiding. The object of the gathering, which had been summoned at the instance of Professor Ray Lankester, was to found a society for the biological investigation of the British coasts, and it is hoped and intended that it would work in harmony with another association formed lately, under the auspices of H.R.H. the Prince of Wales, for the purpose of prosecuting the practical study of biology. A resolution, moved by the Duke of Argyll, and seconded by Sir Lyon Playfair, M.P., was carried, whereby it was declared "That in the opinion of this meeting there is an urgent want of one or more laboratories on the British coasts, similar to those existing in France, Austria, Italy, and America, where accurate researches may be carried on, leading to the improvement of zoological and botanical science, and to an increase in our knowledge as regards the food, life, conditions, and habits of British food fishes, and mollusks in particular, and the animal and vegetable resources of the sea in general." A provisional council, with Professor Ray Lankester as secretary, and Mr. Frank Crisp as treasurer, was subsequently appointed to carry out the objects of the meeting; and it is estimated that a sum of from £6,000 to £10,000 will be required to put the project to the test of practice.

Fire at a Gaol in Manchester.

WHAT threatened at one time to be a terrible and disastrous fire broke out a few days ago at the prison situated near the Belle Vue Zoological Gardens, in the outskirts of Manchester. The flames arose first in the stores department, no explanation of their origin having yet been found. Thence they spread, and threatened to engulf the whole gaol, including that portion devoted to the purposes of a hospital. The sick prisoners then in the wards were hurriedly removed, and every precaution taken to prevent injury to life or limb. As was to be expected, there was much trouble experienced in keeping the prisoners, of whom about 1,000 were in the place at the time, in subjection; and nothing but the determined attitude of those in charge of them prevented their taking by force the liberty for which they repeatedly clamoured. Under the peculiar circumstances too high praise cannot be given to the admirable courage and discipline exhibited by the whole prison staff in the trying position they suddenly found themselves in; and especially is this the case in respect to the prompt and thoroughly successful measures taken for preserving the safety of the sick and helpless prisoners unable to extricate themselves from the danger menacing them.

THE new Medical Bill passed the third reading in the House of Lords on Thursday last, and is now down as one of the early Government measures for legislation in the House of Commons.

Diphtheria Spread by a Doll.

A CURIOUS case of diphtheria recently occurred in Amsterdam, New York. A child during its illness from that complaint, says the *Sanitary Engineer* of New York, played with a doll, which was afterwards given to a younger child, as it was supposed to have been properly fumigated with sulphur fumes. This child, shortly after being allowed to play with the doll, also fell ill of diphtheria and died. A third child was also attacked after playing with the doll, but recovered. The Board of Health, finding no bad conditions existing in or about the house sufficient to explain the appearance of the disease, traced its appearance in the family after the death of the first child to the doll.

What Next?

DR. PATRICK HERON WATSON is much distressed in mind at the thought that the utterances of himself and his fellow members of the General Medical Council do not always find *verbatim* repetition in the columns of the medical journals. This shortcoming is, to him, a matter of very serious import; so much so, indeed, that he has given notice of an intention to move a resolution to the effect that the Council shall publish its own reports, on the lines of "Hansard." The date for bringing forward this motion, however, is wisely deferred to a "future occasion;" and in this connection we would respectfully suggest to Dr. Watson that the Greek Kalends will be the most suitable opportunity he could select for the purpose. It cannot be denied that the feelings of an orator who is conscious of having made a strong effort, must be considerably irritated by finding his cherished periods ruthlessly reduced to merely representative sentences, in the reports to which he had fondly looked for a reproduction in type of his spoken eloquence. Unfortunately, however, it is a fact, of which Dr. Watson seems still unaware, that the interest taken by the profession in the proceedings of the Council of which he is so prominent a member is so small that it scarcely justifies the devotion of any space thereto in professional journals. When Dr. Watson's two years' Council experience has extended somewhat, he will probably be less anxious to preserve the records of its deliberations; and certainly should his proposition be acceded to, the accumulation of copies of the new publication will seriously embarrass the officers of the Council whose duty it would be to store them; the number sold will be less than that of contributors. But possibly Dr. Watson will demand gratuitous circulation of the official reports among the whole body of registered practitioners. Only so will he be able to secure that the profession shall be supplied with that which the unfeeling journals now (in mercy) withhold, viz., *verbatim* reports of the Council's proceedings. Even then, however, no assurance that anyone would be the wiser could be given; most probably a very few alone would trouble to read their "Hansard," while the great majority would treat the voluminous record in much the same way as they would any other tiresome effusion, and with as little show of respect. Dr. Watson's ideas are altogether so curiously out of place that he will

probably be convinced of its foolishness long before an occasion can arise for him to challenge a vote upon it.

Fees for Sanitary Prosecutions in Ireland.

AT the Bruff Quarter Sessions, held on the 4th inst., before T. Purcell, Esq., Q.C., County Court Judge, the following case was decided:—Dr. Henry Donovan, of Kilfinane, sued the Kilmallock Board of Guardians for £7 7s. for attending on seven occasions as witness in prosecutions under the above Act. The Guardians were represented by counsel instructed by the solicitor for the Board. Mr. O'Shaughnessy, of Charleville, appeared on behalf of Dr. Donovan.

Dr. Donovan, on being sworn, produced the written orders of the Board for his attendance at the Petty Sessions on the several occasions. The defence made by the Guardians was that it was part of the doctor's duty as Medical Officer of Health to assist at those prosecutions. The learned Chairman, in giving his decision, said that the duty of the medical officer of health consisted in inspecting and reporting on nuisances, and that the additional duty of attending as witness under the Act, when not "included in his salary," should be paid for by the guardians. A decree for the full amount with costs was accordingly given.

Vaginal Injections of Sublimate in Puerperry.

CORROSIVE sublimate is rapidly finding its way to the front as a disinfectant. Amongst others, many others we might say, who are now in favour of it is Dr. Kehrer, of Heidelberg. He dissolves 5 grammes in 200 of distilled water, and of this solution uses a small spoonful (10 c.cm.) to a litre of water. This strength appears to us to be unnecessarily great; one grain to a pint is quite strong enough for almost any purpose. The vagina is swabbed out with this before the first exploration by means of a cotton or other mop, and the vagina is also washed out twice daily after removal of the after-birth, until the discharge ceases. It is not surprising that a solution of this strength roughens the hands and mucous membranes, and that urticaria has appeared on the genitals in consequence. In one case mercurial stomatitis came on, but this was in the case of a syphilitic patient who had been treated by mercury. In the discussion that followed the paper most of the speakers reported favourable results from a similar method of treatment.

Sublimate Solutions in Diphtheria.

DR. RUDOLPH CAESTART, of Uruguay, writes to the *Münchener Intellig. Blatt*, March, 1884, in favour of the treatment of diphtheria by local applications of solution of perchloride of mercury, 1 in 10,000, about gram to the pint. The plan he follows is to sprinkle the floor of the patient's room five or six times a day with a 2½ per cent. solution of carbolic acid, and paint the part affected every hour with the sublimate solution, using a fresh brush or feather each time. For the purpose of quietening the patient after such frequent disturbances, he gives chloral in larger or smaller doses. He has had no fatal doses since adopting this plan of treatment.

The Austrian Army Medical Service.

UP to the present time the number of medical men in the Austrian army has been only 852, a total quite insufficient for any campaign, even if it be a short and unimportant one. In the last expedition to Bosnia the doctors, in spite of all their efforts, could not meet even the necessities of the war. The following reform has been proposed by Inspector Hoor, and is likely to be adopted. Until now recruits have been obtained by young medical men being appointed, after six months' extra study, to the different regiments, but a medical college has been lately established where the curriculum of study lasts five years, and the number of pupils is about 300. The staff of medical men actually in the service has also been increased from 852 to 970, and they will be given the rank of combatant officers. They will have absolute control over the hospitals and all sanitary arrangements, and by not changing them too quickly from one garrison to another they will have every opportunity of getting up a general practice. This method of reform is not without its defects, but we are glad to see some effort has been made to improve the service.

Poor-law Superannuation.

A MIDWIFE of Kilmeague Dispensary, Naas Union, has been obliged to resign from rheumatism contracted during her duties of over eleven years. She had two medical certificates, but there was such opposition shown when a superannuation was mentioned, it was believed to be useless to bring the question to a division; although a midwife had been given an allowance after a shorter service a couple of years before because she had the necessary religious qualification.

Condurango in the Treatment of Cancer.

DR. ISCHENSCHMIDT reports in the *Ärztlichen Intelligenz-Blatt*, September, 1883, that both Professor von Nussbaum, of Munich, and Professor Friedreich, of Heidelberg, have obtained "splendid examples of improvement in cases of cancers of the breast, of the stomach, and other parts, after the administration of condurango." In some cases a decoction of the root is given—30 parts, to water 100—one tablespoonful three times a day; in others the bark is the part employed. Goulard's extract is applied locally. They have not succeeded in effecting a cure, but "considerable improvement" has been brought about, and the patients have been placed in a "tolerable condition." The drug has, however, to be persevered with, not for weeks but for months.

The Queen's College, Cork.

WE understand that the Visitors of the College met at the Lord Chancellor's rooms in Dublin Castle to consider the expediency of a visitation to Cork with reference to the recent insubordinate proceedings in the College. It was eventually decided that the visitation should be granted and should take place on the 15th of May. The visitors are the Lord Chancellor, the Duke of Leinster, and the Presidents of the Colleges of Physicians and Surgeons in Ireland.

Phosphorus in Rickets.

DR. KASSOWITZ, of Vienna, after studying the effects of phosphorus on the bones of growing animals, has been led to administer it to large numbers of rickety children, with results that are apparently exceedingly favourable. He gives the drug in olive or cod-liver oil, 0.01 to 100, or 1 part in 10,000. Of this he gives a teaspoonful daily. The children treated in this way were 560 in number. Craniotabes disappears in from four to eight weeks, laryngeal spasm in cases of cranial rickets becomes less frequent in a few days, and ceases in a few weeks. Rachitic symptoms in the thorax and spinal column take a longer time, but even marked lateral curvatures in the course of a few months can no longer be detected. The most striking effects, however, are shown in the cases of those children who for years have not been able to stand or walk, but have been constantly compelled to lie or sit with their legs drawn up. In the course of one or two months such children have attained the use, whether for support or movement, of their lower extremities. We venture to express the hope that the picture is not too brightly coloured.

Delirium Tremens in a Child.

A REMARKABLE case has recently occurred in Dublin, in which a boy of eight years of age had stolen a considerable quantity of whisky and drunk it, thereby acquiring an attack of delirium tremens which nearly killed him. It appears that there was no mistake in the matter, the child being a veritable dipsomaniac from the time that he was able to imbibe alcohol in any form.

Median Section of an Advanced Pregnancy.

HERR WALDEYER, Professor of Anatomy in the University of Berlin, recently had the opportunity of making a median section of a woman who was expecting her confinement in a week. By thoroughly freezing the body he was enabled to get a beautiful and smooth section of every organ and part in the exact position they occupied during life. The child lay in the first breech position. The attitude was remarkable. The head was inclined to one side, and at the same time rotated on its axis. All the parts lay pressed so closely together that the problem how the human body can be best pressed into the ovoid form was beautifully illustrated. It is to be hoped that photographs of this interesting specimen were taken for the benefit of such as were unable to view the actual.

An Aseptic Suture Material.

DR. PARTSCH, first assistant in the Royal Surgical Klinik, Breslau, recommends ordinary sewing or purse silk rendered aseptic by a simple method devised by himself. The silk is soaked for 48 hours in a solution of iodoform in ether (10 per cent.). It is then taken out placed between layers of clean blotting paper and dried. In using any of the silk thus prepared, every care must be taken to prevent any contact of the part remaining unused with blood or secretions, and with this object in view he has the silk wound on a spool enclosed in a case perforated at the side to allow the thread to be passed through. He claims that silk thus prepared is thoroughly aseptic, and that pus will not form along the suture tracks.

Election of President to the Royal College of Physicians of London.

It affords us much pleasure to announce that Sir William Jenner, Bart., K.C.B., M.D., was unanimously re-elected President of the College, at a meeting of the Fellows on Monday last. It was at one time feared that the heavy and responsible duties connected with Royalty which devolve upon Sir William would preclude his re-acceptance of the presidential honour, and we are the more delighted that one who so ably and consistently supports the dignity of the College will be found at its head during the present crisis.

Death of Mr. Peter Squire.

A ONCE prominent figure before the medical and scientific world has just passed away in the person of Mr. Peter Squire, whose death at the ripe age of 85 occurred at his residence in London on Sunday last. Deceased, though not a member of the medical profession, was probably as widely known therein as any one of its most eminent members, and those who had the pleasure of his personal acquaintance will, by the death of Mr. Squire, mourn the loss of a friend of great scientific attainments, original mind, and nobility of character not often combined. Of his original work in chemistry the profession is already aware, whilst the value and popularity of his writing is attested in his "Companion to the Pharmacopoeia," a work which has attained a greater success than any other medical work in existence, and also his "Pharmacopoeia to the London Hospitals." Mr. Squire was appointed Chemist to the Princess Victoria in 1836, and in 1837 he received the appointment of Chemist in Ordinary to Her Majesty. He was one of the founders of the Pharmaceutical Society of Great Britain, and from its foundation in 1842 was its Examiner in Botany. He was thrice elected President. Mr. Squire took an active part in establishing the College of Chemistry, now incorporated with the Royal School of Mines, and at a time when there were separate Pharmacopoeias for England, Scotland, and Ireland, he earnestly advocated the consolidation of the three into one. In all that he undertook success attended him, and sustained by a vigorous constitution and a mind conscious of its own rectitude, he attained to a ripe old age, and has died full of that true respect and admiration which is ever cheerfully accorded to men of the calibre of Peter Squire.

WE hear that Dr. Tucker Wise is bringing out a new edition of his Alpine climate series, in which the name of the new Alpine establishment on the Maloja Plateau figures very prominently.

A MELANCHOLY suicide was committed by a surgeon—Mr. Wm. Wells, of Cricklade, Wilts—on Monday last. Deceased, who was between 70 and 80 years of age, was a landed proprietor, but had been much depressed of late, owing to agricultural losses. In the afternoon he settled some legal matters at his solicitor's, and then in the office swallowed some cyanide of potassium, from which he shortly died.

SIR JOSEPH LISTER, F.R.S., will take the chair at the twenty-second festival dinner in aid of the Royal Medical Benevolent College on May 7th, at the Langham Hotel.

DEPUTY SURGEON-GENERAL THOMPSON has proceeded from Aldershot to Dublin, having been promoted to the post of Principal Medical Officer of that district. He is succeeded at Aldershot by Deputy Surgeon-General R. Wolseley.

THE Earl of Miltown has given notice in the House of Lords that, on reassembling after the holidays, he will move that "the existing state of the Lunacy Law is eminently unsatisfactory, and constitutes a serious danger to the liberty of the subject."

To the mountain of floral tributes sent for the coffin of H.R.H. Prince Leopold was one from the patients of the Chelsea Hospital for Women, of which institution the Duke of Albany was the patron. The wreath, which was composed of violets and gardenias, was suggested and subscribed for by the patients themselves, and was accompanied by an address of condolence to the Duchess of Albany.

IN the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follow:—Bombay 26, Madras 55, Paris 26, Geneva 45, Brussels 26, Amsterdam 25, Rotterdam 21, The Hague 22, Copenhagen 22, Stockholm 26, Christiania 35, St. Petersburg 44, Berlin 22, Hamburg 26, Dresden 23, Breslau 33, Munich 30, Vienna 30, Prague 39, Trieste 40, Turin 43, Venice 28, Lisbon 34, New York 24, Brooklyn 16, Philadelphia 21, and Baltimore 22.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

ALARMING FIRE IN GLASGOW ROYAL INFIRMARY.—On Thursday morning last, at about a quarter to four o'clock, a fire of a very alarming nature was discovered by the inside watchman to have broken out in a store in connection with the Royal Infirmary. Alarm was immediately raised, and by the time the engines had arrived the fire was found to have got a good hold, and the efforts of the men were directed to the protection of the buildings on each side of it. In this they were completely successful, but the store was entirely gutted. The destroyed building was used principally for the storage of provisions, and on each side of it were Nos. 1 and 2 wards, which are devoted to medical cases only. When the alarm was raised, many of the patients became panic-stricken, and three of these—two women and a little girl—made their way on to the roof of the front building in Castle Street. In their terror they were about to jump into the street, but, fortunately, a cab was passing at the time, and the driver, seeing the perilous position of the females, drew up his cab on the pavement close to the building, and, with the aid of two passers-by, rescued them from the roof of his cab. Fortunately, no one was injured, and the fire was confined to the spot where it originated.

RICKETS IN GLASGOW.—At a meeting of the Philosophical

Society of Glasgow, held on the 2nd inst., Mr. James Thomson, President of the Biological Section, read a paper on "The Prevalence of Rickets in the City of Glasgow and in the West of Scotland, and the relation of Rickets to the Food and Water used." At the outset he pointed out that the number of deformed children had greatly increased in Glasgow of late years, and stated that some people believed that this circumstance was traceable to the absence of lime in the Loch Katrine water. Another reason assigned was the great change that had taken place in the character of the food supplied to young people. He showed that in recent years the consumption of tea and sugar had largely increased among the working classes, while there had been a great falling off in the quantity of oatmeal used, and hinted that this change had had a good deal to do with the increase of rickety children. He was of opinion that if there was more attention paid to diet, and greater care exercised in the cooking of simple plain food, there would be fewer deformed children in our midst. Mr. Thomson then stated the results of his visits to various localities, which he had been carrying on since the summer of 1881, entering into detail as to the certain kinds of deformity under which the children laboured. Another cause for the prevalence of rickets he attributed to the early weaning of children, for they were seldom seen in localities where children were long nursed, and that stood to reason, for the blood could not yield what it had not got. Another cause was, he believed, the deficiency of lime salts in the water used, and though the effect might be infinitesimal, still it would be better if some remedial measures could be adopted. In the course of the discussion which followed the reading of the paper, Professor M'Kendrick said he had given some attention to this matter, and the impression he had come to was that the number of rickety children was principally owing to the kind of food employed, and not so much owing to the water supply.

INFECTIOUS DISEASES IN EDINBURGH.—At a meeting of the Town Council's Public Health Committee, on the 1st inst., the Medical Officer of Health stated that during the past month 579 cases of infectious disease had been reported—measles, 363; scarlatina, 153; typhoid, 36; diphtheria, 22; typhus, 5. Of the measles 135 occurred in the New Town, 109 in the Old Town, and 119 in the southern suburbs. In the course of the three months ended 31st March there had been 2,375 cases of infectious disease—1,037 in January, 759 in February, and 579 in March. The cases of measles alone during the quarter amounted to 1,709, 706 being in the New Town, 563 in the Old Town, and 440 in the southern suburbs. Of typhoid there were 88 cases, 25 being in the New Town, 54 in the Old Town, and 9 in the southern suburbs. The scarlatina cases numbered 197 in the New Town, 202 in the Old Town, and 119 in the southern suburbs. On the 1st inst. there were 81 cases of infectious disease in the various hospitals in the city, as against 114 a fortnight ago. In the City Hospital there were 23 cases, Old Infirmary 45, and Sick Children's Hospital 13. Of these, 17 were typhus, 13 typhoid, 45 scarlatina, 3 measles, and 5 erysipelas.

THE EDINBURGH UNIVERSITY TERCENTENARY FESTIVAL.—The honorary degree of LL.D. will be conferred upon the following members of the profession, in addition to those reported in our last issue, at the approaching Tercenary Festival:—Sir William W. Gull, Bart., D.C.L.; Dr. Henri Gueneau de Mussy, Académie de Médecine, Paris; Dr. W. O. Priestley, London; Dr. John Smith, F.R.C.S., F.R.S.E., President of the Royal College of Surgeons, Edinburgh; Professor Ussing, Copenhagen.

PRESENCE OF STUDENTS AT THE COMMEMORATION OF THE TERCENTENARY.—The following official notice, by Professor Wilson, secretary to the Senatus, has been posted at the University:—"The numbers of tickets allotted to students for the undermentioned meetings are:—April 15—For the reception by the Lord Provost and the Town Council, 450. April 16—For the service in St. Giles', 250; Volunteer guard, £5; for the conversazione, 250; choir, 60. April 17—For the Tercenary celebration, 250. These tickets will be handed over to the Students' Representative Council for distribution."

PROGRAMME OF THE TERCENTENARY FESTIVAL.

THE following may be taken as the final arrangements for the Tercenary which takes place next week:—

Tuesday, 15th April.—Reception of Guests, Members of the University, and others, by the Lord Provost, Magistrates, and Town Council, in the Museum of Science and Art, from 8 to 10.30 p.m. The Ordinary University Graduation Ceremonial will take place in the United Presbyterian Hall, at 11 a.m. The Address to Graduates will be delivered by Professor Calderwood. Tickets may be obtained from the Secretary of the Senatus. Students' torchlight procession, 11 p.m.

Wednesday, 16th April.—Commemoration service in St. Giles's, at 11 a.m. Luncheon in the University New Buildings, by invitation of the Principal and the Professors of the Faculty of Medicine, at 1 p.m. Dramatic entertainment by the students, in the Theatre Royal, at 3 p.m. Organ recital by Professor Sir Herbert Oakeley, in the music class room, Park Place, at 4 p.m. Conversazione in the hall of the University Library, 8 to 11 p.m. Ball, given by the students in honour of the stranger guests of University, in the Assembly Rooms, George Street, at 10 p.m.

Thursday, 17th April.—The Tercenary Ceremonial, in the United Presbyterian Hall, Castle Terrace, at 10.30 a.m. A. Reception of Delegates from Universities and other learned bodies. B. Honorary Degrees conferred in Divinity and Laws. C. Tercenary Address by the Chancellor of the University. Luncheon by invitation of the President and Fellows of the Royal College of Physicians, at 1.30 p.m. Reception by the Dean and Faculty of Advocates, in the Advocates' Library, at 3 p.m. Reception by the Royal Medical Society, Melbourne Place, at 3 p.m. Tercenary Banquet, Drill Hall, Forrest Road, at 6.30 p.m.

Friday, 18th April.—Breakfast by invitation of the President and Fellows of the Royal College of Surgeons, at 10 a.m. Visits to the Holyrood Palace, the Castle, University Buildings, &c., and excursions. Concert under the auspices of the University Musical Society, in the Music Hall, George Street, at 2.30 p.m. Reception by the President and Council of the Royal Scottish Academy, at 4.30 p.m. Illumination in Princes Street, and fireworks on Castle Esplanade, 9 to 10.30 p.m. Students' Symposium in the Drill Hall, Forrest Road, at 10 p.m.

Literature.

PORRO'S OPERATION. (a)

THE publication by Dr. Clement Godson of his Introduction to a Discussion on Porro's Operation is extremely opportune as an accompaniment to the record of his successful case of a true Porro's operation. This reprint will be very welcome to all who are interested in the progress of abdominal surgery; while those who in the future seek to attempt the saving of maternal and infant lives by this method cannot fail to recognise the immense advantage which must accrue to them from the study of Dr. Godson's communication. The case itself is described fully, and every detail of importance in the operative procedure very lucidly expressed. As an addendum, the operator has, with indefatigable labour and perseverance, compiled an unique amount of statistical information respecting Porro's opera-

(a) "Porro's Operation." Introduction to a Discussion in the Section of Obstetric Medicine. By Clement Godson, M.D. Reprinted for the author from the *British Medical Journal*, January 26th, 1884.

tion, and a report is given of the important and practical debate which followed the delivery of Dr. Godson's introduction to the discussion in the Section of Obstetric Medicine.

Rather more than a hundred years have elapsed between the time when Cavallini, in 1768, published his "Medico-Chirurgical Experiments on the Successful Excision of the Uterus in Certain Animals," and the fulfilment of the hope he then expressed, that they might benefit a "future and more fortunate generation;" for it was not until 1876 that Porro performed the first successful operation on the human subject, the lives of both mother and child being saved thereby.

Dr. Godson rightly pleads that, in order to form a just and fair estimate of the position Porro's operation holds now, and is to occupy hereafter, in the domain of abdominal surgery, statistics must be based upon a thorough appreciation of what a Porro's operation is. It is thus defined:—"Caesarean section, followed by removal of the uterus, together with its appendages, including the ovaries, leaving only the cervical portion of the uterus;" and in order to prevent confusion upon this point in the future, Dr. Godson has prepared three exhaustive tables of statistics, as follows:

1. True Porro's operations.
2. Utero-ovarian amputations performed during pregnancy, but before the fetus was viable.
3. Operations for removal of fetus from abdominal cavity by laparotomy, followed by amputation of ruptured uterus, with ovaries.

The force and significance of clearly differentiating between these varieties of operative procedure will become apparent to the reader if he will carefully study the tables of statistics in the light of Dr. Godson's remarks upon them, and his own successful operation.

A not unimportant feature of the reprint is the record of the discussion which followed upon Dr. Godson's introduction to the debate.

With these remarks we conclude, feeling assured that all who desire the advancement of abdominal surgery will not fail to make themselves acquainted with the details of Porro's operation by reading Dr. Clement Godson's reprint for themselves.

Correspondence.

TRANSFUSION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The author of an annotation in your issue of March 26th (p. 291), seems much perturbed in mind that the good work done by Dr. Little, with respect to the intravenous injection of saline fluid, should have received inadequate recognition in my monograph "Transfusion" (Baillière, Tindall and Cox); and regret is also expressed that Dr. Little's merits should have been passed over by a pupil of the very hospital with which he has been so honourably associated.

It is quite true that the name of this eminent physician has been accidentally omitted in the bibliography appended to the book—an error, which, among other shortcomings, will be rectified in the third edition, now in course of preparation.

I am indebted for being told that some of Dr. Little's important contributions will be found in the London Hospital Reports; but the information is superfluous, since this reference, together with the number of the volume (1866), containing the papers, occurs at least twice in my work; wherein and elsewhere, the rationale of Dr. Little's method has, in point of fact, been adduced as one of the chief arguments on which transfusion for hæmorrhage should be based.

Since, also Sir Spencer Wells, in his special preface to my book, writes:—"Dr. Little's trials at the London Hospital encouraged me to follow his example. . . .," the fallacy of the criticism is at once apparent.

I am, yours, &c.,

CHAS. EGERTON JENNINGS.

University of Durham College of Medicine,
March 31st, 1884.

Medico-Parliamentary.

HOUSE OF LORDS.—THURSDAY, APRIL 3.

MEDICAL ACT AMENDMENT BILL.

LORD CARLINGFORD presented a petition from the British Medical Association, praying that this Bill might be passed into law during the present session. The noble lord formally moved the third reading of the Bill.

The Earl of CAMPERDOWN took occasion to remark that this Bill was a compromise between the opinions of those who held that all medical authorities ought to preserve complete liberty in giving their licences and the opinions of those who considered that the licences should be given after the examinations. There were one or two points to which he should like to refer; one in reference to the Scotch universities who had made their statement through Lord Balfour of Burleigh. They had protested; not, however, with the intention of opposing the Bill in another place. He hoped they would realise what would be the effect of their opposition, if it were successful. It went to the root of the whole Bill. If the Scotch universities were to be allowed to retain the power of giving a licence, the English and Irish universities would demand the same privilege. One reason why the medical students had preferred to go to the Scottish corporations, in preference to other bodies, for their licences, had been on account of the excellence of the examinations there; and now that there were to be approximate examinations elsewhere, it was only to be supposed that many students would take the opportunity of going where they could get the best education. For this reason, if not for any other, he believed the Scottish universities were not well advised in raising their objection. He thought the Lord President, in dealing with the claims of the various bodies, had gone to the furthest extent of conciliation. He had given the corporations more representation in proportion to the universities than he had proposed to do in the Bill of last year. They had, for the future, a guarantee in the examinations which were to be conducted by an authority for the whole kingdom, which they had not had hitherto, that the examinations of the Scottish corporations would be good for the future; and even supposing that that were not to be the case, there was a power of revision in the Bill which would enable the Privy Council and the Medical Council together to make changes hereafter in the representation of the various authorities upon the medical boards. Under all these circumstances, he was quite ready to accede to the change which it was proposed to make in the Bill, and he thought the Scottish medical corporations would be very ill-advised indeed if they proposed to force the changes further in the House of Commons. The evidence taken before the Royal Commission showed very distinctly—and the testimony was of the most incontrovertible character, namely, that of the crammers—that hitherto the examinations of some of the Scottish medical corporations had been very inferior to those held at other medical centres in other portions of the United Kingdom. In dealing with the corporations as the Lord President had done, he had taken a very favourable view of the case. There was only one other matter to which he wished to allude. A proposal had been put forward by the Irish medical corporations, in the form of an amendment, which was ultimately not pressed, to the effect that all students shall be compelled, directly or indirectly, either before the time of obtaining their licence or afterwards, to be affiliated to some medical corporation or university. Any claim of that sort, should it be hereafter revived, would, he hoped, not be listened to for a moment. This question of compulsory affiliation had been put forward again and again, and had been considered by the Royal Commission and in their lordships' House, but on no occasion had it been successful, and he wished to remind those who supported this contention of the fact, which very likely had not occurred to them, that an objection was raised to the Bill from an exactly opposite point of view. There was a powerful party who were displeased with the Bill because, although it instituted a board of examination, it did not create any title for those who passed the examinations, and he dared say an attempt will be made to create a new title. Now that point, also, was considered by the Royal Commission, and he was bound to say that he himself cordially concurred in the decision arrived at that it was inexpedient to make any addition to the already existing titles. This Bill, as he had said, was a compromise. It took

away from all the universities and medical corporations the privilege of giving licences, a privilege which they were naturally all very reluctant to give up; but at the same time they had nearly all been so good as to accede to the proposal of the Royal Commission, which was contained in the Bill. There was every reason to believe that the Bill in its present form had the approbation of a very large majority, both of the universities and of the medical corporations. He endorsed the statement of the Duke of Richmond and Gordon, and he hoped the Government would press the Bill forward as much as they possibly could in the House of Commons. He did not himself believe that the opposition would be of a very strenuous character; but at all events the proposals could be discussed in a very short space of time.

LORD CARLINGFORD: I am very glad the noble earl should have given his blessing to this Bill before it leaves your lordships' House to encounter the dangers of another place; and I am very glad that he should have given the weight of his authority and that of the Royal Commission against certain changes which have been much talked of and desired in certain quarters, and which are liable to be debated in that "other place." I am not surprised that the noble lord should have said what he has, because, in the report of the Royal Commission, it appears they most carefully considered the statements and views of the Scottish Universities, and they gave the most cogent reasons why it was absolutely impossible that the Scottish Universities could be treated on an exceptional footing, and be put in possession of a totally exceptional privilege as compared with the other universities of England and Ireland. As to the Bill itself, I am convinced that it runs no danger whatever so far as public opinion or professional opinion is concerned.

The Bill was then read a third time.

Before the question, "That the Bill do pass," was put, **LORD CARLINGFORD** moved an amendment to Clause 9, to give the Royal Irish University four, instead of three, representatives on the Irish Medical Board.

The **Earl of MILLTOWN** declared that the Irish Medical Corporations were by no means satisfied with this amendment.

After a few words from **Earl CAIRNS** in support of the amendment, **LORD CARLINGFORD** defended his proposal. He said there had been a strong feeling on the part of the Irish College of Physicians that they should be put on the same footing as the Irish College of Surgeons; and he was satisfied that it would be better to do that. It was always assumed, and it had his full concurrence, that the Irish Universities should be maintained in their majority on the Board. He had attempted to deal with the matter by giving a member to the two universities, either to be elected conjointly or to be elected alternately, but that plan was thoroughly distasteful to both the universities; and it had only remained for him to settle the matter by proposing to give a member to each. It came to this, that the majority that was to be maintained on the side of the Universities was to be a majority of two instead of one.

The amendment was agreed to, and the Bill then passed.

Pass Lists.

University of Edinburgh.—The following candidates have passed the recent first professional examination:—

Messrs. O. M. Allan, C. A. Anderson, D. H. Anderson, J. J. André, Alexander Asher, Benjamin Barnard, R. H. Beardsley, G. T. Beaton, Walter L. Bell, William Bell, W. W. O. Beveridge, H. L. Blacklaw, M. B. Burton, W. S. Bower, A. D. Fleming, D. A. Fraser, W. M. Gabriel, T. H. Gee, R. W. Gibson, George Hall, C. W. Hayward, Andrew Hestager, Thomas Ireland, H. R. Kenwood, George Knowles, J. R. Lownds, William J. Lewis, John Macdonald, George S. Macgregor, Henry Mackay, Donald M. Macleachlan, A. A. Macleod, H. W. G. Macleod, John M'Naughton, F. A. Holmden, W. Grant Macpherson, W. B. Paterson, W. A. Mackintosh, W. G. Magee, Alfred Mann, Alan Matheson, S. W. Mathias, T. G. Meikle, Thomas Melring, A. van der Merwe, J. G. Moffat, James Moir, H. H. Montgomery, T. L. Morgan, F. H. Morrison, R. H. Morrison, P. R. Morrison, John M'Andrew, M. F. X. Nalletamby, W. S. Nason, A. B. Northcote, G. J. L. O'Neill, William O'Rourke, J. C. Palmer, S. C. Paton, J. A. Perez, A. F. R. Platt, J. F. Priddle, G. M. Rae, Charles Reid, Henry Robinson, A. R. Russell, J. S. E. Russell, G. S. Samuelson, H. C. L. Scofield, Frederick Smith, J. H. Slayter, Charles Stewart, W. R. Taylor, A. D. Varton, A. H. Vassie, Thomas Walcott, O. R. M. Wood, E. D. Wellburn, George Wilson. **Messrs.** J. A. Lawson, and Charles Macleod have passed in botany, zoology, and chemistry for the first B.Sc. examination.

Medical News.

Medical Sickness, Annuity, and Life Assurance Society.—A meeting of the Provisional Executive Committee was held at 38 Wimpole Street, on Thursday, March 27th, when there were present—Mr. Sibley, Dr. Clibborn, Mr. Fredk. Wallace, Mr. Major Greenwood, Mr. J. Brindley James, Mr. Radley (Secretary), Mr. E. Noble Smith (in the chair). The Secretary presented his report, showing a total of 333 members, and receipts of the preliminary entrance fees, &c., to the amount of £228 2s. 6d. A letter was read from Dr. J. D. Plunket, President of the Tennessee State Board of Health, Nashville, U.S., asking for copies of the rules, tables, &c., of the Society, as a model for the formation of a similar society in connection with the Tennessee State Medical Association. The Secretary was requested to forward copies of the documents. A communication was read from Mr. Gilbert Walker, the Editor of the *British Journal of Dental Science*, raising the question whether dental surgeons or dentists, either qualified or unqualified, or both, would be eligible as member of the Society. The question, which was thought to be an important one, was discussed at some length, and the following resolution, proposed by Mr. Sibley, was unanimously passed:—"That any qualified registered dentist holding the diploma of L.D.S. of the Royal College of Surgeons of England, Scotland, or Ireland be eligible as member of the Society." The Secretary was desired to forward a copy of the resolution to Mr. Walker, with a request that he would bring it before the notice of the dental profession through the columns of the *British Journal of Dental Science*. Letters were also read from Mr. J. Bain-Sincock and others, containing suggestions, the consideration of which it was decided to postpone until the general meeting, when full opportunity will be afforded for the discussion of any question the adoption of which would necessitate an amendment of the Rules. The Secretary read the draft copy of a circular drawn up in accordance with a resolution passed at the last meeting, in which the history, objects, and benefits of the Society are clearly laid down, which was approved and ordered to be circulated, as arranged. The consideration of the proposal forms, brought forward for the decision of the Committee, brought the proceedings to a close.

Notices to Correspondents.

MR. HARRINGTON (Manchester).—The prizes are £700 for the first, and £300 for the second; these will be adjudicated on a very practical basis. Each competitor will have to send in a statement of ingredients used in the competing drink, and will have to submit a sample of not less than three gallons of the manufactured article for testing purposes. The greatest difficulty we conceive in complying with the terms of competition will be in keeping the cost of manufacture down to 2s per 100 gallons English measure. Detailed particulars can now be had of the Secretary to the Association, 55 Chancery Lane, London.

APPRECIABLE CONCESSIONS BY AN ASSURANCE COMPANY.

At the recent general meeting of the Railway Passengers' Assurance Company, the Chairman stated that the following important concessions would be made to the holders of General Accident Policies:—"Immediate payment of the sum assured in case of death. Accidents causing loss of sight of both eyes, or of two arms, or of two legs, would be deemed equivalent to a fatal accident. The restriction of the amount assured to £1,000 would be withdrawn as regards Railway Accident Assurance, so that a Journey Insurance Ticket or Policy might be taken at the Railway Station."

The Company find that one Policy in every twelve becomes a claim each year, and they have now paid no less than two millions sterling as compensation; certainly a sad corollary on railway travelling.

DR. LAFFAN.—Your case is marked for early insertion.

A YOUNG PRACTITIONER.—You must attend if summoned, but you can afterwards sue. Will reply more fully in our next.

DR. J. W.—Your letter is unfortunately crowded out of our present number.

THE ROGERS TESTIMONIAL FUND.

We are requested by the Hon. Sec., Dr. Wickham Barnes, to insert the following final list to this fund:—

Dr. Danford Thomas ..	£1 1 0	A Pauper ..	.. £0 2 0
G. Terry, Esq. ..	.. 1 1 0	Dr. Hawksley ..	.. 1 1 0
Dr. G. Barnes ..	.. 0 10 6	Dr. Gourley ..	.. 1 1 0
Thos. Davies, Esq. ..	.. 0 5 0		

The Honorary Secretary requests all subscribers who have not yet sent him their promised donations kindly to do so at their earliest convenience, addressed, Dr. J. Wickham Barnes, Poor-law Medical Officers' Association, 8 Bolt Court, London, E.C.

THE BOYCOTTING OF MEDICAL ASSISTANTS.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—In reference to Mr. Baxter Langley's letter in your journal of the 19th ult., "that there is a prejudice in England against the employment of Irishmen as medical assistants," I think it right to state that I believe such a feeling is not general amongst the profession in England.

Some months ago a letter appeared in the *Medical Times and Gazette* inquiring whether there was an agency in Ireland through which *locum tenens* and medical assistants could be secured. To this letter I replied, stating that, as there was no such agency, I should be glad to supply the names of several highly qualified gentlemen willing to undertake such duties without charge to either side for my trouble. To this letter I received several applications from London and from all parts of England from gentlemen in want of assistants, &c. This, together with the knowledge that within the past few months some dozens of Irishmen have been engaged as assistants, and taken as partners to extensive practices in various parts of England, will, I trust, refute the insinuation that such narrow-minded bigotry exists amongst members of the medical profession.

Royal College of Surgeons, Dublin,
April 4, 1884.

Yours, &c.,
G. F. BLAKE.

INQUEST WITNESSES.

G. S. K. says: A patient whom I was attending had weak action of heart, with dyspnea, &c. I informed the friends he was in a dangerous state, and might die suddenly, and his clergyman informed the patient. About ten days after my last visit (but still under my treatment) he was found dead in his bed. The constabulary called, were informed of all the facts, my opinion, &c. They reported to the Coroner (who has since stated to me he directed them to summon all necessary witnesses). I was not summoned or informed by them; and if an inquest was considered necessary in this case, ought not I to have been a witness, being the only one who could give evidence as to the state of the patient, that of the friends being only secondary from my opinion.

[The Coroner is bound to summon a "legally qualified practitioner in actual practice at or near" the place of death. Any witness answering this description may be legally employed, though it is obvious that the intention of the Act was that the practitioner last in attendance on the deceased should be called. On the other hand, if the Coroner summoned a person not answering the description set down in the Act, the fee to be paid to his witness might be traversed before the Judge of Assize, and would probably be disallowed. This is the only remedy available.—ED.]

DR. P. J. MACNAMARA (Bruff).—Thanks for your note of Dr. Donovan's case. We hope to publish it shortly.

DUBLIN.—Your position will not be in any way affected should the Bill pass into law. Thanks for the cases, none of which have as yet been published. The post was delayed.

THE PAUPERISING EFFECTS OF LONDON HOSPITALS.

A "PROVINCIAL SURGEON" thus expresses his views of the outpatient difficulty, to which we referred in a leader last week: It is my full belief that not 2s. 6d. out of every £1 expended in London hospitals goes to any deserving object, that the existing system pauperises the middle-class population, misappropriates the money of the charitable, and robs the profession. Were I worth millions, I would not give a sixpence to one such institution. I have seen, in London hospitals, multitudes of out-patients who have no more right to gratuitous advice, or medicine, or nursing, than any shopkeeper or professional man. If the medical staffs and governors of hospitals cared to put a stop to this sort of thing they could do it readily by refusing hospital aid to all who could not show cause. A printed form, signed by a clergyman, magistrate, medical man, or subscriber to the hospital, stating that they knew the patient to be "incapable of paying for medical advice and medicine," would fix most of the cases. But—in truth—the hospital authorities are not in earnest about it. The whole system is rotten, and will continue rotten as long as so many charitably-minded but misguided people are forthcoming to give their money in this sort of pseudo-charity without inquiring as to its application. The expenditure is extravagant and the recipients commonly undeserving.

MR. RICHARD GERNER (Westbourne).—We shall be happy to look through your paper if you will send it, but scarcely expect to find therein matter which shall ensure its appearance in our columns. It is contrary to our custom to insert contributions from lay readers, as we cannot reasonably conceive their ability to instruct the profession on subjects which are its especial study and concern. We have no knowledge of "the celebrated medical writer" who advised you to send us the MSS.; nor on reference to the official Medical Register can we find his name.

MR. GREEN.—Your application shall be considered, but just now there are several gentlemen who have asked for a similar concession.

MR. WALTERS.—We believe that no other hospital exacts the same objectionable proof of attendance; and probably no other students would tolerate a system which degrades them to the level of journeyman labourers at a factory.

RES CONCEPTA.—Your suggestion to give College lectureships to the most competent men for the posts smacks of Arcadian simplicity. You ought by this to have discovered that these offices are regarded in the light of bread-procurers for needy members of the junior staff: not a few of whom, indeed, would be sorely put to it to make a living were merit to dictate such elections. Your hospital is probably an average sample of the arrangement.

Meetings of the Societies.

WEDNESDAY, APRIL 9TH.

HUNTERIAN SOCIETY.—At 7.30 p.m., Council.—At 8 p.m., Dr.

Stowers, Sequel to a Case of Paget's Disease of the Nipple.—Mr. Rivington: (1) Case of Recent Fracture of the Patella treated by Wire Suture; (2) Case of Wound of Knee-joint.—Dr. Herman, On Prolapse of the Pelvic Floor, without Relative Displacement of the Uterus.

EPIDEMIOLOGICAL SOCIETY OF LONDON.—At 8 p.m., Mr. Bolton G. Corney, On the Behaviour of Certain Epidemic Diseases in Natives of Polynesia, with especial reference to the Fiji Islands.

ROYAL MICROSCOPICAL SOCIETY.—At 8 p.m., Dr. W. B. Carpenter, On Binocular Vision with the Microscope.

Vacancies.

Alton Rural Sanitary Authority.—Medical Officer of Health. Salary £20. Applications by April 23.

Birmingham Midland Eye Hospital.—Dispenser. Salary, £70, with dinner daily. Applications to the Secretary before April 15.

Chatham, St. Bartholomew's Hospital.—Assistant House Surgeon. Salary, £100, with board, &c. Endorsed applications to be sent in by May 1.

Coombe Hospital, Dublin.—Assistant Master. Applications to Master, or at Coombe Hospital.

Durham County Hospital.—House Surgeon. Salary, £100, with furnished rooms, &c. Applications to the Hon. Sec., 10 South Bailey, Durham, by April 15.

Flintshire Dispensary.—House Surgeon. Salary, £100, with furnished house, &c. Applications to the Secretary by April 15.

Oxford, Warneford Hospital.—Assistant Medical Officer. Salary, £100, with board, &c. Applications to the Medical Superintendent by April 12.

Royal Free Hospital.—Junior Resident Medical Officer. Board, but no salary provided. Applications to the Secretary before April 15. (See advt.)

Appointments.

BUXTON, D. W., M.D. B.S., M.R.C.P. Administrator of Anæsthetics at the Hospital for Women, Soho Square.

EVANS, W. A., M.R.C.S., District Surgeon to the Salford and Pendleton Royal Hospital.

GOSTLING, W. A., M.R.C.S., House Surgeon to University College Hospital, London.

HARPER, G., M.B., Assistant Physician to the Chelsea Hospital for Women.

KEBBELL, C., M.R.C.S., Junior House Surgeon to the Sussex County Hospital.

KIRBY, E. D., M.B., C.M. Ed., M.R.C.S., House Surgeon and Secretary to the Bridgenorth Infirmary.

Love, J. H., M.R.C.S., L.S.A. Lond., Medical Officer for the First District of the Wolverhampton Union.

MASON, A., B.A., M.B. Dub., L.R.C.S.I., Assistant Resident Medical Officer to the Chorlton Union Hospitals, Withington.

MOGACHEN, F. W. D., L.F.P.S. Glas., Medical Officer to the No. 5 District of the Newport Pagnell Union.

MOULLIN, C. M., M.D. Oxon., F.R.C.S., Demonstrator of Anatomy to the London Hospital Medical College.

RABBETH, S., M.B. Lond., M.R.C.S., Senior Resident Medical Officer to the Royal Free Hospital, London.

SPOURLE, T. W., L.K.Q.C.P.L., L.R.C.S.I., Medical Officer to the Mirfield District of the Dewsbury Union.

STARTIN, J., M.B. Cantab., Honorary Surgeon and Lecturer to St. John's Hospital for Diseases of the Skin, London, has been appointed Honorary Consulting Surgeon to the Sheffield Public Hospital for Skin Diseases.

STRATHERS, G. N., M.R.C.S., L.R.C.P. Ed., Medical Officer to the Tenth and Eleventh Districts of the Wycombe Union.

TRAVES, F., F.R.C.S. Eng., Lecturer on Anatomy at the London Hospital.

Births.

DILLON-KELLY.—March 23, at 31 Earl Street, Mullingar, the wife of Dr. J. Dillon-Kelly, of a daughter.

MARTIN.—March 3, at 76 Brunswick Street, Sheffield, the wife of John W. Martin, M.D., of a son.

POPE.—April 3, at Norfolk Crescent, South Hayling, the wife of Percy Pope, M.R.C.S., L.R.C.P., of a son.

Marriages.

DENHAM—HOLMES.—April 3, at Rutland Square Church, Dublin, John Knox Denham, L.R.C.S.I., to Celia Mary, eldest daughter of Dr. Holmes, 67 Eccles Street.

NORRY—TOOBY.—April 3, at the parish church, Epsom, William Augustus Norry, M.B., M.R.C.S.E., of Epsom, to Annie Jane, youngest daughter of the late Henry Norton Tooby, Esq.

ROBINSON—RIPPON.—April 2, at the parish church, Stanhope, William Robinson, M.S., M.B., M.R.C.S., to Eleanor, eldest daughter of the late Valentine Rippon, J.P. of Frosterly.

Deaths.

GRANT.—April 2, at his residence, 4 Rehoboth Place, Dublin, John Grant, M.D., F.R.C.S.I., at an advanced age.

LASHMAR.—March 23, at Dover, Charles Michael Lashmar, M.D., formerly of Croydon, aged 80.

McDONALD.—April 1, at Landsore Villas, Teignmouth, Devon, T. W. McDonald, I.G., R.N., F.R.C.S.E., aged 80.

TAYLOR.—March 18, William Taylor, J.P., M.R.C.S. Eng., of Scarborough and Cloughton, aged 66.

THOMAS.—March 25, at Chatham, Edward Temple Thomas, L.R.C.S.I., C.M., aged 86.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 16, 1884.

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RECENT ADVANCES IN PELVIC SURGERY. (a)

By LAWSON TAIT, F.R.C.S.,

Surgeon to the Birmingham and Midland Hospital for Women; Consulting Surgeon to the West Bromwich Hospital, &c.

(Continued from page 323.)

THE third group consists of two cases in which the uterine appendages were removed for menstrual epilepsy, that is for epilepsy centring round and apparently being produced by the period. The first case had all her life been an imbecile. When menstruation began fits came on, and they gradually increased in severity till she became a furious and unmanageable maniac, requiring the constant care of two attendants during the menstrual week. For that period she had constantly recurring fits of the severest kind. Her menstruation was extremely profuse. Removal of the appendages promptly stopped her periods and her fits, and now she has returned to her infantile imbecility, without any mania and without any fits. She chatters away good naturedly, and occasionally drops on the floor with a transient attack of "petit mal," and she has occasional outbreaks of temper. She is, however, an altogether changed being since the operation, nearly four years ago.

In the second case menstruation was quite as effectually stopped, and the fits were completely arrested for about five months, but they came gradually back, and I understand she is now as bad as ever. I am, therefore, under the impression that it is very doubtful if we have made any real advance in this direction. I have now operated on five such cases, and have to confess complete failure in two, partial success in another and satisfactory results in two.

The series includes two cases of pyosalpinx, the first cases of the kind on which I operated, and the details of both are of interest on that account alone, and

may, therefore, be briefly given. In the first case there was a history of sub-involution and retro-flexion, the latter condition having been mistaken, in all probability, by a physician who saw her, for "a tumour behind the womb." This gentleman introduced a sponge tent, and left it in her uterus for nine days. She had an extremely severe illness after that heroic or mistaken treatment. The full details of this history are given in the *British Medical Journal* for May 14th, 1881. On March 6th of that year I removed both Fallopian tubes, occluded and distended with large quantities of pus. The preparations are now in the Museum of the College of Surgeons. She made an easy and rapid recovery, and remains now in perfect health, nearly three years after the operation.

The second case was operated on June 13th, 1881, and the preparations are also in the Hunterian Museum. The trouble began after a miscarriage, about nine years before the operation. I removed all the appendages, and though the operation did not at once arrest menstruation, it completely relieved her severe sufferings. She menstruated irregularly till the following November, since which time it has been arrested, and she is now in perfect health.

In the list there are six cases of hydrosalpinx, and I think it will be sufficient if I give the details of two. The first occurred in an extremely handsome blonde, who was married when she was sixteen, and lived with her husband for three years only, procuring a divorce from him at the end of that time, but not before he had conferred the privileges of gonorrhoea upon her three times. After the second attack she never was free from pain till I removed a hydrosalpinx from her early in 1879. I meet her frequently now, and have the assurance that she is perfectly well—so well, indeed, that she has lately risked the perils of matrimony for the second time.

The second case is peculiar, in so much that it illustrates the dangers of this disease when left to itself, and the obscurity of its origin in many cases. In this patient

(a) Read before the Harvelian Society of London, March 6th, 1884.

no explanation of its origin could be suggested, and the reason of my research into its existence was the recurrence of a mysterious and very serious attacks of acute peritonitis. I found a mass behind the uterus, and somewhat to the right side, and I advised an exploration. In October, 1879, I found this to be the right Fallopian tube occluded and distended with serum. I removed it, and the patient has remained perfectly free from pain and peritonitis ever since.

The other four cases are also in perfect health. The two cases of removal of the uterine appendages for uncontrollable menorrhagia threatening life have already been published. The condition found was merely that the ovaries were studded with numerous small cysts, a state in which they very frequently are in bleeding myoma. I do not pretend to suggest how or why this causes menorrhagia, but the operation promptly arrested the flow in both cases, and has been completely successful.

Of the thirteen cases of myoma, the result has been brilliantly successful and permanent in every case. The menstrual hemorrhage has been completely arrested, and the tumours have lessened in all cases—in a few they have entirely disappeared. One patient has become insane, but as she was always queer, I do not attribute this condition in any way to the operation. I may here mention that after the removal of single ovarian tumours, double ovarian tumours, uterine appendages for myoma and pyosalpinx (in all seven cases), I have seen symptoms of melancholia come on during or very soon after the convalescence. In four the condition was transient, but in three it still remains, and the patients are inmates of asylums. The cases are too few to give any indication of being more than mere coincidences; yet they are sufficiently numerous to insist on attention being drawn to their occurrence. I shall give two cases in detail merely because they are the first two on the list.

One was a widow lady, *æt.* 47, placed under my care by Dr. Crowe, of Worcester, completely invalidated by profuse hæmorrhage due to a myoma. This hæmorrhage had lasted for ten years, and showed no sign of abating. Everything short of operation had been tried and failed, and on October 18, 1879, I removed the appendages. She made a slow recovery; but on May 18, 1880, I saw her at Leamington with Dr. Wellesley Tomkins, who had charge of the case after the operation, and I found her in perfect health and she had had no menstruation since the operation. She is now resident in the West Indies, and I am informed is in the enjoyment of perfect health.

The second case, of a lady, closely associated all her life with our profession, as the widow of a highly-respected member of it, and the step-mother of two gentlemen now practising. She had been from time to time under my care, during several years, for profuse menorrhagia, the loss being so severe as on more than one occasion to threaten her life. As time went on she got no better, and at the age of 52, after having waited in vain for any sign of an arrest of menstruation, I advised removal of the uterine appendages. Previous to this I need not say everything had been tried, and I had made two unsuccessful efforts to enucleate the myoma, which was not much larger than a cricket-ball. The operation was performed on March 30, 1879. A few insignificant appearances of the menstrual flow were made until the following February. After that she rapidly gained strength, and since then has led an active and a useful life. She is now in perfect health, and the tumour has almost entirely disappeared.

The greater number of the cases of pelvic abscess treated by abdominal section have been already published in detail, and of them I need only say that they are all now, and have continued since the operations, so far as their pelvic condition is concerned, in perfect health.

The chief interest exists concerning the last group, consisting of fourteen cases of chronic ovaritis, in all of

which the patients and their medical attendants have agreed with me that the sufferings of the patients were sufficient to justify their submitting to the slight risk attaching to the proceeding from which it was hoped they would obtain relief. It may be, and has been, argued that, as the sufferings arising from chronic inflammation of the ovary do not involve any risk to life, that therefore such operations are unjustifiable. The answer is simple, and to my mind conclusive, when it is stated that our function is not limited to the mere saving of life, but extends to the mitigation of suffering.

Merely premising that I know that complete relief has now been obtained in all of these cases, save one, of which I have lost sight, but that in some it was deferred for months, and in two for more than a year. I propose to give the history of two of the cases in which the delay almost made us feel that the operation had been unsuccessful. The first was a lady who had begun to menstruate at the age of 17, and at the onset had an illness, of which no very clear account could be obtained save the patient's recollection of great pelvic pain. Menstruation had always been regular, lasting for three days, and it had always been accompanied by great pain, the pain continuing after the period, so that for a week in each month her life was wretched. I saw her for the first time in 1877, and found the uterus completely retroverted and somewhat fixed. From that time till June, 1879, a great many different kinds of treatment were tried in vain, and at last I proposed to one of her relatives, a practitioner of medicine, that the radical cure of removal of the uterine appendages should be resorted to. He concurred in my proposal; but in that nothing should be left untried, I advised that the opinion of Dr. Matthews Duncan should be taken. I submitted a statement of the case to him, and he made an independent investigation of the patient's condition. The only result was that I received from Dr. Duncan a recommendation of general principles which had already been carried out to the full. Within a month both patient and friends determined for themselves that the operation should be performed, and I undertook it upon the 18th July, 1879. I found the uterus retroverted and adherent, and both ovaries also adherent to the posterior wall of the *cul de sac*. The ovaries were removed with a good deal of difficulty. The patient made an easy recovery, and went home early in August. But her menstruation went on at first regularly, and then somewhat irregularly, with almost as much pain as before the operation, so that in March, 1880, I feared that I should have to record a failure. In October she began to mend, and from November, 1880, to April, 1881, she had no period, she improved immensely in health, and could walk several miles without any discomfort, and this she had not done for many years before. But at the end of April and in May the old trouble came back, and she became almost as bad as ever. In the beginning of 1882 menstruation again ceased, and she again improved in health. This time the improvement has remained, and she is now a strong and healthy young woman, taking an active and a useful share in the work of life.

The second case of which I may speak was that of a lady's maid, *æt.* 26, sent to me by Dr. Thursfield, of Leamington. The symptoms in her case had been in existence for four years, and dated from some kind of fever, probably sub-acute rheumatism, during which she had great pelvic pain. Since that illness she had never been able to retain a situation, because she was practically disabled during her menstrual week. She had been under twelve different doctors without obtaining any relief. She had worn many pessaries, and the womb had been cut twice. The uterus was retroverted and fixed.

I removed the ovaries on July 19th, 1879, and she left the hospital on Aug. 13. She had occasional returns of menstruation till December. It returned again slightly in March, 1880, but ever since then she has seen nothing, has had no pains, and has been able to earn her living in

her original occupation. I saw her in August last in perfect health.

NOTE.—In the published reports of the discussion which followed the reading of this paper, Mr. Knowsley Thornton is made to say that in two years he had operated seventy-three times in the Samaritan Hospital without a death, this being attributable to the use of Listerism. Mr. Thornton made no such statement at the discussion, and I have been at some pains to ascertain how it appeared in the reports. I have discovered that Mr. Thornton altered the proof submitted to him by the Secretary, and inserted this statement. As to the propriety of this proceeding I will say nothing; but as I would certainly have replied to this statement, had he made it when the paper was read, I may be permitted to say something as to its relevancy as an argument. In the first place the statement is wholly misleading, as the period referred to does not include two "hospital years," but is made from the end of February, 1882, to the end of February, 1884, and just before and immediately after that period he had deaths in his hospital practice. As he excludes his private practice, we may conclude that there is something to conceal there, and that the mortality was probably heavy; yet it may be presumed that he uses Listerism in private as well as in hospital practice. Further, seventy-three cases in two years is far too small an experience from which to speak with authority so dogmatic as that assumed by Mr. Thornton whenever this question of Listerism turns up. During the same period occupied by Mr. Thornton's seventy-three cases, I removed a hundred and sixty-one ovarian and parovarian tumours, with five deaths, giving a mortality of almost exactly 3 per cent. Has Mr. Thornton as long a series as that with a mortality as low, and can he assure us that he doesn't "let his bad cases struggle up north," as Dr. Keith says he does, and as I certainly do not? I have pointed out over and over again that no argument can be maintained on the subject of Listerism from abdominal surgery unless a complete statement of the whole practice is made. Mr. Thornton has never made such a statement of his practice, whilst I make such a statement every year.—L. T.

The Gulstonian Lectures

ON

NEUROSES OF THE VISCERA.

Delivered at the Royal College of Physicians, March 14th, 1884.

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LECTURE III.—(Continued.)

DR. RALFE has kindly forwarded to me the following account of a form of renal neurosis often associated with valvular disease of the heart.

"In 1878, the late Dr. Murchison gave me the particulars of a peculiar form of neurosis attacks, which he designated as 'renal storms,' and which had frequently occurred in a patient suffering from aortic regurgitation. The attack commenced with excruciating pain over the region of the right kidney, exactly like renal colic, but there was no sickness nor retraction of testicle; the urine passed during the attack and immediately afterwards was perfectly normal (nor was there any jaundice to suggest that the pain was due to biliary calculus). After lasting some hours, the attack passed off as suddenly as it came on.

"In 1880, I saw a man, æt. 47, who applied as an out-patient at the London Hospital solely on account of a severe paroxysmal attack of pain, which, commencing at the angle of the epigastric region where it joins the right hypochondrium, passed deeply downwards into the

right lumbar region. No disease of the liver or kidney could be detected. And the urine was normal. On examining the chest, the heart was found diseased (aortic regurgitation).

"The only reference bearing on this form of neurosis or 'renal storm' is in Dr. Habershon's 'Lectures (Lectures) on Diseases of the Liver,' page 13, in speaking of the neuralgic pain sometimes met with in organic disease of the heart, and which is referred to as being deeply situated behind the first part of the duodenum: 'It is severe, almost like the pain of gall-stones, but it is without jaundice or other symptoms of calculus; it is not connected with the stomach, for it is not affected by food, but paroxysmal, and recurring sometimes with great regularity.'

I will not pursue these reasonings so far as to consider in like manner the pains of other viscera, such, for instance, as of the bladder and the rest, for the same principles apply to them all. In many cases a neurotic tendency may be aroused by a local irritation which, in robust persons, would be almost, or quite unfelt; or the neuralgia may be as "pure" as face-ache may be. Neuralgia of the rectum, however, I must not wholly pass by, for it is a definite malady, not very uncommon, and seems almost always to be "pure neuralgia." It is rarely very violent, being more of a thrusting, aching pain. It is mentioned by Anstie and other writers; I have occasionally met with it, and Dr. Myrtle made it the subject of a paper lately read to the Yorkshire Branch of the British Medical Association.

An allusion to neurotic diarrhoea, a somewhat different phase of neurosis, is again but a passing duty. Neurotic diarrhoea is a troublesome affection which, I think, is tolerably well recognised. Many persons owe the frail health of a lifetime to its recurrence, for it is sadly incurable, recurring and again recurring, uncontrolled in obstinate cases by anything less than opiates. Milder cases may be regulated by bismuth and the bromides, followed by pernitrate of iron, or sulphate of iron pills. In this disease (which must be distinguished from catarrh and from diarrhoea mucosa), the stools, though slackened, are rarely watery, and rarely contain much mucus. They may or may not be attended with pain; they are reproduced by nervous causes; they are generally worse in the earlier day, especially before breakfast, and in women they cling to the catamenial periods. Arsenic often does harm in these cases, and, indeed, can rarely be borne. The ailment occurs in both sexes, falling, perhaps, equally upon both. The diarrhoea is generally associated with other neuroses, such as migraine, cardio-vascular instabilities, and the rest. It is found at all ages, for it often begins in early adult life, and is seldom wholly removed. The pathology of the day will attribute it, no doubt, to vaso-motor disturbance, and compare it with polyuria, lacrymation, and night-sweats. It may be the homologue of pyrosis.

I would now pass on to consider the genetic affinities of the class of patients which we have discussed in these chapters. This question is more easily answered by searching among the gastralgics, as they form by far the larger number.

One fact strikes the observer very clearly in his work; and that is, the frequent association of neuroses of the vagus with certain kinds of eczema, lichen and psoriasis, with eczema and lichen chiefly. Of the alliance of gastralgia with asthma, I have already spoken; and the frequency of eczema in asthmatics is generally recognised. Now eczema and its allies are, I believe, as common in gastralgics as in asthmatics, so that there seems to be some sympathy between the vagus nerve and the cutaneous nerves. The skin-affections and the gastralgia, if concurrent in the family, may not concur in the individual, or if they do, they may not be contemporary in him, nor, if contemporary, parallel in severity. No. 245, 1883, a man, æt. 38, came to me four years before for boils; at a later date, he came to me for gastralgia of the ordinary type, without functional

stomach-disorder. For this I gave him arsenic, and cured him. Last year he came to me to tell me for the first time that he had suffered for six years from eczema on and off, and that the medicine he took for the gastralgia had removed also the eczema. On this occasion he called to ask for a renewal of the prescription, not for the gastralgia, but for the eczema. Again, No. 226, 1882, male, æt. 47, had excellent health till ten years before, which he attributed to the periodic returns of "eczema and psoriasis." Of late years he had seen but little of the eruptions, but his health was broken down by "chronic dyspepsia," for which he had been treated in vain. I found no signs of functional disorder of the stomach; the symptoms were those of ordinary gastralgia, and were cured quickly by arsenic. I find a history of skin-affections in about 18 per cent. of my cases as they stand in my notes, and I suspect this estimate, if we were to take a survey of families, would be found under the mark. As in No. 245, 1883, skin-affections, if not actually present, escape record even in the individual life, unless especially inquired into. It has been fancifully assumed, therefore, that gastralgia is an eczema of the stomach; an assumption with as little of probability as of proof. I have not, however, heard that any writer has called asthma an eczema of the lungs. Are we then led by way of cutaneous eruptions to a recognition of gout as the springs of these, of gastralgia, and of asthma? Not directly, I think, though I lean to the suspicion of some remote affinity herein. But I find that experience justifies the distinction between the eczema, lichen and psoriasis of "dartrous," and those of "gouty" habits. The distinction is partly to be seen in the histories of the patients and of their relations, and partly, though not invariably, in the characters of the eruptions themselves. In the dartrous, no doubt, these eruptions tend rather to be more acute, and more symmetrical; to moisten, to spread and to itch greatly; while, in the gouty, they tend rather to limitation, to dryness, to lack of symmetry, and to a less active tint of hyperæmia.

The dartrous diathesis of Bazin and others has, then, gastralgia among its evolutions, as the gouty may have; but the term dartrous may well be put in a subordinate place, and the term neurotic diathesis used to indicate the family. Healthy persons with dartrous eruptions, if followed home, will often turn out to belong to neurotic families. Two brothers of my acquaintance illustrate this. The one is a very healthy man, with the exception of a continual liability to eczema; the other is an asthmatic. There are other strong neurotic characters in the previous generation. But lately, again, an odd thing happened to me. A young man, seemingly very healthy, came to me for severe gastralgia of a pure type. I pressed him as to skin-eruptions, and he denied their presence in himself and in his family. Within the next six months, there came to my rooms, first, his sister, a healthy looking girl, with recent and vicious eczema around both ears; then the mother, with symmetrical moist spreading eczema of the legs; and, finally, the baby of another daughter, with eczema of the head. These successive cases were almost put down to my ominous inquiries, and, in an earlier century, I might have been burnt. There was no gout in the family, nor any suspicion of its latent presence.

But another diathesis which I find often recorded in my cases is rheumatism—rheumatism of the kind which culminates in rheumatic fever.

Miss —, æt. 17 (No. 350, 1876), had eczema capitis at age 7-8. She was then, and later, a somnambulist. After this, she had "horrible sinkings" in a forenoon for some time, and was treated for "dyspepsia." These vanished in favour of intense neuralgia of the head. In 1875 this again gave way to attacks of gastralgia, so severe, at times as to end in a faint. She was treated by several medical men of position for "dyspepsia," and

her diet corrected until it became spare and monotonous. She grew so much worse, that she was taken to Sir William Jenner, who reversed all the rules of her dietetics, fed her liberally, and gave her strychnia. She recovered in a few weeks. She called upon me for a new trouble, namely for intense neuralgia of the left orbit, often leading even to ecchymosis of the conjunctiva. Now, in this young lady's family rheumatism and rheumatic fever were well marked on the paternal side. Her father was a "delicate" man, and a martyr to rheumatism; he had had rheumatic fever more than once.

Another such case occurred in Miss —, æt. 25 (No. 480, 1882). She came of a neurotic family, and one from which phthisis had not been absent. Her consultation was in respect of gastralgia of an intense form. She had been migrainous most of her life, and she had suffered from rheumatic fever at 18 years of age.

Now do these cases, which I can strengthen by many others, lead us to make any direct tie between the rheumatico-gouty diathesis, the eczema, and the visceral neuroses? No, I think no direct tie. To turn aside for a moment, I have to set before you another affinity, which must be considered with those. Perhaps the disease most largely found in neurotic families beyond their neuroses is phthisis. In case after case I find phthisis in parents or kin. This applies to all the neuroses, not to the gastro-abdominal only. I may refer again to the last named case, No. 480, and farther to Mrs. —, æt. 35 (No. 128, 1878), who came to me for an uterine ailment. She had had four children. I found some catarrh, both uterine and vaginal, the uterus soft and the surrounding parts relaxed. She had the usual dragging aches of the pelvis, pain on jolting, tenderness to the exploring finger, and so on. She is liable to severe neuralgia, in either supra-orbital notch. Although an abstinent woman, she is sick on rising in the morning, and all her symptoms come more about her as the catamenia approach. These return every twenty days or thereabouts. She has gastralgia very often, with voluminous flatulence and pyrosis. In her family there is a strong phthisical history. She made a good amendment on sedative and tonic treatment with change of air, and she has continued to enjoy better health. Her uterine troubles vanished as she regained strength, a course of douches only being prescribed.

Mr. H., æt. 45 (No. 403, 1883), has suffered acutely from pseudo-angina, but consulted me for enteralgia arising near the umbilicus. His family history is badly phthisical.

Mrs. — (No. 414A, 1883), æt. 32, has had severe facial neuralgia, but now consults me for enteralgia and urticaria. She has had attacks of eczema. Her uterine functions present no special derangement. Her family history is very phthisical.

But I need not multiply cases which present like features merely to record that phthisis belongs to their series. This I may invite you to observe for yourselves. But, for many years, I have noted the frequent coincidence of phthisis and rheumatic fever in family trees; and I think this coincidence has been observed by others. To my mind, then, the natural group is neurosis, phthisis and acute rheumatism. But what of the gout? Rheumatism and gout are certainly akin, the two maladies appearing in the same families, and even in the same persons at different ages. Yet I think gout goes by a different route to its direct work. A pure neurosis goes hand in hand with phthisis and acute rheumatism; but pains which, like migraine, enteralgia, sciatica and so forth, may, in such association, be of the purest type, may, in other instances, be caused by the poison of gout, and thus should be put into a separate class, with the eczema and psoriasis of gout, which again are not "dartrous." In the one class, the neuralgias depend upon some congenital defect of nutrition, affecting the nervous apparatus itself; the thing is essential: in the other

class, the nervous apparatus, originally healthy enough, and even vigorous, is angered by a circulating poison. Yet is there not some alliance beyond this? Is there not some remoter pathological kinship, unexplained by the humoral theory? Yes, I believe there is. I believe that, farther back, there is some community of nature between the gouty and the neurotic habits; and to this we may ascend when we track out those phenomena which suggest that gout is itself originally a neurosis. Although there is, then, no cross alliance between neurosis, phthisis and gout, yet one may trace the history of gout upwards to a point of union with a divergent stock, which, two, three, or four generations back, had branched off into the tuberculo-neurotic. In such cases—and I have notes of several of them—anti-gouty remedies are of no use whatever. Finally, there is another form of neurosis of gouty origin, for the relief of which antigouty medication is useless; and that is seen in skin affections, or neuralgias which had been directly aroused by the active presence of gout, but which were left stranded after the gouty humours had ebbed. Flotsam and jetsam of this kind are common in practice, and in such cases we do ill to run upon specific medication. A hemiplegia may remain, forgotten as it were, when the cerebral centre has healed; and will persist, perhaps, unless driven off by faradism. A syphilitic ulcer may remain after the syphilitic state has been wholly counteracted by the usual remedies, and decline to heal until some more general treatment is taken up. In like manner, an eczema or a neuralgia may be set up by gout, and this, as it ceases to be active, leaves behind it some altered or lowered state of tissues, which no longer acknowledges the first disturber of the peace, but lies in a simpler dejection of its own. We must try the specific measures; but, if these fail, we must not therefore assume that our surmises as to the original cause of the ailment were false. These are the remnants which are sometimes suddenly routed by a blister or an acupuncture. Urticaria is not an uncommon addition to other neuroses, as is well known; and I forbear to record many of my cases in which it was found together with visceral neuroses. One I have cited above, under No. 414A, 1883. Zona is, perhaps, never found with a visceral neurosis, unless there has been some cerebro-spinal nerve-disturbance therewith. Mrs. W., æt. 66 (No. 546, 1881), came to me for general and nervous debility. She told me she had suffered repeatedly from angina pectoris (whether the true angina or not, I cannot say) but that with the last attack there broke out a violent crop of shingles, after which the angina returned no more.

I saw a very remarkable series of this kind in a patient of Dr. Steele, of Morley. She was a woman somewhat beyond middle life, whose whole temperament and history afforded a good picture of the tougher kind of neurotic. When I saw her, the neuralgia of the viscera had extended to the cerebro-spinal system, and so involved the nerves of the left arm that a crop of zonal vesicles occupied almost the whole length of the ulnar aspect of it, from shoulder to wrist. There was no gouty history in the case.

And now, gentlemen, my limits warn me that if I am to comment upon the treatment of visceral neuroses I must hasten to that end. Although the basis of all therapeutics must be a clear diagnosis, yet, on the other hand, the most elaborate diagnoses are but laborious idleness if not made the means of cure. We cry out with the child in La Fontaine.

"Eh! mon ami, tire moi de danger;
Tu feras, après, ta harangue!"

The beginning of all successful treatment must be to convince the patient of the true nature of his malady. Now, your neurotic is one who has no reserve. This want is probably due to a congenital instability of nerve, showing itself as waste, so ceaseless, that the reserve once dissipated is never re-accumulated. This reserve may have been spent in beneficent activities; or it may

have been dissipated in fidgets, fretfulness, or shrewdness; in sleeplessness, in anxiousness, or in pain, according to the quality of the person. We are disposed to forget that the silent work of nutrition uses more force perhaps than many people expend in their neuromuscular life; hence the early failure of the digestive resources in neurotics, hence the fall of the balance of nutrition below the needs even of a controlled expenditure. We know that good nutrition is a chief condition of steady work, good temper, and self-control; we know, too, that to trade daily only upon the supplies of the day is to court collapse; we must have more brain, more spinal marrow, more liver, more kidney than we want for the day. We must have stored-up force, partly for greater occasions, partly to secure the equable running of our machinery. A neurotic person is an engine with a light fly-wheel and a small furnace, whose work, therefore, is fitful and unsafe. In the early life of neurotic subjects, especially, we must husband the reserve, we must control expenditure, and cherish nutrition. To heap up again a wasted reserve is always a long and laborious task, and, as years go on, becomes harder and harder. Many people, even when under middle age, never wholly replace their reserve if wasted, let us say, by acute disease; so that this factor of steadfastness and safety is never wholly replaced. In an exhausted neurotic, the secret of treatment, therefore, is—by food, fresh air, exercise and happiness—to lift up your patient from the invalid couch, not for the day or for the month only, but to teach him so to manage expenditure and so to promote nutrition as to replace his capital. He must establish in himself the habit of a cool temper and rhythmical work, and root out the habit of wasting volumes of good worry upon forecasts of events which never happen, and on visions of unsubstantial things. Unhappily, however, nine neuralgics out of ten are possessed by the belief that they are dyspeptics, and that the cure of their malady is to be found in some farther defalcation of their diet, in some new arrangement of it, or in the use of some new combination of stomachics. Once convince them that the stomach is the seat of neuralgia, and that any pain caused by food is as accidental as is the increase of pain in *tic-douloureux* during the act of mastication; once let them realise that, so far from waving their dishes aside, like the physicians of Sancho Panza, you would rather prompt them to indulge as liberally as their impaired forces will permit; once persuade them to throw all their alteratives, their pepaines and their mineral waters to the dogs, and your battle is half won. I cannot read the lives of men like De Quincey or Carlyle without suspecting that a timely or untimely course of Fowler's solution would probably have deprived us of the letters of Mrs. Carlyle and of the "Confessions of an Opium-Eater." Assuredly a gastralgic can no more eat a good dinner than he can walk a league; but by careful advances, and the repetition of small light, highly nutritious and social meals, he will eat his way upwards. The first dread of food over he will begin to digest *con amore*, and he may perhaps be helped to this end by the aid of pepaine, though my patients seem to do nearly as well without it. In severe cases, the warmth of bed for a few days, or even for two or three weeks, is of great value; economy of work and economy of heat is thus secured. Many a case of neuralgia which had resisted all medicines has been cured by a course of bed alone. The very common association of cold extremities with gastralgia, and indeed, the oft noted influence of chilled feet in setting up an attack, is an indication of the need for equable warmth. Dwindled meals fail to supply both heat and nutrition; and, in extreme cases, the Weir-Mitchell system, by stimulating nutrition, may re-open the fountains of warmth and vigour. The visceral neuroses again, like the rest, are aggravated by cares and sorrows, and by depressing conditions of life. Release from toils and worries, and a change of air and

scene, take a leading part in the cure. Gastralgia as a rule do better inland than at the seaside. At the sea they are apt to become irritable or sleepless; but these ill effects are lost on withdrawing a mile or two inland. On the other hand, the high mountains are not favourable to neurotics; they fare ill at St. Moritz and Davos. Milder upland airs like Malvern or the Sussex Downs—dry sunny slopes a little remote from the sea—suit them best. For how many patients can we write the prescription—to take two months holiday, to withdraw from all toil and care, and to live in good company on refined and delicate food? And yet how potent are such means when all else may fail! Mr. Teale and myself tried in vain to cure a clever, impulsive, and over-worked Leeds clothier of gastralgia, mixed with some actual dyspepsia, until we sent him on a sea-voyage. His own words on his return were: "After a few days, bile could not live in my stomach, and my tongue was as clean as if I had manufactured it myself." The only things necessarily to be forbidden are tea, coffee, tobacco, and the stronger meats, such as beef. Over many persons thus susceptible, tea has an evil power; it retards the pulse, and creates the horrible empty exhausted feeling, which seems as hard to bear as very pain. Alcohol I do not encourage in neurotics; that there is a little occasional help in it, I admit; but, on the whole, alcohol, drawing as it does upon the reserve fund which we wish to protect, is better away from persons who may learn to take it rather as a dram than as a small addition to meals; this error, in them, is a radical one. A like danger may follow the use of morphia, but severe cases cannot be treated without it. The repeated attacks so exhaust the patient, that it is only by economising his forces with warmth, rest, and morphia that he can retain any for the absorption of his food. Morphia may be given fractionally in ordinary mixtures, or periodically in larger doses, but in either case the remedy should be kept under the control of the doctor; in many cases it is even well to keep the patient in ignorance of the agent. For this reason, I often order Dover's powder in pills, in order that the compound may not be recognised in the prescription as opium. Of other drugs, arsenic in gastralgia takes by far the chief place; indeed, it is hard to say how gastralgia was cured before the time of its introduction by Dr. Leared. Yet, even now, its power is not sufficiently well known, for, on turning to Dr. Ross's work on the "Nervous System," which I suppose to be the best in our language, I find no mention of arsenic as a remedy for gastralgia; and Dr. Sponder's rules for the use of the drug are too timid. Yet, after all, with soft nutritious food, warmth, rest, and lenitive or narcotic doses of opium, many cases of gastralgia still resist treatment. Oddly enough, a repetition of small blisters to the epigastrium may then be of service; and of other drugs, quinine, boldly pushed on, with belladonna, form a valuable combination; and so, again, do quinine and bromide of ammonium dissolved in hydrobromic acid. The infusion of the *Prunus Virginiana* makes an excellent vehicle for such mixtures. Not uncommonly, gastralgia is a product of malaria. Of this nature I have two cases before me, and in one of them very large doses of quinine cured a most intractable gastralgia, which had resisted all other measures. Luckily, I knew my friend had travelled in the East and had had ague there. The silver salts, again, are of undoubted use; with nitrate of silver I cured one case which had defied all my previous measures. Of manganese I have no experience. Of iron, I speak last; it has only been of much use to me in a few cases, for I do not, in fact, observe that anæmia, apart from the general lowering of all nutrition, has been so marked a feature in my cases of gastralgia as many authors definitely assert of their own. Where any distinct anæmia exists, iron, of course, is indicated, and often works a cure. Phosphorus is not so useful in gastralgia as its kinship to arsenic would lead us to expect; but the pharmaceuti-

cal compounds of the hypophosphites now sold do, by virtue of some one or more of their constituents, seem to answer well. As the stomach gains vigour, cod-liver oil should be added to the dietary, it will help on nutrition and forward recovery. In a word, arsenic and quinine are the only specifics; and the rest of the treatment may be summed up in rest, sedation, nutrition, and tonics. Some gastralgics find that alkalies give them a temporary relief from pain, even in cases of neurotic and periodic type. It is not generally so, however, and the practice is not a sound one.

When we leave the vagus nerve, when we leave asthma, angina pectoris, and gastralgia, we find that the specific powers of arsenic are no longer so trustworthy. In enteralgia it may have some value, but far less than in gastralgia; in enteralgia, quinine and belladonna seem best to forward restoration, though arsenic is, even here, by no means to be despised. In all visceral neuroses a most careful search must be made for any kind of peripheral irritation, and such irritation soothed and its causes averted. Of the infinite pains, moral and dietetic, which are needed for vomiting cases, I need not speak, for the management of them is sufficiently well known. The only unfamiliar drug which I can recommend for these cases is the walnut-spirit sold by Messrs. Corbyn and others; this medicine, which was indicated some time ago in the *Practitioner*, I have certainly found very useful in cases of neurotic vomiting. It must also be remembered that gastralgic vomiting is spasmodic asthma of the stomach, and that a few whiffs of chloroform, or a little subcutaneous morphia, may cut the one short as well as the other.

Mr. President and gentlemen, I must not detain you longer. Happily free as I am from neuroses in general, yet a sinking at the heart has possessed me many a time as I wrote and then read the lectures I have ventured to present to you. How slender is the offering none knows better than I. Once I comforted myself with the thought that the late Dr. Symonds did not think the subject of Headache too trivial for your thoughts; but again I reflected how much the more must be the talent of the speaker the less striking the subject, and how great the interval between him and me. That I have said nothing new to you I am painfully aware; that my words may not have fallen below the authority of this chair is my single hope.

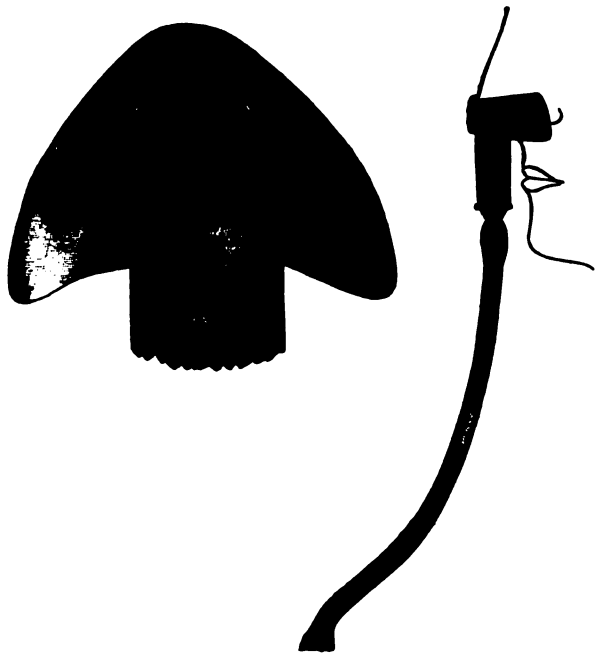
AN IMPROVED FORM OF NASAL INHALING TUBE.

THIS instrument consists of a mould of the tip and alæ of the nose, the base or floor of which fits accurately over the entrance to the nostrils. Upon this floor are two perforated conical projections for insertion into the nostrils, and these communicate through a chamber below, by means of an indiarubber tube, with an inhaler. The advantages of this method of inhalation are: First, that medicated vapours may be thoroughly applied to the whole cavity of the nose and upper portion of the pharynx, as well as to the lower portion of the respiratory tract; secondly, that by this means the normal process of respiration is insured, viz., inspiration through the nose, instead of through the mouth, and consequently the act is more complete and less fatiguing to the patient; also, the enforced act of breathing in through the nose and out through the mouth is an aid in overcoming the habit of oral breathing, to which most patients suffering from nasal catarrh are addicted.

The application of medicated vapours to the nasal tract has been carried on as a separate method of inhalation, and in a very limited manner. Sometimes this is effected by inhaling vapour through the mouth and endeavouring to blow it through the nose, the perfect accomplishment of which depends upon the skill of the individual. More often the patient breathes steam from an inhaler through one nostril, while th-

opposite one is closed by the finger, through an olive-shaped nozzle, made generally of soft rubber, which is so compressible that it is apt to become blocked up. Comparatively little vapour passes into the nose by this means, and still less beyond, while the patient in stooping over the inhaling apparatus contracts the chest, and approximates the process to that of mere smelling instead of full inspiration.

The principle intended to be carried out by means of the instrument before us is, then, to do away with this division of nasal and oral breathing into two separate acts, and substitute normal, deep inspiration through its proper channel.



The instrument, which has been made from Dr. W. Mac-Neil Whistler's design by Messrs. Maw, Son, and Thompson, of London, is of vulcanite. It is light, smooth and unirritating, and is easily cleaned. The india-rubber communicating tube, which is sufficiently long to allow of proper expansion of the chest, may be adapted to various forms of inhalers.

GENEVA is at present threatened with a severe epidemic of typhus and typhoid. One-third of the entire mortality during last week was due to this cause.

St. John Ambulance Association.—With the concurrence of the Principal Medical Officer, Devonport Garrison, classes for the troops have recently been held in connection with the St. John Ambulance Association, attended by officers, non-commissioned officers, and men of all ranks. Surgeon W. B. Allin, M.B., A.M.D., acted as lecturer, and Surgeon-major Alex. Turner, A.M.D., as examiner. The latter has forwarded to St. John's Gate a most eulogistic report on the excellence of the knowledge displayed, especially as regards practical work, and the first treatment of the wounded. This is shown by the fact that the whole of the candidates for examination, which took place in the presence of the Principal Medical Officer, are recommended for certificates, the members being as follows:—Royal Marines, 6; 2nd Battalion South Lancashire Regiment, 22; 2nd Battalion Highland Light Infantry, 34; and Commissariat and Transport Corps, 12. Among the officers are Lt.-Col. S. J. Graham, C. B.; Major H. J. L. Norcock; Captain R. H. Hall; Lieut. E. A. Snow, and Asst. Commissary General J. A. Scott.

Clinical Records.

ST. BARTHOLOMEW'S HOSPITAL.

Cases of Osteotomy, with Remarks. (a)

By HOWARD MARSH, F.R.C.S.,

Assistant-Surg. to, and Lecturer on Anatomy at, St. Bartholomew's Hospital.

ALTHOUGH the evidence to establish it is complete, there are many who are deterred from accepting a new position because they have never quite dismissed their surprise at finding that what they had not suspected is yet true. Osteotomy is a case in point. Experience has shown that this operation is safe beyond all previous expectation. Yet many surgeons never use it, although the necessity for osteotomy, in some cases, is as clear as the necessity of tenotomy in others. But with some surgeons the surprise they have felt at the safety of this new proceeding has had another, and contrary effect, and has led them to practise it with too little discrimination. It is, no doubt, generally safe to divide the tibia for rickety deformity, but there are few cases in which such an operation is necessary, at least, in children under three or four; for, with subsequent growth, the deformity, if the child is kept off his feet, and fed with meat and milk, and is ordered cod-liver oil, will gradually disappear. Nor is osteotomy required, except for the more severe forms of knock-knee. Discussion, and further experience, will lead to the adoption of the proper medium between these extremes in respect to this method of treatment. The following cases are briefly reported as examples of the application of the operation to conditions which could not have otherwise been remedied. They also present some further points of interest.

CASE I.—Mary P., *æt.* 17, had had hip-disease in childhood, and her femur had become ankylosed at a right angle with the trunk. The greater trochanter lay an inch above Nelaton's line; but a short neck could be distinctly felt. As no movement, during examination under ether, could be felt between the femur and the pelvis, an incision was made, about three quarters of an inch long, just above the trochanter, and the finger was introduced to ascertain the dimensions and axis of the neck. A chisel was then used to divide the bone to about half its thickness: the remainder gave way with the exercise of very moderate force. Lister's dressings were used. The patient was confined to her back, by means of a Liston's long splint applied to the sound side. The limb, with the knee straight, was supported, in its deformed position, on a rest, and a weight acting in the long axis of the femur, and running over a raised pulley, was attached to the foot. There was no rise of temperature after the operation, and no suppuration. The wound healed in about a fortnight. Under the action of the weight the limb gradually passed into a position of complete extension, so as to be in a line with the trunk; the pulley being gradually lowered so that the weight always acted in the long axis of the femur. At the end of two months the patient was discharged, wearing a Thomas's splint. There was movement through three or four degrees, between the femur and the pelvis. I should have preferred bony ankylosis. With bony ankylosis no return of deformity can occur but with ligamentous union there is a tendency for the limb to become again flexed upon the trunk. The method by which the limb is brought down in cases in which the femur has been divided for deformity of the hip is important. If the limb is forcibly extended at the time there is considerable danger that the femur will slip upwards and backwards on the dorsum ilii, a movement of the bone which not only shortens the limb, but, by altering the line of gravity of the trunk in relation to the femur, produces lordosis. But by using weight-extension, acting always in the long axis of the thigh, the limb may be fully extended without any risk of tilting up the femur. This method, besides, is much more comfortable to the patient, as the limb is kept throughout in an unconstrained position. It was striking to see how easily the muscles and ligaments in front of the joint yielded to continuous extension. They gave way here, as they do when the weight is used in the ordinary treatment of hip-disease, as if they certainly had undergone no structural shortening.

(a) Read before the West London Medico-Chirurgical Society.

CASE II.—J. D., æt. 42, had pyæmia after a poisoned wound. In the course of this attack his ankle suppurated, and was left firmly ankylosed, apparently by bone, in a position of marked equinus. He came to the hospital, nine months afterwards, complaining that he could not get his heel to the ground, nor walk on the limb, any attempt to bear weight on the ball of the foot causing him severe pain. When he was under ether I found the ankle-joint fixed, though the tendo-Achillis was not tight. It was evident, therefore, that no change in the position of the foot could be produced by tenotomy. Under these circumstances I introduced a narrow chisel, through an incision over the front of the ankle, just outside the common extensor tendons, and so far divided the union between the tibia and astragalus that these bones could be moved on each other. There was no difficulty in finding the interval between them. As the tendo-Achillis became tight when the foot was flexed on the leg, it was divided; and the foot was fixed on a splint well within a right angle with the tibia. The wound healed favourably; and the temperature never rose above 100° Fahr. For some nights the patient was in considerable pain, and hypodermic injections of morphia were given. In six weeks he could stand on the limb. He was discharged nine weeks after his admission. I saw him again three months later. He then said he could walk freely, and without pain, on his heel, and he illustrated this by hopping upon the foot. Mr. Willett and Mr. Baker had previously had cases similar to this one, and the same method of treatment had yielded good results in their hands.

Ankylosis of the ankle-joint is but seldom met with, but when it does occur it will be found that if, as is very likely to be the case, the foot is in any degree of equinus, the patient will walk in a very awkward manner. He may tread on the ball of the foot with the knee bent to accommodate the limb to the amount of the equinus, but his gait will be so unsteady that he will probably elect to walk on his heel. This, however, he can only do by keeping the limb in advance of its fellow; a method of progression that is both slow and labourous. Patients walk much more easily and quickly on the limb after a Syme's amputation than, so far as I have seen, those do whose ankle-joint is fixed, unless it is placed well within a right angle. This point should be borne in mind during treatment.

CASE III.—R. C., a sailor, æt. 30, was admitted with his right arm crippled by an unreduced dislocation of the head of the radius backwards and outwards. Pronation and supination were entirely lost; flexion and extension were very limited and painful. On endeavouring to increase movement by forcible manipulation under ether, I found nothing could be gained by this means, as the radius was firmly locked against the humerus. I therefore removed the head of the radius. In doing this, care was required to avoid injury of the posterior interosseous nerve, as it ran behind the bone beneath the supinator brevis. On dividing the neck of the radius, I found it had been fractured, and that the callus thrown out around the fragments had acted so as firmly to lock the joint. The case made favourable progress, and when the patient left the hospital, at the end of five weeks, he had regained free flexion and extension, and, to a considerable degree, pronation and supination, and movement at the joint was free from pain. This case deserves to be recorded as an instance in which so rare an accident as fracture of the neck of the radius was proved to have occurred.

CASE IV.—In July, I performed MacEwan's operation for the relief of knock-knee in R. T., æt. 7, in whom, when the condyles of the femora were in contact, the malleoli, were separated by a distance of eleven inches. This case is related in order that the complication of hæmorrhage from the anastomotica magna may be alluded to. As to the right limb, nothing need be said. On the left side, the incision was made in the usual situation, that is, half way between the tendon of the adductor magnus, and a line drawn upward from the inner border of the patella, and an inch and a half above the upper margin of this bone. Somewhat free hæmorrhage occurred at the moment, but it soon ceased. The bone was very soft, and gave way after a very limited use of the chisel. The same evening such severe bleeding occurred that Mr. Brinton, the house-surgeon, and others who saw the case with him, were afraid the popliteal artery was wounded. The tibials, however, were pulsating naturally. Bleeding was easily stopped by

a compress and bandage. All went on well for the next seven days, when another hæmorrhage, quite as copious as the first, took place; but this also was readily controlled. I now examined the wound. On enlarging it, I came at once on the anastomotica magna, in the side of which an oval opening was plainly seen, from which blood freely escaped. On completely dividing the vessel, and tying its two ends, bleeding ceased, and never returned. The child made a good, though slow recovery. The fact that two large hæmorrhages, separated by an interval of a week, occurred from a vessel of the size of the anastomotica magna is important. It conveys a caution against tying any principal artery, the closure of which may be disastrous to parts beyond, until every safe means has been taken to ascertain the exact source from which bleeding is derived.

Transactions of Societies.

ACADEMY OF MEDICINE IN IRELAND.

SURGICAL SECTION.

A MEETING of the Surgical Section was held at the College of Surgeons on Friday evening, March 7th, Mr. COLLES, in the Chair.

Mr. STOKES, hon. sec., read the minutes, which were confirmed.

FOREIGN BODIES IN THE KNEE-JOINT.

Sir GEORGE PORTER read a paper on the subject of foreign bodies or loose cartilages in the knee-joint, the interest of which to the practical surgeon he pointed out; first, as regards their presence in an articulation, which, in reference to size and utility in locomotion, was the most important in the body; and secondly, owing to the excruciating pain and often recurring attacks of inflammation their presence, so frequently produced by getting locked between the articulating surfaces of the bones, rendering the life of the patient most miserable, and preventing him from following his usual avocations or indulging in any form of active exercise. He then gave a *resumé* of how these bodies are formed in the knee-joint, stating that they varied in number, size, and colour. Having mentioned the symptoms and treatment, he described two cases of foreign bodies in the knee-joint that he had recently cured by the direct incision, with full antiseptic precautions. The first case was that of a soldier of the 5th Dragoon Guards, who suffered from a loose cartilage for the last four months. The second was that of an eminent Dublin gunsmith, who had had a large pistol bullet lodged within his knee-joint for the last thirteen years. Both cases were most successful. Sir George Porter paid a tribute to the value of antiseptic surgery, observing, "These two cases I consider might be received with interest by the Academy, and I think are additional proofs, if such were required, of the great advantages of antiseptic surgery. In my student days a wound of the knee-joint with escape of synovia was often followed by amputation or death. Now, without fear, we cut into the knee-joint under the carbolic spray and other antiseptic means, thus stamping on Listerism the verdict of almost universal success."

The CHAIRMAN mentioned that the late Mr. Alcock, in his work on surgical experience in the Peninsular campaign, recorded several cases of balls penetrating the knee-joint having been successfully treated.

Mr. THOMSON welcomed Sir George Porter to the ranks of the advocates of Listerism. Concerning Mr. Alcock's experience, it was not pretended that wounds of the knee-joint did not get well before Listerism was established. Perhaps they got well in spite of the surgery of the day. But it was contended that under other conditions the uniform success was not had that was obtained under Listerism.

Mr. STOKES emphasised the surgical importance of the cases Sir George Porter had brought under notice. The second case was of special importance as confirming the statement of Sir Wm. M'Cormack, in a lecture in New York, concerning the principle long neglected by military surgeons of not interfering immediately with gunshot injury involving any large articulations. His vast experience in two campaigns enabled him to lay it down as far the best surgery not to probe the wound too freely, and make diligent search for foreign bodies immediately on the

reception of injury, but to wait until matters got into a quiescent state, and then, if the foreign body became troublesome, cut down upon it. The two cases also showed what great things could be done by following the Listerian method.

Mr. ORMSBY having been present at one of the operations bore testimony to the difficulty experienced in fixing the loose cartilage in the case of the soldier. He suggested a discussion of the relative merits of the direct and indirect incision for the removal of foreign bodies or loose cartilages in the knee-joint. The indirect or subcutaneous incision was formerly preferred as the safest, and least likely to be followed by diffuse suppuration of the knee-joint. In the last case, in which he saw direct incision performed without antiseptic precautions, diffuse suppuration of the joint ensued, ultimately necessitating amputation of the thigh. Under the Listerian method direct incision could be performed with small risk, as Sir George Porter's two satisfactory cases proved.

Mr. BENNETT while appreciating antiseptic surgery cautioned practitioners against being too ready in relying on its efficacy, to open the knee-joint or any other. He protested against the universal acceptance of Listerian treatment; for instance, in a case where the presence of the foreign body was the result of rheumatic arthritis.

Mr. MILES thought Listerian enthusiasts took too much credit for the success of that treatment.

Sir GEORGE PORTER in reply agreed with Mr. Bennett that a rheumatic case should not be interfered with.

PISTOL WOUND OF THE CEREBELLUM.

Mr. THOMSON read a paper on pistol wound of the cerebellum. The subject was a detective officer shot in an affray. There were two wounds, one in the occipital bone, about an inch to the right of and an inch below the occipital protuberance; the second in the left arm. The apex of a bullet was found on the right margin of the bone wound in the skull. The right lobe of the cerebellum, corresponding to the wound, was crushed by fragments of bone and lead to the depth of half-an-inch. There was a clot between the right parietal and the dura mater, and on the inner surface of the same bone the mark of impact of lead. The base of the bullet could not be found for some time, and it was then discovered embedded in its own depth only in the brain substance of the *left* hemisphere at the anterior and inferior portion. The fragment had evidently passed between the dura mater and the vault of the skull from right to left. A similar case is noted by Larry. The person charged only fired one shot, so that the second was from some other pistol. Mr. Thomson discussed the questions:—(1) Could a person standing in the position of the assailant have inflicted the wound on the back of deceased's head? (2) Could a person with such a wound of the cerebellum have advanced upon his assailant, as it was proved deceased did after the first shot was fired? (3) Is a wound of the cerebellum immediately fatal? He believed the wound could have been inflicted; that it was possible that a person so struck could advance, though in a "drunken" manner; and that such wounds were not necessarily fatal.

Mr. BENNETT called attention to two points, first, that of a bullet being cleft upon the bone, and so misleading in the investigation; and secondly, the fact that the cerebellum could be wounded superficially, and it might be deeply, without phenomenon. He mentioned the case of a sailor, who, whilst on deck, was struck by a falling iron, 20 or 30 lbs. weight, which grazed the top of his head, and the wound, $1\frac{1}{2}$ inches long, overlay the cerebellum. When admitted to Sir P. Dun's Hospital the man presented no cerebral symptoms. There was considerable depression of the inner table, and some loss of bone, it being gouged out and the brain substance escaped. The wound was treated on the simplest principle, and in three weeks it closed sufficiently to enable the man to leave hospital.

Dr. HENRY KENNEDY said it was not the wound of the brain, but the hemorrhage that did the mischief.

Mr. LENTAGNE corroborated Mr. Thomson's account of the post-mortem examination, at which he was present, but differed with him as to the bullet having travelled between the dura mater, there being no lead streak along the supposed track. The cases established that the man might have received the head wound first; but from the position of the parties he thought it more probable the other was first.

Dr. M'ARDLE mentioned two cases showing that the cere-

bellum cannot be extensively injured without co-ordination being impaired.

Mr. ORMSBY saw no difficulty in believing that the bullet took the course indicated by Mr. Thomson. A quay labourer who fell into the hold of a ship walked home, and next morning went to an hospital complaining of a severe pain in his head. Not satisfied with the attention he received he became excited, and abused the hospital officials, who thought he was drunk. Thence he went to the Meath Hospital and was admitted. On being put to bed he became unconscious and all the symptoms of brain compression were apparent. He never rallied, and died 72 hours after the fall. A post-mortem examination revealed an extensive fracture of the skull with laceration of the cerebrium and cerebellum.

Mr. CORLEY arrived at the conclusion that no condition of the brain from injury or disease would indicate what capacity the patient had, mental or physical, before death. A man, through whose head a bullet passed, felt as if he got a cut of a whip.

Dr. HUSTON mentioned that in dissecting a subject he found the whole of one lateral lobe of the cerebellum degenerated, being almost entirely composed of a cyst, and on inquiring ascertained that the only symptoms exhibited were moroseness of temper.

Mr. THOMSON said the cases mentioned by Messrs. Bennett, Ormsby, and Corley, proved that severe injury to the cerebellum might be present without producing the want of co-ordination that might be expected. As to the course of the bullet, he could not accept Mr. Lentaigne's objection. At one point on the inner side of the vault of the skull there was a bullet stain between the dura mater and the skull. He had avoided any expression of opinion from prudential reasons beyond discussing the abstract questions raised on medico-legal grounds. If the charge of murder was to be sustained, the accused must have fired the first shot. The deceased had a second wound on the arm, which was not mortal.

The Section then adjourned.

THE WEST LONDON MEDICO-CHIRURGICAL SOCIETY.

At the ordinary monthly meeting held on Friday, 7th March,

The President (Dr. THUDICHUM), in the chair,

Mr. HAROLD HENDLEY, in conjunction with Mr. R. F. BENHAM, read the following paper:—

A CASE OF POISONING BY AMMONIATED AND RED OXIDE OF MERCURY.

This is the case of a female, æt. 20, who in despair, swallowed 90 grains of each of white and red precipitate powder for the purpose of poisoning herself, being pregnant at the time. The patient was first under the care of Mr. Benham, but eventually she was admitted to the West London Hospital for the reasons stated hereafter. Hence the following account is by Mr. Benham up to the date of the patient's admittance into the hospital. About mid-day on Sunday, 5th August last, I was sent for to see this patient, having been informed that she had some hours previously taken a large quantity of poison. Shortly after taking the poison the patient was seized with burning pains in the throat and chest, and gripping pains in the stomach, causing her to vomit most violently, and in addition, about an hour afterwards, she began to have diarrhoea, which gradually increased. In this condition she remained for about four hours, and feeling that she was becoming weaker and weaker, and apparently losing her senses, she was obliged to lie down on the ground, having also cramping pains in the abdomen and lower limbs. On my arrival I found the extremities and head were cold, the face and forehead being pale and bathed in a cold perspiration, the eyes were glassy, and the pupils were only slightly sensitive to light, the pulse was small, weak, and 60°, and at times imperceptible, respiration laboured and 16, temperature 97°, surface of the tongue and mucous membrane of the cheeks around were swollen and cream-coloured. She appeared to be in a semi-collapsed condition, but was tolerably conscious and was able to answer questions. She complained of a burning sensation in the throat and chest (gullet), of severe purging pains over the abdomen, pains of

cramp in both extremities, was vomiting at short intervals a thick ropy mucus-looking fluid, and was passing by bowel mucus tinged with blood. The abdomen presented the characteristic appearances of advanced pregnancy, the foetal heart could be distinctly recognised, the os uteri was closed, and from the position of the foetus she was presumably about six and a-half months pregnant. Directly after ascertaining the nature of the poison I administered a glass of milk containing two eggs, which was swallowed with difficulty, and it returned immediately. I then placed her in bed, applied hot bottles to the feet, hot clothes to the head and abdomen, and fed her with teaspoonfuls of milk and egg mixture with some brandy, but she only retained it for two or three minutes. Seeing that she was becoming rapidly more collapsed, I injected first one drachm of ether hypodermically, and then one third grain of morphia. This seemed to stimulate the heart's action, but the cramping pains were increased, (most probably due to the less collapsed condition). I continued with the hot water applications, and in addition administered an alkaline and stimulating mixture, containing also prussic acid. The excessive vomiting now somewhat abated, so that she was able to retain the milk and egg for about fifteen minutes. I endeavoured to administer a nutrient enema, but it was immediately returned. Two hours after I gave another injection of each of the ether and morphia. Her symptoms gradually improved for the next two days, with the exception of a considerable ulceration of the tongue and mouth, with salivation; but after that time the urine became scanty, containing a large amount of albumen and casts. The quantity, however, secreted gradually diminished, so much so, that from the 4th to the 8th day after taking the poison, she passed only about 30 ounces, the ratio being 12, 8, 5, 3, 2 ounces, the latter being the amount secreted on the 8th day; it was mucus-like in appearance, and coagulated on boiling. A catheter was passed on several occasions. In addition to the suppression of urine, she complained of slight abdominal pains, and on making an examination I found the os somewhat dilated and hard, as if assuming the first stage of labour. Believing the patient to be on the verge of having a miscarriage, that the suppression of urine was an alarming symptom, and that it was advisable to give warm baths, which could not, however, be procured at the patient's house, I accordingly had her removed to the West London Hospital. I made several analyses, by means of the amalgam test, of the saliva, urine, and motions, and in each case there were various shades on the surfaces of the sheet-copper according to the quantity of mercury. On admission to the West London Hospital on the 11th August, where the patient was under the care of Mr. Hendley, she was suffering from suppression of urine, the tongue thickly coated with fur, fissured but moist, mouth, gums, lips, and lower part of tongue covered with small ulcers, breath fetid, skin dry and somewhat quickened, temperature 100° F., pulse rather fast, regular and fairly full. Breasts large and swollen, no pain in epigastrium. As she was admitted late at night and seemed comfortable, nothing was done for her till the morning. Early on the morning of the 12th one ounce of urine was drawn off, looking like watery mucus. A vapour bath was given, lasting twenty minutes, and under its influence the patient perspired most freely, and was considerably relieved, also 5j. of pulv. jalapæ co., beef tea diet, and gargar. pot. chlor., for mouth. In the evening a second bath was given with like effect, and one and a-half ounces of urine was drawn off of the same character as first. At 3 a.m., on the 13th, Mr. Hendley was called hurriedly, and found the patient in labour, child presenting at the perineum, and was born in a few minutes, but in spite of all efforts to keep it alive it died in about a quarter of an hour. It gave the appearance of a six months' foetus. Two or three hours after the birth of the child the patient passed three ounces of water and there was no further trouble with it. There was very little hæmorrhage and the patient did well till the 16th, when a rash appeared upon the arms in isolated, raised and vivid red patches, temp. 98°, and all through it was little above that. On the 19th the rash became confluent over face, arms, and thighs, and patchy on chest. The patient was sick several times during the day, but she had no sore throat, although her tongue was badly ulcerated. She was put on pot. iod. gra. v. with a saline mixture. On the 20th, the tongue became cleaner, but there was a great deal of

sickness during the day with pain in the back and head. On the 21st, the arms desquamated and, at the same time, a peculiar mottled appearance presented itself upon the chest. On the 23rd, sickness ceased, the rash became confluent on the chest, while retaining its vivid red character. On the 26th, the rash was fading away on chest, gums firm, desquamation of the face and arms still going on. There was no trouble with the breasts all through, and no signs of milk externally, it was not drawn off, and seemed to become absorbed in a few days. She was discharged quite well on the 30th August. *Remarks.*—Several of the staff who saw the case during the time of the rash thought it very like that of scarlet fever. The rapid disappearance of the milk would lead one to suppose that the mercury exerted its well known absorbent influence in this direction, and it is well worthy of remark that the serious symptoms disappeared in a marvellous manner after the birth of the child, in fact, before the rash appeared it seemed as though the child had taken the whole of the poison away with it, and thereby saved its mother.

Dr. THUDICHUM communicated

TWO FATAL CASES OF PERITONITIS SIMULATING POISONING.

The first case had occurred in the practice of Mr. T. Wood Hill, who consulted Dr. Thudichum about it. It was that of a girl, æt. 7, who died in less than 36 hours after the beginning of the symptoms. There was a coroner's inquest, and at the post-mortem examination of the body of the child the effects of acute peritonitis were found. By a minute search only was the cause of the peritonitis discovered to be a perforation of the intestine at the junction of the cæcum and vermiform appendage, a perforation so minute as just to admit the passage of a crow-quill. It terminated on the peritoneal end between a cluster of enlarged, but not otherwise diseased, glands; there was no ulceration in the cavity of the cæcum. It could not be decided whether a foreign body, such as a fish bone or bristle had given rise to the perforation, or whether it arose from perityphlitis. The second case which Dr. Thudichum related was that of a young lady, æt. 16, who exhibited most of the symptoms of acute poisoning by irritants. There was a short remission of the symptoms, after which the conditions relapsed and terminated fatally in 24 hours, with vomitus cruentus and collapse. The post-mortem examination exhibited extreme peritonitis, and residues of a chronic disease, which had left some calcified mesenteric glands. The disease had progressed, and made deposits between the glandular and muscular coats of the stomach. From these patches capillary oozing had taken place, but there was no surface ulceration. Death was no doubt mainly due to the absorption of the septic poison from the effusion in the peritoneal cavity. Reliable information led to the impression that the condition was one caused by inherited enthetic disease. Of this, however, the body presented no outward signs whatever. If, therefore, such a disease was the cause, it had remained localised to the abdominal cavity. The communication was concluded with some observations on the poisonous character of the effusion in most cases of peritonitis. Dr. Thudichum then described some cases of ammonuria. They are rare and incurable forms of decomposition of the urea within the bladder by microzymes which were exhibited, dyed with blue pigment. The patients suffer much from the formation of crystals of triple phosphates of magnesia and ammonia within the bladder. Local antiseptic applications diminish the trouble, but neither they nor any internal remedies, as yet tried, have cured it. *Folia uvæ ursi* had done the most service—possibly by the arbutin to which the decomposition of their extract in the body gave rise. Dr. Thudichum also alluded to the possible transfer of microzymes by catheters, and exhibited a little apparatus for disinfecting them by steam. The bent end of the catheter is fixed in a pierced cork, and this is fixed in the neck of a little copper flask suspended over a spirit lamp. The boiling water sends a current of steam through the catheter which is thereby completely cleaned and disinfected. During the steaming the wire plug is only loosened, not withdrawn, so that it also is thoroughly sterilised.

A paper was then read by Mr. HOWARD MARSH on some CASES OF OSTOTOMY, which will be found at page 353.

SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

THURSDAY, MARCH 6TH, 1884.

Dr. H. F. BANHAM, President, in the Chair.

CHANCER OF EYEBROW.

Mr. G. H. THORPE introduced a patient with an indurated sore at the outer side of the left eyebrow. The chancre had nearly healed. There were secondary symptoms.

TRIFID TRACHEA.

Dr. SINCLAIR WHITE exhibited a trifid trachea from a male, æt. 45. The third bronchus corresponded to the upper lobe of the right lung.

ADENO-SARCOMA OF BREAST.

Dr. S. WHITE also showed an adeno-sarcoma removed from the left breast of a patient of Dr. Keeling's. She was aged 20, and the growth was of two years' duration. The microscopical sections showed much fibrous tissue between the contracted gland ducts.

LUMBRICOID WORMS.

Dr. CLEAVER showed a number of lumbricoid worms, upwards of 100, which had been passed by a child, æt. 3, within seven days, by the help of *santonin* and *calomel*.

URIC ACID CALCULI.

Dr. CLEAVER showed also two uric acid calculi, extracted at different times, from the bladder of a boy. The first time lithotomy was performed upon him he was two years and five months old, and nine months after he was again operated upon, and the second stone extracted. There were no appearances of facets on either of the calculi. Both cases occurred in the Children's Hospital.

MEMBRANOUS CASTS OF THE BOWEL.

Mr. EDWARD BARBER gave particulars of a case of chronic inflammation of the bowels, attended with the passage *per anum* of enormous quantities of false membranes, which were in fact casts of the bowel. He exhibited the quantity that had been voided in the last twenty-four hours. The membrane was of a soft, gelatinous consistency, and of a greenish-brown colour. The patient was a woman, æt. 37, who had been married fourteen years, and had no children. She suffered a good deal from neuralgia, was of a dull and desponding nature, and was beginning to exhibit symptoms of pronounced hypochondriasis.

Drs. LAW and BANHAM referred to similar cases that had occurred in their own practices, and Dr. KEELING pointed out that there was an essential difference between the membranes exhibited and those given off from the uterus in cases of membranous dysmenorrhœa.

BRIGHT'S DISEASE—URÆMIC AMAUROSIS.

Dr. HARGREAVES exhibited the kidneys from, and related particulars of, this case. The patient, a fairly temperate man, æt. 27, was seized with great pain and heaviness in the forehead, and next day complete blindness ensued, which lasted for forty-three hours and then passed off. There was no albumen in the urine at this time, but it appeared in great quantities suddenly a week later, and continued so, with casts. With improved health, he indulged more freely in eating, and was seized with uræmic convulsions, followed by two other attacks, at intervals of ten and five days. Shortly after he was seized with catarrhal symptoms, copious dark sputum, but no blood in urine or purpura of skin. Cheyne-Stokes respiration was a marked symptom. He died fourteen weeks after the occurrence of amaurosis.

SYPHILITIC PARAPLEGIA.

Dr. PORTER read a paper on "syphilitic paraplegia," with notes of a case. The patient had been under his care in the Sheffield Public Hospital and Dispensary with symptoms which pointed to implication of the anterior portion of the cord, about the level of the second lumbar nerve. Although the patient's appearance and history, and the evidence remaining of former affections, were sufficiently characteristic of syphilis, the source of the poison was not satisfactorily accounted for. The patient, however, made a wonderfully rapid recovery under large doses of iodide of potassium, and in less than a month from his admission into the hospital, was walking about with very little trace left of the paralysis from which he had suffered. In speaking generally of syphilitic lesions of the spinal cord, Dr. Porter quoted cases mentioned by Lancereaux and Buzzard, in which post-mortem examinations had been made. The former author divided intra-spinal syphilitic growth into two kinds—the *diffused* which bore the character of sclerosis, and had been seen to involve large tracts, or even the entire length of the spinal

cord, and the *circumscribed* variety, which resembled the ordinary gumma. These syphilitic growths appeared to have a preference for the anterior or motor portions of the cord, and, as Lancereaux had said, they generally left intact, in part at least, the sensibility, and above all, the reflex movements of the extremities. This persistence of reflex movements, with complete paraplegia, Lancereaux regards as a characteristic distinction between tumours of the meninges and growths involving principally the substance of the cord, and Dr. Porter considered that these remarks in every respect corroborated the view he had taken of the nature and situation of the growth in the case he had read.

Remarks were made by the President, Dr. Keeling and Law.

France.

[FROM OUR SPECIAL CORRESPONDENT.]

DISPLACEMENT OF THE BRAIN.—At the Académie de Médecine, M. Luys made an interesting communication on the displacement of the brain in the different attitudes of the body. According to him, the cerebral mass, which does not completely fill the cranial cavity, follows the position of the head, and in this it is facilitated by the lubricity of the arachnoid membrane. In the horizontal position and upon the back, the brain falls by its weight on the occipital region, leaving an empty space in front; when lying on the face, the empty space is behind; while in the vertical position, the cerebral mass "settles down." These movements are entirely automatic, the brain moving by its own weight; and M. Luys considers that the vertigo so frequently observed in convalescents when they pass suddenly from the horizontal to the upright position is mainly due to this mobility of the brain. Sea-sickness would derive its origin from the same cause; the rapid and successive shocks experienced by the brain from the rolling of the boat produces this special state of nausea, hence the advantage of keeping the horizontal position until the phenomenon were off. The intense pain experienced in meningitis was produced by the inflamed membrane hindering these physiological movements of the brain. Individuals the subjects of cardiac affections or cerebral congestions suffer frequently from vertigo daze, or even apoplexy, in substituting the vertical for the horizontal position. In fits of coughing, and especially such as are witnessed in whooping-cough, the brain is, so to speak, projected against the cranial vault, producing that special kind of painful phenomena which is so often accompanied by serious trouble in children.

THE SPECIFIC TREATMENT OF DIPHTHERIA.—M. Dethil read a paper on this subject at the same meeting of the Academy. According to him, the combustion resulting from a mixture of coal-tar and turpentine, in the proportion of seven ounces of the one to three ounces of the other, renewed every three hours, is a specific remedy of diphtheria. 2. These fumigations dissolve the false membranes. 3. At the *debut* of the disease they arrest its progress. 4. They have also the advantage of protecting those who are about the patient; and by their paraside properties they are excellent in preventing contagion in schools and public establishments.

A CASE OF GASTROSTOMY.—At the Société de Chirurgie, M. Terrillon reported a case of gastrostomy, which he practised recently on a man, æt. 61, for cancer of the upper extremity of the œsophagus. The operation was done according to the classic method—the stomach was opened on the spot and fixed to the abdominal wall by ten sutures. The following day the patient was attacked with hemiplegia, and forty-eight hours afterwards succumbed, although he had been

able to digest three repasts consisting of the yellow of egg beaten up in milk. At the autopsy no trace of peritonitis was found; the edges of the wound were united; nothing was found in the brain to account for the hemiplegia, but the kidneys presented evident signs of interstitial nephritis; and he considered that death should be attributed to uræmic phenomena hastened by the administration of chloroform.

THE POPULATION OF FRANCE.—The following may be taken as reliable statistics: Of the 37,672,048 inhabitants of France 1,101,090 are foreigners, of which 432,265 are Belgians, 240,733 Italians, 81,986 Germans, 73,781 Spanish, 66,281 Swiss, and 37,006 English. The number of foreigners naturalised is small, only 77,046.

TREATMENT OF ACUTE CATARRH OF THE BLADDER.—The treatment recommended by Dr. Boegerold consists in administering chlorate of potash as follows:—

Chlorate of potash, 3ij;

Syrups of orange, 3j;

Water, 3vj.

A tablespoonful every two hours.

Under the influence of the salt the urine loses its ammoniacal character and becomes acids. In a short time under this treatment the complete cure of the vesical catarrh is obtained.

Department of Lunacy.

INCREASE OF INSANITY IN FRANCE: ITS CAUSES.

OUR French correspondent writes:—

LAST week M. Legrand du Saulle inaugurated at the Salpêtrière by a brilliant discourse his annual clinical lessons on the insane. The amphitheatre was filled with not only his most distinguished *confrères*, but with magistrates, barristers, and others of the laity, attracted by the subject, which could not fail to interest the public at large—"The Influence of the Political Events of the Years 1870-71 in the Increasing Number of the Insane, and especially in Children born during that Period, and who are now familiarly styled 'Children of the Siege.'" The eminent alienist commenced by saying that during the last fourteen years thirty-five thousand lunatics were examined by him at the Prefecture of Police. Of this number four thousand six hundred were found to be no more than eccentric. As to the horrors of the Commune, he said that they did not appear to affect the population to the extent that might have been supposed. Revolutions necessarily produce a certain accentuation in the delirium of those already affected or in bringing to eclosion the mental derangement a little earlier. The true cause, according to him, in this third quarter of the century, is the thirst of enjoyment, the passion of riches, vicissitudes of fortune, the risks on the Exchange, and above all alcoholism, which from 1870 to 1884 represented 25 per cent. of the whole! Curious to relate, a diminution in the cases of mental alienation was observed in the days which followed the declaration of war in 1870. On the other hand, a large number of cases of delirium tremens were observed as the men gave themselves up in their enthusiasm to immoderate libations. But when the siege commenced, another kind of delirium was almost to be observed in every street, that of inanition. This delirium was observed chiefly among women and children. Another curious fact was that during all the horrors of the siege no apparent increase in the attacks of epileptics were observed. Also when hostilities were suspended, and the gates were opened, through which food poured in abundance, the people, hitherto perishing with hunger, instead of rejoicing at the sight of bread, they seemed completely indifferent to all that was passing, for their spirit

was broken. As to the "children of the siege," that is, those conceived during that period, with the inanition of the mothers, the alcoholisms of the fathers, the cannon in the distance, hopes and despair, defeat in the end and everywhere, it was not to be wondered at that they should present anomalies, intellectual and corporal. Out of 92 children born at this epoch examined by the lecturer, 64 were found to be deficient in physique and intellect. Of this last number 35 presented troubles of nutrition and malformations, and 21 were imbeciles. M. Legrand du Saulle concluded his interesting lecture by saying: "Before 1870 the Paris woman did not drink; since the war she has acquired that passion." Those words are only too true. Twenty years ago temperance societies would have been superfluous in France; to-day they would be very necessary. The Frenchman and the Frenchwoman are drifting rapidly down the current which must lead to their utter demoralisation and ruin. It is no uncommon sight to see men and women drunk in the streets even in the morning, and the worst of it is they indulge in absinthe, which infallibly causes softening of the brain, and in a short time too.

THE FRIENDS' RETREAT AT YORK.

THE Friends' Retreat for Lunatics at York is a venerable institution, which throughout its long existence has maintained a high character for humanity and steady well-doing, and which, although it has now put off a little of the staid sobriety of former days, and is dressed as gaily as any asylum going, has not, at the same time, dropped any particle of its benevolent purpose, or fallen off in the slightest degree in efficiency. Dr. Baker, who is now its chief medical officer has introduced many improvements, and is evidently determined to keep the Retreat abreast of the best asylums of the day in everything that pertains to the comfort, safety, and restoration to health of its afflicted inmates. He narrates a case which illustrates in a striking manner the retention of a power of recovery in even the most protracted and apparently hopeless cases of mental derangement, and the importance, therefore, of persevering in treatment long after its acute stage is over. "One of the recoveries," says Dr. Baker, "was that of a lady who had been insane for sixteen years, twelve of which she had spent in the York Retreat. Admitted in a condition of active suicidal melancholia, she has during most of this lengthened period required the closest and most watchful supervision both by night and by day, and has frequently taxed to the utmost the vigilance of the staff of this large hospital. No improvement in her mental state occurred until four years ago, and even then the improvement was so slight that the gradual elimination of the precautions against suicide was a constant cause of anxiety to those whose duty it was to endeavour to pilot her safely through this critical transition period of her life. In May, 1882, it was thought desirable to remove her to Belle Vue House, thus giving her the advantage of frequent change of scene and surroundings, and increased opportunity of association with healthy minds. In due time the further test was adopted of a visit to the seaside, and subsequently of a prolonged residence at a large hydropathic establishment, until in February, 1883, considering her mental health sufficiently re-established, I felt justified in advising her relatives that she no longer needed the care and guidance of the Retreat physicians."

His Royal Highness the Duke of Cambridge, K.G., has consented to open the International Health Exhibition, on behalf of the President, His Royal Highness the Prince of Wales, on Thursday, the 8th of May, at noon.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 16, 1884.

THE FUTURE OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.—II.*

THE Council of the College being the actual executive of the corporation, it is important that it should be carefully considered in each one of its several relations. As is well known, we might almost add, too well known, this body has long possessed an absolute right to control every arrangement made in connection with administrative work; and it is unquestionable that some such responsible authority is an indispensable agent in promoting the welfare of a great institution like that now under review. It should, however, be borne in mind that permanent success in this direction can be ensured only so long as the acts of the executive are realisations of the wishes of those who make up their institutions; and without in any way contending that the Council have intentionally neglected this duty on their part, it needs only to recall the general outcome of the recent meeting to be assured that past performances of the Council have sometimes been entirely other than what a majority of the Fellows and Members would have desired. We do not forget Mr. Marshall's vigorous defence of his colleagues, while saying this, nor his vehement declaration that no resolution of the Council has been precipitately passed; but notwithstanding, there are many who will agree with us that there is no sufficient consultation of the general wish of the College contained in the postponement from one meeting of Council to another of a vote on motions involving, at times, the most revolutionary changes in matters pertaining to common interests. We have the authority of the eminent President

himself for the statement, that what is affirmed by one Council is regarded as in no way binding on a Council later in office; and to what an undesirable extent such unrestricted freedom of action may occasionally proceed, has been fully demonstrated by Mr. Tweedy's reference to the gradual reduction of standard in the way of practical experience to which candidates for the Fellowship are required to attain. It would be perfectly just and proper to demand that no radical alteration affecting important matters like this should be finally settled, without the consent of the general body of the College given at the annual meeting; and then only after ample consideration of the proposed amendments had been rendered possible by prior publication of the suggestions formulated in Council.

Of course, a Council thus shorn of the absolute power now enjoyed by it, might present a far less attractive front to intending candidates for election to it, than at present; and it will be not unprofitable to inquire a little into the question of why, and for what reasons, membership of it is so eagerly sought now-a-days. Undoubtedly a certain honourable distinction attaches to a seat at the Council Board of the Royal College of Surgeons of England. Further than this, however, there are prospective advantages in view, which may be summed up as, emoluments, and the chair. The duties associated with office are by no means inconsiderable, and exact for their conscientious discharge a sacrifice of time which, to busy practitioners, may represent too serious a pecuniary loss to find recompense in even all the *prestige* the appointment confers. Consequently many who might otherwise be willing to accept office do not feel in a position to do so; and in the absence of a stimulus to exertion that is wanting where no criticism is ever encountered, the number of those who think it worth while to compete for the favours of an electorate, however small, must be always infinitely less than would be the case under other circumstances. Thus it is that choice, as a rule, is extended to gentlemen who are untrammelled by the burdens of a heavy practice, although sometimes it does occur that surgeons who lead busy professional lives are found among the members of the Council. In a body so constituted that will happen which, on a larger scale, is found to be the case in every similar conclave; the work to be done will be accomplished by those whose leisure is keenest, and whose inclination for such labour as is indulged in is greatest; and so the actual working Council becomes reduced to a few, or it may be one or two active members of the body. The cause of this is not far to seek. At the period of his election each new member is necessarily ignorant of the routine observed by the Council; and unless of an exceptionally inquiring turn of mind, equally so, also, of details of administration. Naturally, then, he falls in with the custom of listening to and accepting cut-and-dried statements; while, even if he wishes to discuss them, he will feel powerless to do so until more "at home" in his new sphere; and long before that time arrives he is likely to be in the majority of those who accept without question. In a shifting body, too, like the Council, no member of which is permanent, great dependence must be felt in the official who is a permanent attendant at the board—viz., the Secretary of

the College; he, more than they, is acquainted with the traditions and accepted needs of the College; and his opinions, though they may be proposed as mere suggestions, must carry a weight that no others can possess. A strong secretary, therefore, can, in a way, rule the Council; and so long as the general body of the College is debarred from participation in, or from any power of determining the direction of, the proceedings of the Council, the state of things here sketched must obviously continue.

We have purposely refrained from expressing any opinion on the results obtained from past continuance of this system; for in the abstract, did even the best possible consequences flow from it, it would still be undesirable, for the sole reason that it excludes the collegiate constituency as a whole from having a voice in the management of collegiate affairs.

That which it is above all important to recognise at the present juncture, is that an irresponsible government, of whatever kind, tends irresistibly to grow autocratic, and to pursue a course that must of necessity be at variance with general desire. It is healthful for a ruling power to know that its every action must be accounted for to those from whom its power is derived, and who, at the same time, are individually governed by its decisions. The sense of responsibility so incurred is absent from the Council of the College of Surgeons; and it is highly necessary for it to assume sway over it. When this is achieved, its members will for the first time realise that the future contains more for them than a possible President's gown and such solid rewards as may fall to them as officials of a great examining corporation, considerable though each of these may be separately. Then, too, the wire-pulling spirit that pervades the Council, and that is monopolised by a few of its members, will perforce give place to broader lines of action, which will be shared and assisted by the whole board collectively.

HOPEFULNESS IN PROGNOSIS, AND PROFESSIONAL MANNER—A REMEDIAL MEASURE.

THERE are few points in the practice of medicine of greater importance to our patients and to ourselves than the possession of the happy knack of giving proper expression to our opinion of a patient's present condition, and of his or her prospects in the future. We take it for granted that our readers are all well up in their profession, close and accurate clinical observers, and in every way competent to practice their art with benefit to the public at large. Some, however, are much more successful men than others, though equal in professional attainments. Why should this be the case? The answer to this question will be found in the difference in manner and power of giving happy expression to the opinions formed in connection with the case that may be under notice. In the one instance the opinion is given with a blunt indifference to the feelings of the hearers; the symptoms seem to warrant a gloomy outlook; all that science seems to suggest may have been done; untried remedies may have been put aside, either from want of faith in their efficacy, or from an apparently well-grounded fear that they might prove hurtful rather than beneficial, and that the remedy might thus become worse than the

disease; the loaded, dry tongue, brown and parched, the pinched features, glassy eye, weak, rapid, variable pulse, and the steady progress from bad to worse—all seem to give premonition of approaching death. Stimulants, external and internal, nourishment and drugs secure no response. Wanting in hopefulness of character and buoyancy, tired of the battle, the medical man loses heart, pronounces the patient's condition as beyond hope, and sometimes rashly fixes the limits within which death may be expected. In many cases, of course, the prediction is verified, and, indeed, unconsciously, the medical man gives a helping hand in securing a verification of his opinion, for he imparts to his hearers his own want of faith and hope, and after his departure the invalid's attendants cease from their attentions and exertions, and sit down to await in patience the expected result.

On the other hand, the medical man whose nature and spirit are buoyant and hopeful, who, no matter how badly the case may look, how futile the apparent results may be from the exhibition of the remedies used, still hopes almost against hope; who, whilst admitting that he is but the instrument in the hands of a supreme power, still feels it his duty to persevere and to leave no stone unturned to avert death, often has the satisfaction of seeing the clouds of threatening death disperse, and his patient gradually emerging from his dangerous condition into the sunshine of convalescence. "Never despair" should be the doctor's motto. How, then, ought one's opinion to be given so as not, on the one hand, to allow the patient or his friends to remain in a fool's paradise, trusting implicitly that it is within the doctor's power to avert the threatened danger, or, on the other, to plunge them into the apathy of despair? In the one case, the end arriving and finding them unprepared breaks their faith in the medical man's knowledge and foresight, and induces them to reproach him for not having warned them in time. In the other, hope being lost, activity ceases, half-heartedness becomes a real danger to the sufferer, remedial measures are neglected, or, if still carried out, are used without spirit or faith in their efficacy, and so an extinguisher is put upon the few remaining chances of a fight for life. "Why should we trouble or worry him?" "Let him die easy" are the ideas that find place in the minds and on the lips of those around. We have often heard how one old, well known, and highly respected practitioner in the midland counties was accustomed to express himself to the relatives of those amongst his patients whose condition seemed critical. His expression was: "We must hope for the best and prepare for the worst." The only addition we would make would be: "We must hope and *fight* for the best, and be prepared for the worst." To the last the spirit of hope should not be lost. Whilst fully recognising and explaining to those around the danger, still the numberless instances of recovery in apparently hopeless cases should be steadily borne in mind; and no means should be left untried in the effort to turn the balance.

As the practitioner's experience widens out with extending years, he will have almost numberless examples to look back upon, where hope and effort may reasonably be credited with having turned the scale in favour of recovery where such a result seemed hopeless. Hopefulness

cannot prove hurtful if the medical man fully recognises the patient's danger, and makes it plain that he is fully alive to it and does not in any sense make light of it. On the contrary, being fully sensible of it, he shows that he means to meet and fight it inch by inch, and not to yield any one point until bound to confess that he has been driven from it only to take up a new and possibly a stronger position. Cheerful of face, sympathetic and hopeful in manner, speaking openly to the friends of the danger, and, if must be, to the patients themselves, still keeping steadily before them the fact that seemingly desperate cases have recovered before, and that the present case may prove to be one more of the number—the medical man will encourage the patients to obedience, the friends to exertion, and keep his own mind thoroughly alive to every point that may possibly prove of benefit. Forced by the failure of one remedy after another to do good, he may at last in desperation be driven to try the effects of some drug or combination of drugs, from the use of which he had previously shrunk, fearing that damage might be the result, only to find the solution of his difficulties, and the pleasant clearing-up of every unpleasant symptom. Abundant examples occur to the mind, illustrative of the soundness of the dogma, "Keep pegging away and be hopeful." If failure is the result, one loses nothing; on the contrary, one wins the gratitude and esteem of all the survivors; if success, then one's name and credit stand higher than ever, and the proud consciousness remains that we have done our duty, and that it has been abundantly rewarded by the success attained.

There is one thing that young practitioners ought carefully to avoid—i.e., sudden extremes in opinion, one day making light of the complaints of their patients, under the idea that doing so will encourage them, and the next, on finding a little change for the worse, expressing grave fears for the future, and an unreasonable sense of the gravity of the case. The public are sure, under such circumstances, to draw the most unfavourable conclusions as to the medical man's skill. If really bad, they say he ought to have known it before; if a quick recovery ensues after the serious view has been expressed, confidence is altogether shaken, and his reputation suffers all the more heavily from the natural reaction that ensues on the burthen of anxious fear being removed. In this, as in everything else, "the middle course is the safest." To secure success, and legitimate success, the medical man must cultivate a buoyant, hopeful state of mind; he should be cautious in what he says, close in his attention to his patient, energetic in his treatment, not alone in the case of mere drugs, which may often be only very secondary means in the treatment, but in everything connected with the patients and their surroundings. He should never lose heart, but fight on to the end, and he should try, under all circumstances, to be equable in his manner and in the expression of his opinions, carefully avoiding the extremes of either hope or despair. The one maxim constantly present to his mind might be—"Obviate the tendency to death," and then leave the future to take care of itself and its results. The art of medicine has never attained to, nor is it likely ever to attain to, the exactitude of a science. Much is known of the structure of

that most complex of all complex pieces of machinery, the human body, and of the functions of the various organs which administer to its existence and well-being; but we are convinced that much must ever remain a mystery, beyond even the possibility of exact knowledge, an unknown quantity that cannot be left out of our calculations, and which will often prove a disturbing element in our most careful estimate of a patient's chances of life, even under apparently the most desperate circumstances. The reaction between the effects of drugs on the one hand and individual susceptibility to these effects on the other, must ever remain matters of empiricism and uncertainty, and although we make a fair forecast, yet we can never make a certain prediction of what must be the result in a given case if we are prepared steadily and anxiously to fight the battle for life out to the bitter end, and not acknowledge that we are defeated, until certain that life has departed.

It is this element of uncertainty that cheers us on and enables us to the last to encourage a patient's friends to persevere. Hopefulness on our part is in itself a remedial measure for our patients. Daily we experience in our own lives the effect of cheerful and pleasant thoughts and surroundings as antidotes to the effects of fatigue and depression. Pleasant thoughts are in themselves a nerve tonic and stimulant of no mean order and power—a fact abundantly illustrated by common experience. This being the case in health, how much is it likely to prove beneficial in the treatment of disease? We are satisfied, that is often just the fillip required to rouse the patient's energies, and so to act upon the nervous system as to secure the efficacious working of the other methods of treatment that may have been adopted.

It is pleasant to hear one's patient say, "Ah, doctor, a look at you is as good as a bottle of physic;" and we are satisfied there is far more truth in the saying than is generally suspected. It is truly pleasant to feel that the looked-for visit leaves the patient with a fresh draught of hope, brighter and more cheerful, although perfectly alive to the danger he is in, because he has faith that all that can be done will be done, and because he can still be honestly led to hope that the natural powers of his body may prove the stronger in the tussle with disease. This element of "hopefulness" must never be left out of sight, but must steadily be impressed upon the minds of all, patients, friends, and, most of all, the medical man himself, as a distinct remedial measure in the treatment of disease; and those who are possessed of the largest share of it are likely to obtain the best results.

We, therefore, would impress upon the minds of all our readers the dogma—"Be hopeful in the treatment of disease, and, with proper restrictions, always so in the opinion you give of your patient's future." Ours the task to do the very best that lies in our power; having done so, the issues of life and death lie in the hands of a Higher Power. We are His instruments, but, having done our best, we must bow in submission to His will.

THE MEDICAL BILL.

THE unexpectedly large majority of the House of Commons which voted the second reading of the Franchise Bill has put it beyond reasonable doubt that the

Medical Bill will pass during the present session unless the anticipated apposition of licensing bodies acquires sufficient solidity to stop it. The difficulties of the political situation which the opponents of the Bill depended on as their most potent ally in their attempt to throw it out may be said to have been cleared away, and without doubt the question will be fought out on the second reading within the next month. We congratulate all parties to the dispute on this anticipation, because we think it much better that the battle of medical reform should be fought out now than to have perpetuated the present state of suspended animation in medico-educational affairs. All parties are paralysed in action by this state of suspense: the Medical Council seems to think that self-improvement is too late; the licensing bodies confine their action to bogus conjoint schemes, got up for the purpose of discrediting the reform movement, and they take no earnest interest in real improvements of system; and the profession awaits with patience the new constitution which is to emancipate medical affairs from the pocket interests of teachers, grinders, and examiners, and give the medical practitioner some voice in the adjustment of his own business.

The second reading of the Bill in the Commons will probably be taken within a fortnight after the Easter recess, and, though it will be vigorously opposed, it will certainly pass as an enunciation of the principles of the Bill, a declaration that the existing state of affairs cannot continue, that a limitation must be imposed upon the granting of licences to practise, that the licensing bodies must be put under control, that the Medical Council should be rejuvenated, and that neither the Huxley dogma nor any of the expedients for preserving the *status quo* can be listened to.

It is when the Bill reaches the Committee stage that the real contest of opinion will take place, for there is hardly a clause of it which may not be disputed by one or other party. The Government has, we believe, not very strong opinions on the subject, save to maintain the leading principles laid down by the Royal Commission, and we are aware that Lord Carlingford and Mr. Mundella are quite prepared to concede any changes, consistent with these principles, which may be urged with sufficient strength in the House. We shall not be sorry to see the needful amendments of the Bill (and they are many) pressed with earnestness and influence when the Bill is in Committee, because we do not share in those apprehensions of endangering the passing of the measure which certain *soi-disant* reformers are using as an excuse for giving themselves no trouble to amend it. We will go so far as to say that the measure in its present unamended state would be of little advantage to medical reform—that it would inevitably result in a fresh muddle, and a new agitation for changes which ought now to be introduced into it, and would yield to the profession little else than bitter regrets that no steps were taken to correct its faults while there was yet time. The crisis of medical reform is upon us, and we certainly trust that those who have assumed the position of leaders of reform will wake up and rub their eyes and realise that their work is only half done, and that, if it be turned out in its present unworkmanlike state, they will be

liable to the charge of having talked much and done little, and of having botched the legislative mechanism entrusted to them for mending.

THE TERCENTENARY OF THE UNIVERSITY OF EDINBURGH.

THIS week the University celebrates the three hundredth anniversary of the date of its foundation with all the pomp and rejoicing which is befitting to such an occasion. The University in so doing has every reason to be proud of its past history, for it stands boldly forward as a monument of that indomitable courage and devoted love for knowledge which are characteristic of the Scottish nation, and which have made Scotchmen the pioneers of education in all the colonies of the United Kingdom. Passing by the general history of the University which is so ably treated in our contemporary the *Scotsman*, we propose to confine our remarks to that portion which more intimately interests us, and which deals with the rise and progress of its medical school. Of this department it may be said, *si monumentum queris*, behold it in its teeming class-rooms filled with students from all parts of the world, behold it in the numbers of medical men to be found everywhere holding high positions as teachers in home and colonial universities, and in the still larger band of men everywhere struggling with disease who have drawn their knowledge and inspiration from the University which, though three hundred years have passed since its foundation, is more fresh and active than ever. Those of our readers interested in the origin of the Edinburgh School of Medicine will find a most interesting account of it in Dr. John Gairdner's "Historical Sketch of the Royal College of Surgeons of Edinburgh," a pamphlet which is now becoming scarce. The reader will there find that it was to the enlightened efforts of the College of Surgeons that Edinburgh owes the germ of its greatness as a centre of medical education. The first professors in the University had been teachers and professors in the College, and, in fact, for many years the College was the nursery in which the University professors were trained. To some extent the Extra-Mural School, in which the Colleges, for we must now include the College of Physicians, in a somewhat half-hearted manner have interested themselves, still supplies the University with its best teachers. In speaking of the Edinburgh Medical School it must always be borne in mind that it is not the University alone which constitutes the school, but that the medical school is composed of two factors, the University and the Extra-Mural School, which in point of age is the parent of the University School. For the benefit of our readers we may state that the Extra-Mural School is composed of individual lecturers, who, before becoming teachers, must be Fellows, with one or two exceptions, of one or other of the Colleges, and must have passed an examination on the subject they propose to teach, and received a licence from the College to which they are attached. It will thus be seen that Edinburgh is not only a school for students, but it is also as it were the training college for teachers; hence it is not surprising that Edinburgh holds the honourable and proud position of being able to supply teachers to other schools. In Aberdeen, for instance, of the five professors with which Edinburgh has supplied them, four have been Extra-Mural lecturers. The

Extra-Mural School has also had a most beneficent and stimulating effect on the University professors, for by entering into a vigorous rivalry with them the teaching in the University has been compelled to keep pace with the requirements and demands of the times. It is to be regretted, however, that the value of this honourable rivalry has been somewhat impaired by the fact that the number of classes which students are allowed to attend outside the University is limited, and that the examination of students by the professors has a tendency, as the late Professor Syme stated in a public address, "on the reform of medical education," to cause students to "attend lectures without any expectation of benefit, and merely to propitiate their examiners." This objection has, to some extent, been removed by the appointment of assessors to the professors for the examination of candidates, and we would modestly congratulate ourselves on the fact that to our strenuous efforts a larger share of these appointments have of late been accorded to the Extra-Mural lecturers, for it is well known that the selection of an examiner is virtually in the hands of each professor. We have tried to give a short account of the Edinburgh Medical School as it now exists, and to point out some of the reasons for the rapid strides it has made as a medical school; but there are other factors to which we would briefly refer. The clinical teaching is sound and good, and this, we have had opportunities for knowing, is duly appreciated. The fact is, that what talent there is in Edinburgh is not, as in the case of London, divided among several hospitals, but is concentrated in the Infirmary, and it must also be noted that teaching, as a rule, is not made a stepping-stone to practice, but is to a large extent the means of living. The competition may be keen, and not always conducted on broad principles, but the Edinburgh student is benefited, and has, therefore, no reason to complain. In conclusion, we have to congratulate the University on the greatness of its successes and the brilliancy of the work it is doing, and we would wish God speed in the future.

Notes on Current Topics.

Epidemic of Measles at Canterbury.

A VERY severe epidemic of measles has broken out at Canterbury, where no less than one hundred and forty cases have been reported by the medical officer of health as having occurred within a fortnight. During the same period three deaths have been certified as caused by the disease, and the danger has been regarded as reason sufficient to justify the closing of all the infant schools of the city for a time. The request of the sanitary authority to this effect has, however, been ignored in one instance, the secretary of the school in question, a clergyman and vicar of the parish, arguing as the ground of his refusal, that compliance with the order is unnecessary in this particular case. It is to be hoped that the reverend gentleman's obduracy may not be permitted to perpetuate the risk of infection to which the neighbourhood will be subjected through it; and that he will speedily be brought to a clear understanding of his civil obligations as a school manager under the new Education Code. One of the sections of this provides for

compliance with any notice of the sanitary authority requiring managers, either to close their schools for a specified time, or to exclude certain scholars from attendance under circumstances which seem to render such proceedings necessary for protecting public health. The medical officer, moreover, has already stated his opinion that the epidemic would not have assumed its present proportions had the schools been closed at an earlier date; and the sanitary authority is now resolved to enforce the powers confided to it, in face of any opposition it may encounter.

Police Ambulance Classes.

THE institution of classes for the instruction of police constables on questions relating to the immediate treatment of persons accidentally injured, is one of the most salutary improvements ever devised with a view to reducing the dangers arising from this cause. Sir William MacCormac gave evidence of this in a speech addressed to an assembly of policemen at Scotland Yard, on Thursday last, when Lady MacCormac distributed over one hundred certificates gained by members of the force who had attended ambulance classes at various centres in the metropolis. Although of such recent origin, these classes have already been the means of doing an incalculable amount of good; the kind of teaching given to them is exactly that which is likely to be made use of in critical moments, when the result of an injury materially depends on whether or not a common-sense mode of dealing with it on the spot, and until skilled assistance can be invoked for it, is adopted. By means of appliances always at hand, and which every ambulance pupil can forthwith put into use, fractures and other injuries are frequently now brought into hospital in a condition of security which was never exhibited by them until police officers were made acquainted with the principles of first aid in such cases. The ceremony of Thursday was, therefore, a gratifying indication of the further extension of the ambulance movement; including those who received certificates on that occasion, there are at present 1,312 metropolitan constables who hold the certificate of the St. John's Association.

Death of Mr. Charles Reade.

ENGLISH literature has sustained an irreparable loss by the death of Mr. Charles Reade, which occurred on Friday last, at the London residence of the deceased novelist. As a writer of high-class fiction the author of "Christie Johnson" occupied a foremost position among English literary celebrities, while his claims to general scholarship ranked scarcely less important than those he possessed as a story-teller. In questions relating to the well-being of the people, moreover, Mr. Reade was ever deeply interested; and though the labours in which he chiefly engaged did not bring him directly into the arena of scientific activity, he yet accomplished a great deal in the way of aiding medical men to accomplish better work. Two of his novels, "It's Never Too Late to Mend," and "Hard Cash," were powerful instruments in securing attention to, and improvement of the evils which formerly disgraced, prison administration and the treatment of the insane in asylums, respectively; and for the good he thus achieved, not less than for his special qualities as a man

of letters, he will long be held in grateful memory. Charles Reade was a Fellow of Magdalen College, Oxford, having succeeded to this under the old rules, by which scholars of the College proceeded to Fellowships on a corresponding foundation as vacancies occurred. He was also a D.C.L. of the University, and in 1842 obtained the Vinerian Fellowship. He had been in a low state of health for some time past, and had lately sought improvement at Nice, where he was constantly attended by Dr. Chapman. A few days ago, however, he was so much worse that it was deemed necessary to hasten his return home, where, notwithstanding the unremitting care of his own physician, Dr. Chapman, in conjunction with Sir Joseph Fayrer and Dr. Wilks, he slowly sank, and died on Friday afternoon, at Shepherd's Bush. The maladies from which Dr. Reade had so long suffered were emphysema and enlargement of the liver.

Death of Jean Baptiste Dumas.

THE death took place on Friday morning last, at Cannes, of the world-famous chemist and physiologist, Jean Baptiste Dumas. To him we owe a great part of the knowledge which rendered the modern science of physiological chemistry so materially useful as an agent of therapeutic advance; and his decease will call forth an expression of sincere regret from the whole world of science. Dumas was perpetual secretary of the Academy of Sciences, having been elected to this post on the death of the illustrious Flourens; and on the decease of Guizot he succeeded to the chair of the latter at the Académie Française. In 1869 our own Royal Society conferred upon him the Faraday Gold Medal; and the late Emperor Napoleon gave him the Grand Cross of the Legion of Honour in 1863.

Jacksonian Prize.

THE Jacksonian Prize for the present year has been awarded to Mr. Frederick Treves, F.R.C.S., Assistant Surgeon to the London Hospital, and Examiner in Anatomy at the University of Aberdeen. The subject of the essay is "Pathology, Diagnosis, and Treatment of Obstruction of the Intestines in its various Forms in the Abdominal Cavity." Mr. Treves has previously communicated to the Royal Medical and Chirurgical Society a record of his experiences of the operation of enterectomy, and is the author of a new and most ingenious method for securing accurate union of the divided edges of the intestine.

Extra-Uterine Pregnancy.

FREUD, the well-known gynecologist of Strasburg, has recently published some observations on fifteen cases of extra-uterine pregnancy observed by him. In regard to etiology, he attributes some importance to movements of the Fallopian tubes during coitus, such, for instance, as may be caused by fear, &c. He divides the condition into four groups—1. Pregnancy in previously formed limited muscular cavities: tubular pregnancy, interstitial pregnancy, and pregnancy in the undeveloped cornu of a uterus bicornis. 2. Ovarian pregnancy. 3. Abdominal pregnancy, with attachment of the placenta anywhere but to intestine. 4. Abdominal pregnancy, with attachment of placenta to intestine. In regard to treatment, within

the first three months he recommends in all cases puncture of the sac, thus bringing about the death of the fœtus. If the third month has passed and the fœtus be living he would wait till shortly before the end of the term, when he would operate by laparotomy. If, on the other hand, the fœtus be dead, he would wait as long as possible, but would operate at once if suppuration set in. In the two latter cases he recommends that the sac be stitched to the sides of the abdominal incision before opening, and that the placenta and membranes be left until they are cast off in order to avoid hæmorrhage. The cavity should be disinfected and plugged with lint.

Puerperal Mastitis.

In the *Archiv f. Gyn.*, Bd. 22, Hft. 2, Dr. Otto Küstner discusses the question whether puerperal mastitis can ever arise from the retention of milk within a milk duct. He has observed cases that have made it certain (to himself) that mastitis can be produced in this way. For a long time he held the views promulgated by Billroth and Winkel, that mastitis is invariably a secondary process, the result of infection, that the source of infection lies in rhagades and excoriations of the nipples, and that the accompanying milk retention is caused by swelling of the glandular tissues, but his observations have now led him to change his opinion. Schroeder considers blocking of the milk ducts and the consequent milk stasis to be the most frequent cause of mastitis. Küstner, on the other hand, believes that the affection only rarely arises in this way. When it does the patient has only suckled her child a short time or not at all, and rhagades have never been present. These cases run a milder course in regard to fever, pain, and redness than those inflammations that arise from infection. The infiltration may be dispersed (by pressure with the elastic bandage); in other cases the redness is circumscribed, and distinct fluctuation indicates incision. No pus, however, escapes, but milk in various stages of condensation. In such a case wide incisions, drainage, and antiseptic washings out are unnecessary. The wound generally heals quickly under a compress, and without the accumulation of fresh secretions.

Rupture of the Urinary Bladder.

DR. B. BECK, General and Corpsarzt of the 14th armée corps of the German army, has observed twenty-five cases of traumatic rupture of the bladder, and in the *Deutsche Zeit. f. Chirurgie*, xix, 4, 5, he reports two cases at length, and adds the following conclusions:—

1. That simple rupture of the bladder may be caused by direct or indirect violence—falls on the feet or the lower end of the trunk—and that the momentary position and attitude of the body contributes in determining the situation, form, and extent of such rupture. The bladder will always give way at its weakest part, the anterior or posterior wall, the point being determined by the direction in which the contents of the bladder are pressed by the outside force.

2. The only characteristic symptoms are those furnished by the wounded bladder itself, and these are: violent, frequently-returning attempts to urinate; inability to pass water spontaneously; flow of a small

quantity of bloody urine on passing the catheter; strong contraction of the bladder, whereby its capacity is diminished; free movability of the catheter, after which the small emptied space speedily fills up with some urine which sets up renewed straining. If bloody urine escapes the diagnosis may be made of extra-peritoneal rupture, as it is only rupture of the anterior wall in the vicinity of blood-vessels that give rise to hæmorrhages. Œdema of the external genitals, caused by disturbances of circulation, supports the diagnosis of extra-peritoneal rupture.

3. The fatal termination in cases of simple rupture of the bladder is not a consequence of peritonitis, but of intoxication by resorption of decomposed urine.

4. Internal medicines are insufficient. The first requirement is the introduction of a permanent catheter under strict antiseptic precautions.

As the urine that is poured out into the abdominal cavity is the greatest source of danger to the organism, the treatment in intra-peritoneal rupture should not be expectant. At the onset, or increase of local symptoms, if the general condition be gravely affected—and this will be seen in the course of a few hours—the following is the only mode of procedure calculated to save life:—Laparotomy, removal of the urine poured out into the abdominal cavity, thorough disinfection, and, finally, closure of the bladder wound by suture. In extra-peritoneal rupture, when the urine has permeated the extra-peritoneal connective tissue, an expectant plan of treatment is allowable so long as changes at the centre of infiltration do not point to the necessity for surgical interference. The main point in the treatment is the employment of a retaining catheter, with occasional cautious washing out of the bladder with some antiseptic fluid, in order that no fluids capable of becoming disorganised may be allowed to remain, to the jeopardy of the patient.

Antient Vaccination in India.

THE *Madras Times* publishes a letter from a correspondent who asserts that vaccination was practised from a very early date by the Hindoo Vythians. There will be found an extract of a letter to the *Madras Courier*, dated January, 1819, as follows: "Inoculation for the cow-pox was known of old time to the Hindoo medical writers. To substantiate this statement it is necessary only to refer to the *Sactiya Grantham*. In this work, after describing nine several species of the small-pox, of which three are declared incurable, the author proceeds to lay down the rules for the practice of inoculation. From this part the following extract is taken: 'Take the fluid of the pock on the udder of a cow, or on the arm between the shoulder and the elbow of a human subject, on the point of a lancet, and lance with it the arms between the shoulders and elbow until blood appears; then mixing the fluid with the blood, the fever of the small-pox will be produced.' If further proof is required that long before the English came to India inoculation proper was practised, a translation of a paper in the language of Orissa called Odiah, describing the manner in which the inhabitants of villages are inoculated by Odiah Brahmins is given below: 'A certain quantity of cotton

to be wetted with the matter of a favourable small-pox, and from 200 to 400 people assembled on Sunday and Thursday, a cut to be given upon their arms with an instrument.' Small-pox was accurately described by Rhazes, an Arabian, about the year 900. It is supposed to have been introduced into Europe by the Saracens."

The Anti-Epileptic Action of Bromide of Potassium.

EXPERIMENTS made by P. Rosenbach, of St. Petersburg, on dogs, with a view of ascertaining the effects of bromide of potassium, showed that when administered in sufficiently large doses, it abolished, or, at least diminished, the excitability of the cortical substance of the cerebrum to electrical irritation, whilst the excitability of the underlying white substance remained unchanged. It may then be concluded that the beneficial action of the drug in epilepsy is dependent on its capability of diminishing excitability.

The Medical Bill and Registration.

AN alteration has been introduced into the Medical Bill which is of some importance, especially to migratory or unbusiness-like members of the profession. Heretofore the Registrar was empowered to strike any name out of the official list if he had three months previously sent a letter to the published address and had received no reply. It seems to have been assumed that the omission to reply was sufficient proof of the disappearance of the party addressed, an assumption which was totally unwarranted, and which led to innumerable mistakes. Many of the persons so addressed had changed their residences; many others, though nominally resident at the published address, were away from home for the greater part of the year, serving in ships or in the army, while a multitude of others were too lazy, or too forgetful, or too busy to reply, and, moreover, the postal authorities seldom took the trouble to return the circulars when the addressee was not found. Thus it happened that many names were struck out of the Register, and had to be reinstated, the practitioner being charged 5s. for the new entry. Indeed, it became a part of the registration system to earn 5s. by striking out the name of a non-responding practitioner even although the Branch Registrar had evidence of his existence at the published address.

The erasure system came to be a nuisance to all concerned, and it is therefore provided by the Bill that, when no reply has been received from a practitioner within the stipulated time, the Registrar "shall place the name of such person on a separate list for one year, after which period that person shall" be deemed to have ceased to practise, and his name may be erased from the Register without his consent having been obtained. An additional protection is thus afforded practitioners against the consequences of mistakes of Post-office officials, or of their own neglect or carelessness.

The Health of Dublin.

FROM the report of Dr. Cameron, Superintendent Medical Officer of Health, we find that the deaths within the metropolitan area during the five weeks ended

2nd February were in the ratio of 26·37 per 1,000 persons living. On the northern side of the city the rate was 29·37, and on the southern side 30·19. The deaths from the seven principal zymotics were in the whole registration district in the ratio of 2·4 per 1,000 persons. As compared with the previous month, there was a decrease in the number of admissions of patients affected with the above-mentioned diseases. The following shows the death-rate within the municipal or city districts, 1882:—Death-rate per 1,000 persons from all causes—1882: Oct., 25·43; Nov., 27·4; Dec., 34·32. 1883: Oct., 27·44; Nov., 29·42; Dec., 34·76. 1884: Jan., 28·88. Seven principal zymotic diseases—1882: Oct., 1·97; Nov., 2·42; Dec., 3·25. 1883: Oct., 4·04; Nov., 3·42; Dec., 3·57. 1884: January, 2·81.

The Dwellings of the Poor.

In a paper read by Mr. Elijah Hoole before the Society of Arts, at their meeting on the 2nd inst., the author shows that the labouring classes may be housed as successfully as those of a higher grade, and rightly insists that the problem must be solved, not on eleemosynary principles, but on a sound financial basis.

Mr. Hoole recognises the truth that the cultivation of the domestic life of the working classes does not depend solely upon the supply of proper house accommodation, and that the lower the social strata dealt with, the greater is the necessity for benevolent and sufficient superintendence to inculcate habits of order, decency, and self-respect.

It is refreshing to find only one reference in the paper to necessity for legislation, especially when we reflect that the want referred to, viz., the omission from "Building Acts" of a clause requiring structural alterations in a private house adapted to a tenemental dwelling, is fully supplied by the repairing clauses in Torrens' Acts, 1868, '79. There is, we might almost say, a superabundance of legislation on this subject, and sanitary authorities have a bewildering choice of measures under which they can effect improvements, a choice so bewildering as often to produce inaction. There is no doubt that the present condition of the homes of the poor is due rather to defects of administration than of legislation, and the sanitary authorities in London have strangely neglected their duties in this respect.

We trust that if the Royal Commission at present sitting extends its inquiries to Dublin, our sanitary authority will be able to show that it has done its part not only in the work of demolition and reconstruction, but also in the equally important function, in this city, of the adaptation and maintenance of existing abodes.

The discussion which followed the reading of the paper is chiefly remarkable for having elicited from one of the speakers the extraordinary statement that the operations of the Glasgow "Improvement Trust" had been a failure financially and sanitarily. We wonder what Dr. Russell, Medical Officer of Health to Glasgow, will say to this!

THE new hospital buildings at Stratford-on-Avon, built by the liberality of Mr. W. B. Gibbins and his sister, are rapidly approaching completion, and will be open for the reception of patients at an early date.

Harmless Lunatics in Workhouses.

In the annual report of the Omagh District Asylum we find the following statement by Dr. Carre, the Resident Medical Superintendent:—

"The steady increase in the number of patients, and consequent overcrowding of the asylum, has been a source of much anxiety and serious consideration. The accommodation afforded by the fever hospital has enabled us to provide for all sent in, but fearing that this, which we could only look on as a temporary provision, might be taken from us by the outbreak of any infectious disease, it was proposed that quiet harmless patients, certified as such by the visiting physician and myself, should be sent to their respective workhouses, under the provisions of 38 and 39 Vic., cap. 67, sec. 9. As yet we have not succeeded in getting any taken off our hands."

THE highest annual death-rates from diseases of the zymotic class in the large towns last week were—From whooping-cough, 3·4 in Bolton, and 1·6 in London; from measles, 4·7 in Oldham, 2·7 in Wolverhampton, and 2·4 in Portsmouth; from scarlet fever, 2·6 in Preston, 2·2 in Leeds, and 1·7 in Sheffield; and from "fever," 1·4 in Blackburn. The 34 deaths from diphtheria included 14 in London, 5 in Glasgow, 4 in Cardiff, 3 in Birmingham, and 2 in Portsmouth. Small-pox caused 13 deaths in London, 3 in Birmingham, 2 in Liverpool, 2 in Sunderland, and 1 each in Edinburgh and Newcastle-upon-Tyne.

THE deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 22·7 per 1,000 of their aggregate population. The death-rates in the several towns were:—Brighton, Huddersfield 14; Leicester 16; Bristol, Birkenhead 17; Hull, Bradford, Blackburn 18; Norwich 19; Salford, London 21; Sunderland, Derby, Sheffield 22; Bolton, Halifax, Birmingham, Portsmouth, Liverpool, Edinburgh 23; Newcastle-on-Tyne 24; Preston 25; Glasgow, Wolverhampton, Nottingham 26; Leeds, Plymouth 28; Dublin 29; Manchester 30; Cardiff 31; Oldham 36.

In the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follow:—Bombay 27, Madras 65, Paris 28, Geneva 45, Brussels 27, Amsterdam 28, Rotterdam 26, The Hague 24, Copenhagen 19, Stockholm 23, Christiania 22, St. Petersburg 42, Berlin 23, Hamburg 25, Dresden 22, Breslau 36, Munich 31, Vienna 27, Prague 40, Buda-Pesth 37, Trieste 29, Turin 43, Venice 28, Lisbon 30, New York 24, Brooklyn 17, Philadelphia 24, and Baltimore 21.

At the quarterly meeting of the Council of the Royal College of Veterinary Surgeons, held on Wednesday last, the following motion was proposed by Mr. H. L. Simpson, of Windsor, seconded by Mr. E. C. Dray, and carried by a very large majority:—"That the Council of the Royal College of Veterinary Surgeons hereby affirm that the operation of docking horses is a surgical operation requiring skill and anatomical knowledge for its humane performance, and that there are many circumstances which render the operation necessary."

At an influentially-attended meeting on Thursday last, presided over by the Earl of Carnarvon, a movement was set on foot for the erection and endowment of a hospital for Newbury, Berks. Subscriptions to the extent of £3,000 were announced as having been mainly raised through the influence and untiring labour of Dr. Douglas of that town.

SMALL-POX has shown signs of re-appearing in London. Last week the Registrar-General reported that the fatal cases had risen from three to fifteen during the week. Still, even this increase places the death-rate at fifteen below the average number.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

GLASGOW.—DISPENSARY FOR SKIN DISEASES.—The twenty-third annual meeting of the Glasgow Dispensary for Skin Diseases was held in the Religious Institution Rooms, Glasgow, on the 9th inst., when Mr. A. Orr Ewing, M.P., occupied the chair. Professor McCall Anderson submitted the medical report, which showed that in the course of the twelve months over 1,200 patients had been treated, and about forty students had attended the practical course. It appeared from statements read by Mr. James Grahame, the honorary secretary, and Mr. A. S. McClelland, the honorary treasurer, that the institution was in a flourishing state. The Chairman, in moving the adoption of the various reports, pointed out that the institution was benefiting both the poor patients and medical science. It was hoped, he added, that a debt of upwards of £700 on the house property would be cleared off in a couple of years. The report was adopted, the list of office-bearers completed, and a number of votes of thanks awarded.

A MEDICAL MILLIONAIRE.—In the legitimate departments of medical practice it is surely rare indeed that a medical man dies a millionaire. We learn, however, from the *Pester Medizinisch-Chirurgische Presse* of the 9th March, 1884, that Dr. Andreas Wagner, of that city, died at the age of 72 in this category of affluence.

EDINBURGH HEALTH STATISTICS.—The mortality in Edinburgh for the week ending with Saturday, the 5th inst., was 107, and the death-rate 23 per 1,000 per annum. There were 15 deaths under one year, and 28 above 60 years, of which 4 were above 80 years. Diseases of the chest accounted for 50 deaths, and zymotic causes for 16 deaths, of which 3 were due to scarlatina and 2 to measles, the intimations of these diseases being 22 and 57 respectively.

MORTALITY IN GLASGOW.—The deaths in Glasgow during the week ending with Saturday, the 5th inst., were at the rate of 26 per 1,000 per annum, as compared with 27 in the preceding week, and 33, 25, and 29 in the corresponding periods of 1883, 1882, and 1881 respectively.

EDINBURGH ROYAL MATERNITY AND SIMPSON MEMORIAL HOSPITAL.—The Medical Board of this Hospital have agreed to the appointment of Thomas A. Fraser, M.B., C.M. (honours), M.R.C.S. Eng., and Archibald Donald, M.A., M.B., C.M. (honours), M.R.C.S. Eng., as House-Surgeons for the quarter beginning on 1st May. Dr. Angus Macdonald has been medical officer on duty during the past quarter, and he will be succeeded on the 1st May by Dr. Keiller.

GLASGOW ROYAL INFIRMARY.—At a meeting of the direc-

tors of this institution, held on the 10th inst., the number of surgeons was increased from five to six, and the number of physicians diminished from five to four. Considerable diversity of opinion existed as to the expediency of this change.

GLASGOW.—THE OUTBREAK OF SMALL-POX.—At a meeting of the Town Council of Glasgow, held on the 7th inst., Dr. Russell, the medical officer of health, reported as follows:—The same number of cases of small-pox has been registered as in the preceding fortnight, viz., 24. Of these 11 belong to the Eastern district, 6 to the Northern, 4 to the Central, 2 to the Western, and 1 to the Southern. All have been removed to hospital. Of these cases 11 are associated in two groups of 6 and 5 cases, the history of which illustrates well the insidious and obscure paths by which small-pox spreads. The 6 cases in the Northern district belong to one family living in a two-apartment house. The other group consists of 5 compositors, all employed in one printing office, but living in different quarters of the city. The first one discovered said an apprentice had been absent two days a fortnight ago, and on his return he remembered seeing on his arms as he went about with shirt sleeves rolled up, spots just like those on himself. We got hold of this apprentice, and the stains of the modified small-pox eruption were still visible. He belonged to a family living on a stair from which several cases have been removed, and had refused to be revaccinated. Fortunately, the 5 compositors are all extremely mild cases, indeed so mild that but for our getting on their track they might all have escaped recognition. The lessons I would draw from these facts are two—(1) That at this time any cutaneous eruption, however slight and insignificant, should be regarded with suspicion, especially if preceded by such symptoms as vomiting, backache, and feverishness. Employers, foremen and forewomen, and workers themselves, ought to keep a sharp look-out for suspicious eruptions on the face and arms, such as that observed on the apprentice printer, but, unfortunately, not mentioned until all the mischief was done. (2) The other lesson is that when small-pox is present in a community there is no safety for anyone belonging to it, or moving about in it, except in revaccination. Those trifling unrecognised cases occurring in persons vaccinated in infancy carry the infection everywhere.

THE EDINBURGH UNIVERSITY COURT.—At the meeting of this court, held last week, it was reported that it had been thought advisable not to proceed with the proposed alterations of Ordinance No. 5, Edinburgh No. 2, regarding attendance on practical classes of midwifery, physiology, pathology, and materia medica, in the form adopted at last meeting, as it did not appear fully to secure its object; and that it had accordingly been withdrawn by the Principal's instructions. The withdrawal of the form of the alterations referred to was approved, and the Court re-adopted the alterations in the following form:—Ordinance No. 5, Edinburgh No. 2, Section v. The paragraph relative to practical midwifery in sub-section 1 to be deleted, and to be inserted, in the form given below, as a new sub-section, to be numbered 5. In sub-section 3, as altered by order of Her Majesty in Council, of date 29th June, 1878, the words "and pharmacy," to be inserted after the words "materia medica;" and the part of the sub-section from the words "conducted by a teacher recognised by the University Court," to the end to be deleted, and the following to be substituted therefor:—"Conducted at the laboratory of an hospital or dispensary, or elsewhere, by a teacher recognised by the University Court under said subsection (4); or

that he has been engaged by apprenticeship for not less than two years with a registered medical practitioner, or a member of the Pharmaceutical Society of Great Britain, or a member of the Pharmaceutical Society of Ireland, or a pharmaceutical chemist, or chemist and druggist, registered under the provisions of the 'Act for regulating the Qualifications of Pharmaceutical Chemists, 1852,' 'The Pharmacy Act, 1868,' or 'The Pharmacy Act (Ireland), 1875,' in the *bond fide* compounding and dispensing of drugs, and the preparation of their official and other preparations under his superintendence." The following sub-sections to be added:—"5. That he has attended for at least three months the practice of a midwifery hospital, or that he has attended at least six cases of labour under the superintendence of a registered medical practitioner." "6. That he has attended, during courses of not less than fifty hours' instruction, classes of practical physiology and practical pathology in the University of Edinburgh, or in a university or school of medicine recognised by sub-sections (2) and (4) of Section VI. of Ordinance No. 8, *Edinburgh* No. 3, or upon classes thereof conducted by a teacher recognised by the University Court under the said sub-section (4)." The Secretary was instructed to take the usual steps for submitting the proposed alterations to the Chancellor of the University for his consent, and to Her Majesty in Council for her approval.

TERCENTENARY GOSSIP.

WHILE the pages of this journal are still damp from the press, Edinburgh will be all excitement and bustle celebrating the three hundredth birthday of its great and learned University. The child of the Reformation, nurtured in times that "tried men's souls," the University of Edinburgh, the youngest of the Scotch Universities, is at once the largest and most celebrated of all the seats of learning in Scotland.

UNLIKE the other Universities of Scotland which were ecclesiastical in origin, being founded by Papal Bulls, the University of Edinburgh can boast of its Protestant and Democratic parentage. To the public spirit of the Town Council and citizens of Edinburgh the University owes a deep debt of gratitude, a debt which it has sometimes tried to forget, but which it can never repay. Town Councils are not, as a rule, credited with much enlightenment, but Edinburgh appears to have been singularly fortunate in this respect, that, whatever its shortcomings in other respects may have been, its Council has always been alive to the value of providing a sound education for the people. He must be poor indeed who cannot obtain a University course in Scotland and take a degree if he so wishes it.

THE English Universities are for the titled and the rich; the Scotch Universities are for the untitled and the poor. But the democratic character of the latter prevents that higher culture which can be obtained alone at the Universities of Oxford and Cambridge. The want of a collegiate training is the weakness of the Scotch University system, and it is a pity that all previous attempts to remove the deficiency have failed. Without bursaries to assist the needy no collegiate system can succeed, for all men "*must live*," though with Talleyrand there are some who "*may fail to perceive the necessity*."

THERE are men now holding high and noble positions in the world of science and of literature who were hard at work at manual labour while attending the classes of the University. To mention any of these names would be invidious, but Edinburgh can boast of many such among her children.

OF course in the general desire to see and be seen there is some irritation as to the distribution of tickets. In some cases this irritation has been relieved by an eruption of epistolatory growls in the columns of our local contemporaries; still it may be said on a little reflection, that taking all the difficulties to be surmounted by the different committees, no one has any very great reason to complain.

ALL credit must be given to the Students' Representative Council for the good work they have done. Formed scarcely three months ago, the Council has worked wonders in the general *morale* of the students, and a Lord Rector can now deliver his address without providing lint and bandages for his head, or a ward in the Infirmary.

SOME of the cards of admission to the several receptions are works of art, and will form suitable *souvenirs* of the Tercentenary celebration. The card issued by the Town Council contains views of the Old University and New Medical School, of Holyrood Palace, Heriots Hospital, St. Giles' Cathedral, the supposed scene of the religious fervour of the notorious Jenny Geddes of pious memory, and the Scott's monument. A medal has also been prepared for the occasion by Messrs. McKay and Cunningham, the centre of which is occupied by the University arms upon a shield standing out in bold relief from a pentagonal recess, within which thistles twine in the interstices and ornament the plane surface. This is surrounded by a broad band, bearing the following inscription: "*Universitas Academica Edinburgensis*." The reverse side carries a massive border, divided into four panels, and ornamented with delicately-modelled thistle wreaths in high relief. The centre bears the following inscription: "*Universitas Academica Edinburgensis, Annus Trecentessimus feliciter exactum celebrat. A.D. MDCCCLXXXIV.*"

AN interesting plate of the laying of the foundation stone of the Old University, with full Masonic honours, has also been published by the enterprising firm of W. Cruckshank, Elder Street. As everybody is a Mason in Scotland, this old print should command a large circulation.

It is rumoured that in 1905 the Extra-Mural School will celebrate its four-hundredth birthday, and that the secretary of the school is beginning to prepare for the auspicious event.

THE poems supposed to have been rejected by the University authorities have been published. For the general public they may lack interest, but those who know anything of the University will appreciate some of the clever skits which the pamphlet contains. "*Mae Mater*," "*Pods of Pease*," and the "*Piamater*," the last on the lines of Longfellow's "*Hiawatha*," are perhaps the best, but the charm of the volume consists in the sapient criticisms of the August Senatus.

Literature.

HOSPITAL MANAGEMENT. (a)

HOSPITAL management is a subject of vast importance in the present day, and hospital reformers have paid much attention to the matter of late. The Council of the Social Science Association who, on several occasions have brought the subject into public notice, at the Dublin meeting in 1881 adopted as one of the questions for special discussion in the Health Department the following:—"Is it desirable that hospitals should be placed under State

(a) "Hospital Management," being the Authorised Report of a Conference on the Administration of Hospitals, held under the Auspices and Management of the Social Science Association on the 3rd and 4th July, 1883. Edited by J. L. Clifford Smith, Secretary of the Association. London: Kegan Paul, Trench & Co. 1883.

supervision?" At this meeting a very interesting and instructive paper was read by Mr. Henry C. Burdett, and at the close of the discussion that followed a resolution was unanimously passed recommending the Council of the Association to petition the Crown in favour of the appointment of a Royal Commission of Inquiry. The subject was again put down for discussion at the next Congress of the Association which took place at Nottingham in September, 1882, the question being "What reforms are desirable in the administration of hospitals?" At this meeting a paper was read by Dr. Gilbert Smith, assistant physician to the London Hospital. The discussion which followed the reading of this paper resulted in the passing of a resolution calling on the Council to continue their exertions to obtain a Royal Commission to inquire into the general management and administration of metropolitan hospitals.

A conference was held on the subject of hospital reform in the Hall of the Society of Arts, London, under the presidency of Sir T. Fowell Buxton, Bart., on the first day, and of Mr. Francis S. Powell on the second, on the 3rd and 4th of July, 1883. To this meeting special invitations were issued to nearly every hospital, dispensary, and convalescent institution in the United Kingdom asking them to send representatives to take part in the proceedings. The meeting was a great success. Fourteen papers were contributed on the various divisions of the subject, useful and instructive discussions followed which with the papers mentioned are embodied in the work before us. At the end of the conference a resolution was passed asking again for a Royal Commission of Inquiry and the appointment of a Committee of Hospital Managers to consider what steps should be taken to secure combined action among hospitals. All interested in the subject of hospital reform should procure this work without delay.

ST. THOMAS'S HOSPITAL REPORTS, 1882. (a)

We are very pleased to notice this volume, the twelfth of the new series of Hospital Reports. It contains some very valuable contributions of the staff and others, together with the Statistical Reports of the Hospital by the medical and surgical registrars to December 31st, 1882. It also contains a general index of all the reports from 1870, when the new series commenced. It is edited by Dr. Seymour J. Sharkey and Mr. Francis Mason, F.R.C.S.

SELECTIONS FROM THE CLINICAL WORKS OF DR. DUCHENNE (DE BOULOGNE). (a)

THE New Sydenham Society may well be congratulated on the appearance of such a valuable work in the English language. Duchenne's world-wide reputation on the subject of nervous diseases rendered it necessary that his life-long labours should be extensively known among English students and practitioners. The work before us has been ably translated, edited, and condensed by Dr. G. V. Poore, who commences by giving a short sketch of the life and work of Duchenne. A list of Duchenne's works are also given, fifty-seven in number, and then follow the contents divided into thirty chapters, with general index at the end. To specify any particular chapter would be out of place as every page teems with valuable information regarding the subject in hand. After a careful perusal we strongly recommend it to those requiring an extended knowledge of the graver forms of nervous and paralytic lesions, and no medical or professional library could be considered complete without a copy of this valuable addition to English literature.

Royal College of Physicians of London.—At a special meeting of the College, on April 7th, the following business was transacted:—Sir William Jenner, as President, having alluded in very feeling terms to the death of the Duke of Albany, and of the interest he took in the affairs of the College and of the medical profession in particular, proposed that addresses of condolence be paid to the Queen and the Duchess of Albany. This was carried unanimously.

(a) "St. Thomas's Hospital Reports, 1882." New Series, edited by Dr. Seymour J. Sharkey and Mr. Francis Mason. Vol. XII. London: J. and A. Churchill, New Burlington Street. 1883.

(a) "Selections from the Clinical Works of Dr. Duchenne (de Boulogne)." London: H. K. Lewis.

The date of the annual Harveyian Oration was then fixed for St. Luke's Day (October 18th), for the future, the day on which it used to be delivered, and on which Harvey's remains were consigned to their new resting-place. On the subject of the coming election to the Fellowship, a by-law was enacted postponing the election of Fellows to the last Thursday in May. The report of the Pharmacopœia Committee was next adopted, and the report of the Medical Bill Committee received, and ordered to be printed on the next summons. A by-law to appoint additional examiners, and another for the appointment of two Vice-Presidents, were enacted. The President delivered his annual address on the expiration of his year of office and on re-election. Dwelling upon the events of the past year, he referred to the Bower and Keates case as one of special interest to the profession at large. Owing to the initiative of the College, and the interview had by its President in conjunction with the President of the Royal College of Surgeons with the Home Secretary, the profession were now assured that no prosecution by a patient could in future be undertaken by the Public Prosecutor without the facts had previously been submitted to some member of eminence, and who should determine that there was sufficient ground for such prosecution. The address concluded with an obituary notice of Fellows.

Royal College of Surgeons of England.—The report of the Museum Committee in reference to the appointment of a new conservator was adopted. It was recommended that the salary should be £600 per annum, with residence to be provided in the vicinity of the College. Advertisements will be published in the medical journals next week, and in the daily papers on the 19th instant. Candidates are invited to send in applications by the 3rd of May. In consideration of Mr. Trimmer having completed twenty-five years of service to the College, and in recognition of his arduous duties in connection with recent medical legislation, the Council resolved to present him with a sum of £500. The Jacksonian Prize was awarded to Mr. Frederick Treves for the best essay on the "Pathology, Diagnosis, and Treatment of Obstruction of the Intestines in its various forms in the Abdominal Cavity." A letter from the Home Secretary was read stating that in future no prosecution in which any member of the medical profession is concerned will be undertaken on behalf of the Crown without careful preliminary inquiry. A letter from Mr. Tweedy, directing attention to the 7th Section of the Charter of the 15th Victoria, relating to members of Council who at any time after their election may cease from the *bona-fide* practice of their profession, was referred to the President and Vice-Presidents to consider and report thereon to the Council at its next meeting. It was resolved that the recommendations passed at the recent meeting of Fellows and Members should be taken into consideration at the same meeting, to be held on May 8th. Sir James Paget gave notice that he would at the ensuing meeting move a vote of thanks to Dr. A. Farre for his presentation to the Museum of a large and valuable collection of water colour and other drawings left by his father, the late Dr. J. Richard Farre.

Notices to Correspondents.

63 CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular*, may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

MR. JONATHAN HUTCHINSON ON THE PNEUMATICS OF VOICE.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—In the valuable course of lectures by Mr. Hutchinson now appearing in your journal, the author gives 580 lbs. as an approximate total pressure over the surface of the chest, adding, "the muscular power to overcome this could not have been less than 1,000 lbs."

As the test of a chain is its weakest link, so the test of imprisoned air is the aperture of the vessel. May I be permitted to ask whether any physiologist has yet been able to show that the true vocal cords can alone resist the greatest pressure that can be brought to bear upon them from below—the false cords being removed? I want a proof that the true cords can, and do alone, bear the brunt of the whole chest pressure.

In the index of Mr. Browne's work my theory or hypothesis is denounced as resting on "garbled quotations" from Dr. Wyllie. My quotations, both in the original articles in your paper (1-73), and in their re-issue, were word for word as Dr. Wyllie wrote them. Now I contend that Mr. Browne or some other physiologist who disagrees with me in my physiological and physical explanations is bound to supply me with a more rational explanation. May I inquire if such be forthcoming?

Edgbaston, Birmingham.

Yours, &c.,
CHARLES LUNN.

DR. DICKENSON.—Caffein is a decided diuretic and heart stimulant, when administered in the form of citrate. It is attaining considerable reputation among physicians.

DR. CORNISH.—It is best, if possible, to avoid the employment of mercury altogether in the case of children; but if this drug is specially indicated in the case you describe, the following prescription may be resorted to:—

R Hyd. c. cret., gr. xxx;
Pulv. Doveri, gr. vi. M.

Divide into twelve powders, of which one is to be taken as occasion demands; and not oftener than is absolutely necessary.

THE CORK STUDENTS AND THEIR GRIEVANCES.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Your article under the above heading in your issue of April 2 is hardly fair to the students. Allow me, as an old student, to point out that the question as to whether the fee is high or low is beside the mark. A man enters under the condition that two courses in practical anatomy are sufficient, and to be virtually compelled to pay for a third is not fair. If the fee is small it is no reason why a student should not retain it. You say: "In any other of the schools in Ireland than those of the Queen's Colleges they would be required to pay the prescribed fee for every course of instruction they might please to take." Are you not aware, Sir,—1st. A student can pay an entrance fee in Dublin, and if he does not require the certificate afterwards he need not pay for it; 2nd. In Cork, a student must pay the full fee (for any lectures he intends taking out) at the commencement of the session. In my time in Cork great dissatisfaction prevailed among third and fourth year's students, as they were not allowed to enter the dissecting-room unless they were taking out the course of practical anatomy; and this exclusion is equivalent to compelling the students to take out an additional course of anatomy, the certificate of which is unnecessary.

As to whether a student has a right to interfere in politics, in England, the medical papers are frequently crying out that medical men do not take sufficient interest in politics; but then the Queen's students took interest in the wrong side, which makes all the difference.

Yours, &c.,
J. W.

April 4, 1884.

A.M.D.—The usual period at which children are weaned is at eight months old, and unless exceptional circumstances indicate a different course the rule should always be observed; not less on the mother's account than the infant's.

CEPHALIC.—You will find the paper in full in the volume of Transactions of the International Medical Congress devoted to Medicine.

DR. CARPENTER.—The regulations to which you refer have been in force several years, and have been found to work satisfactorily. Any suggestions for improvement would, however, we feel sure, be carefully considered, if communicated to the right quarter.

DR. O'FLYNN.—The bona-fides of the statement is beyond all question. As to the justice of the proceeding we prefer not to express an opinion until we are in possession of further evidence.

MR. LAWSON.—You have not been guilty of any impropriety, as you term it, in asking us to recommend a particular hospital for you to enter at. Before doing so, however, you had better supply some particulars as to the work you have already done, some schools being better adapted than others for the prosecution of earlier studies of the curriculum. The place you name occupies a very good position, but not by any means the highest among metropolitan schools of medicine. For practical work, however, it is very good.

C. T. G.—A number of letters have been received on the subject, but until the authors of the scheme are prepared with some definite plan of proceeding, it is useless to discuss the details of arrangements which may or may not meet with their approval.

MR. MAY.—The paper is destroyed.

W. H. LYON.—The Medical Bill, if passed into law, will not in any way alter the status of a qualified man. He will retain all his privileges, and will not be required to pass any examination.

ONE IGNORANT.—The question hardly needs a reply. Of course the conduct referred to would be criminal, and might be punished by imprisonment.

THE INFLUENCE OF DIET ON DISEASE.—A QUERY!

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—May I ask through your columns for information regarding the cure of disease by means of a non-flesh diet? Will brother practitioners who have received any benefit themselves from the disuse of flesh, or who have seen cases of disease recover by the disuse of flesh, kindly send me an account of such? Or if any have seen disease produced by the adoption of a vegetarian diet, will they kindly send me an account of it? Any other facts or observations with regard to food will be thankfully received.

Yours, &c.,
84 Claremont Sq., London, N., T. B. ALLINSON, L.R.C.P. Ed.
April 8, 1884.

DR. WOLFE (Glasgow).—We hope to insert your paper in our next.

MR. ALEXANDER WATT (Annville).—Thanks for your offer; we do not accept articles on medical subjects by others than members of the profession. See our reply to Mr. Gerner in last number.

INTESTINAL CONCRETIONS.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—My remarks about the phosphatic nodules exhibited by Dr. Ball at the Academy of Medicine in Ireland, Feb. 29, and reported in your last issue, have, I fear, been misunderstood. What I said was that they were undoubtedly mineral, not of animal, origin, that the original mineral, whatever it was, had undergone complete metamorphosis, and, strange to say, been replaced by phosphate of lime, an alteration which was quite novel, and not easily accounted for. It appears likely that, as suggested since by Prof. O'Reilly, the primitive mineral was sulphuret of iron. Prof. O'Reilly exhibited a fine collection of similar concretions from Podolia lately, at a meeting of the Geological Society, at the Royal Dublin Society.

20 Harcourt Street, Dublin,

April 10, 1884.

Yours, &c.,

W. FRAZER.

DR. A. (Sunderland).—We hope to refer to the subject in our next.

A BONA-FIDE STUDENT.—We are glad to have been of service, and shall be happy to follow up the subject if necessary.

MR. BERRY (Wigan).—The subject has occupied considerable attention of late; we shall be happy to find space for your paper.

DR. CLIFFORD ALLBUTT is thanked for his note.

Meetings of the Societies.

THURSDAY, APRIL 17TH.

HARVEIAN SOCIETY.—At 8.30 p.m., Dr. D. B. Lees, Note on a Form of Diarrhoea in Children.—Dr. T. Robinson, On Acne Rosacea.

FRIDAY, APRIL 18TH.

CLINICAL SOCIETY OF LONDON.—At 8.30 p.m., Dr. de Havilland Hall, Sequel to a Case of Perichondritis of the Larynx.—Dr. Percy Kidd, A Case of Tubercular Tumours of the Larynx.—Mr. Harrison Cripps, Cases of Excision of the Rectum for Cancer.—Dr. Angel Money, A remarkable Case of Tubercular Meningitis.

Vacancies.

Alton Rural Sanitary Authority.—Medical Officer of Health. Salary, £80 per annum. Applications to the Clerk of the Union, Alton, Hants, by April 23.

Birmingham General Hospital.—Resident Surgical Officer and Resident Registrar and Pathologist. Salary attached to the former, £130 per annum, with board and residence; and to the latter, £100 per annum, with board and residence. Applications to the House Governor by April 26.

Brompton Consumption Hospital.—Resident Clinical Assistants. Board and residence, but no salary provided. Applications to the Secretary by April 19. (See advt.)

Chatham, St. Bartholomew's Hospital.—Assistant House Surgeon. Salary, £100, with board, &c. Endorsed applications to be sent in by May 1.

Coombe Hospital, Dublin.—Assistant Master. Applications to Master, or at Coombe Hospital.

Cheshire County Asylum, Macclesfield.—Medical Superintendent. Salary, £500, with furnished house, &c. Applications to Mr. A. C. Procter by May 3.

Appointments.

EDIS, A. W., M.D. Lond., F.R.C.S., Obstetric Physician to the Middlesex Hospital.

HASLAM, G. J., M.D., Honorary Physician to the Hulme Dispensary, Manchester.

FUGHR, T. W. O., M.B. Lond., M.R.C.S., Honorary Medical Officer to the Liverpool North Dispensary.

STARTEIN, J., M.R.C.S., Honorary Consulting Surgeon to the Sheffield Public Hospital for Skin Diseases.

WESTBY, G., M.K.Q.C.P.I., L.R.C.S.I., &c., Honorary Assistant Surgeon to the Liverpool Hospital for Skin Diseases.

WHOLEY, T., L.R.C.P. Lond., M.R.C.S., Resident Accoucheur to the London Hospital.

Births.

BLACKETT.—April 7, at Wangford, Suffolk, the wife of E. Ralph Blackett, M.D., of a daughter.

Marriages.

BOSWELL—HORNE.—April 12, at St. George's, Bloomsbury, John Irvine Boswell, M.R.C.S., L.R.C.P., of Faversham, Kent, to Ellen Elizabeth, only daughter of Edgar Horne, of 46 Russell Square, London, W.C.

MORRIS—BAGG.—April 9, at St. James's Church, Brighton, J. Morris, M.R.C.S.E., to Selina Mary Ann, daughter of the late W. Bagg, Esq.

SMITH—STEERS.—April 9, at All Saints' Church, Dublin, Alfred F., son of H. J. Smith, M.D., F.R.C.S.I., of Ballybrophy, Queen's Co., to Edith Mary, daughter of the late T. Steers, Esq.

Deaths.

BEST.—April 6, at Billston, Henry Dewes Best, M.R.C.S., J.P., aged 51.

CHOWN.—April 4, at Terowie, South Australia, Joseph W. Chown, M.B., late of Bloomsbury, London, aged 32.

NIVEN.—April 6, at Udny House, Teddington, after protracted illness, David Graham Niven, F.R.C.S., aged 72.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 23, 1884.

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A Course of Lectures

Delivered at the London Hospital during February, 1884.

By JONATHAN HUTCHINSON, F.R.C.S., F.R.S.,

Emeritus Professor of Clinical Surgery at the London Hospital; Consulting Surgeon to the London Hospital, and to the Royal London Ophthalmic Hospital.

DISEASES OF THE NERVOUS SYSTEM OF SYPHILITIC ORIGIN.

In a former lecture, the lesions of visible characters produced in the skin through presence of syphilitic virus in the constitution, have been described, and it has been there shown how exceedingly varied such manifestations may be. Accordingly, therefore, the effects that result from the disease are likewise of the most various description in respect both to duration and persistency. Occasionally they cease spontaneously; and in lupus we have a good example of the serpiginous manner in which a syphilitic lesion progresses, and at the same time of the tardy development which such affections may exhibit, some cases lasting for as long as twenty years. A similarly slow procession of events is evidenced in syphilitic diseases of the nervous system, the virus having power to exert its specific action in any part of the body where nerves occur embedded in connective tissue. This class of diseases includes practically every variety, in point of time and intractability of cure; and in some cases the hold they take is of so tenacious a description that they are all but incurable under every form of treatment. In this connection, and as assisting to determine the character of the mischief set up, it may be taken as a general statement that the more speedily that the peculiar phenomena of the disease manifest themselves after the occurrence of infection, the more quickly will they fade away; and, on the other hand, the longer the diseased condition is in making its appearance after primary inception of the syphilitic taint, then the more persistent will it be; and a further general statement may also be made, to the effect that all the tertiary symptoms of syphilis have a distinct tendency to

progress so long as they remain uninterfered with by treatment.

The pathological processes initiated in the nervous system as a consequence of constitutional infection by syphilis, may take any one or more of several different forms, and for convenience of description they can be classed in certain well-marked groups, as follows:—

I. *Neuritis*.—This may be evidenced in the shape of a gumma at one point of a nerve, disorganising by its presence the whole or only a part of the structure in which it is found; or it may show itself as a spreading inflammation of the nerve trunk. Such syphilitic neuritis is sometimes found attacking two or more entirely different nerves at one and the same time; and a case in point was mentioned by Mr. Hutchinson as having occurred in his own practice. In this instance several separate cranial nerves were simultaneously the seat of development of gummata.

II. *Inflammatory Disorganisation of Central Parts of the Nervous System*.—In this variety of lesion any portion of the structures implicated may become the seat of changes, which will be discovered, sometimes on the surface of the brain, at others, in the nuclei of cells; and again in other regions of the central element.

III. *Inflammation of Peripheral Organs*.—Under this heading are to be included the syphilitic inflammatory affections manifested in such parts as the eye, ear, ganglia external to the centres, tactile corpuscles of the skin, &c. The condition of things produced in leprosy affords a good illustration of what occurs when the end organs of the skin become the seat of inflammation, and as showing the succession of events, it may be accepted as showing that which occurs in the states under consideration.

IV. *Meningeal Inflammations*.—Inflammatory changes may occur in the arachnoid, pia mater and dura mater, in which an increase of vascularity then takes place accompanied by thickening of greater or less amount. In some cases the formation of gummata may also occur in these situations.

V. *Inflammation of Bones*.

VI. *Inflammations of Arterial System*.—In this class of cases the inflammatory action results in the formation of a

ragged ulcer on the internal coat of an artery, and consequent on this, and the coagulation it induces in the blood which is in contact with the injured wall, a plug of clot is formed, whereby the lumen of the vessel becomes occluded at this point of its course. Arterial disease of this description is most commonly encountered in the brain, disease of which organ is very frequently caused through thrombosis of some one or more of the cerebral arteries, resulting from syphilitic injury to their coats.

In recent times there has arisen a broader view of the etiology of these arterial affections than was primarily held, when they were regarded as being invariably initiated during the tertiary stage of the disease. Now it is recognised that, in comparatively early stages of syphilis, examples of almost any known neurosis may be encountered; but it is also true that these conditions, and those as well which appear during the secondary stage, are only transitory.

Neuritis may occur in any nerve as the result of syphilitic infection; but the fifth cranial is that which is most often found to be selected by the disease; and many cases of this description have been met with by Mr. Hutchinson in the course of his experience. As a rule, it is the middle or late periods of the syphilitic infection at which the nerve lesion becomes manifested, and from three to four years after the primary symptoms have subsided. At this time neuralgic pains of unusual severity are generally experienced, and directs attention to the area of distribution of the fifth; and subsequently all the parts supplied through it become paralysed, though in some cases only incomplete loss of sensibility may be induced. In cases, however, in which disorganisation of the nerve occurs at the Gasserian ganglion, then anaesthesia of all parts supplied by the fifth results, with the exception of a small part of the parotid region, the innervation of which is independent of the fifth. At the same time, the muscles of mastication become powerless in so far as they derive motor filaments from the fifth pair. Pain ceases to be felt when complete disorganisation of the trunk has taken place, its usefulness as a conductor of impressions being thereby destroyed.

These cases are almost invariably unilateral in character, as are the lesions following tertiary syphilis as a rule, whereas secondary lesions are commonly symmetrically distributed. Mr. Hutchinson said he himself had only seen two cases of paralysis of the fifth nerve in which the injury was symmetrically distributed on both sides of the head. One of these cases was that of a gentleman who came under treatment for ophthalmia. On examination it was discovered that complete anaesthesia existed over all parts supplied by the fifth nerve, and a syphilitic origin for the mischief could be made out. The eye was ultimately excised without the employment of an anaesthetic, and the operation was wholly a painless one. In the second case also an eye was excised under very similar circumstances and without an anaesthetic, the patient being a young woman.

Prognosis in cases of syphilitic affections of the fifth nerve is decidedly favourable, and even when atrophy is pronounced, and has existed for as long as twelve months, it is highly probable that rigorous anti-syphilitic remedies may suffice to restore the efficiency of muscles, nerves, &c., which have undergone atrophic changes. In some cases good results have been obtained, notwithstanding that an excessive degree of muscular atrophy had ensued; and, in fact, we should scarcely ever despair of securing benefit from treatment in all cases where the fifth nerve is directly influenced as a consequence of syphilitic infection. Probably in every improved case more or less disorganisation of structure persists, even after restoration of its function to the nerve; but in any case it is not of any great amount.

In the case of the gentleman referred to above, the excision of the eye was followed by affection of the fifth nerve on the side opposite to that already anaesthetic; but, as described, under anti-syphilitic remedies a complete cure was brought about, and though the operation was

performed fifteen years since, there has been no recurrence of any symptoms pointing to syphilis; from which it is clear that complete cure of the disease in its tertiary stage is quite possible to be attained.

In point of frequency, syphilitic disease of the portio dura is much less often encountered than similar affections of the fifth pair of nerves; but the reason for the preference shown for the latter has never yet been satisfactorily explained. Mr. Hutchinson has seen only a few instances in which the former has been selected by the disease; and in one of these both sides of the head were affected. In the same way, too, the portio mollis of the seventh pair is affected only in exceptional cases of acquired syphilis, although when such affection does take place its manifestations appear at a comparatively early date, usually about the second year, and the type it exhibits is one of great severity; so much so that the patient becomes subjected to absolute deafness as a consequence. Threatened deafness is a common symptom in these cases, but active administration of mercury sufficiently early may suffice to ward off the injury to hearing. In this connection it is interesting to note that notwithstanding the rarity of deafness in persons who have acquired the syphilitic taint, it is nevertheless frequently encountered among those who have been subjected to the disease through inheritance. It should be remembered also that, as a rule, in such cases the deafness results from implication of the nervous apparatus of hearing, and by no means of necessity implies that the mechanism of the ear itself has undergone injury.

The motor nerves of the eye are very often found to be affected by syphilitic changes, and the occurrence of ptosis would of itself suggest that a cause of this nature was to blame for the condition of the organ; and its influence may then be found to extend over either any single nerve of the series or over any group comprised within it.

Under circumstances occasioning the kind of injuries now being considered, it is possible that any nerve trunk whatever may become the seat of inflammatory alterations; and the difficulty attending on examination with a view to diagnosis will be considerably increased in those instances where the part affected is far removed or hidden from direct observation, as, *e.g.*, the pneumogastric. The nerves of the palate have been found affected by Mr. Hutchinson; and as a general conclusion he expressed the opinion that there is not any nerve which may not become liable to those changes induced by the action of the influence exerted by the presence of syphilitic poison in the system.

(To be continued.)

ON AN OPERATION FOR THE CURE OF DETACHMENT OF THE RETINA.

By J. R. WOLFE, M.D., F.R.C.S.E.,

Senior Surgeon to the Glasgow Ophthalmic Institution; Lecturer on Ophthalmic Medicine and Surgery in Anderson's College.

DETACHMENT or separation of the retina is caused by the effusion of serum between that membrane and the choroid coat. It may, therefore, be called subretinal dropsy. This condition may be induced either by disease or by injury; in either case the fluid is exuded from the choroid. The vascular tissue secretes an abundance of serum which accumulates behind the retina and pushes that membrane forwards so that, in some cases, it may even be seen by the naked eye in the shape of a bluish mass floating in front of the focus of the dioptric system. That pathological condition, therefore, is essentially a disease of the choroid, although in some cases it may be complicated with opacity of the vitreous, and in a further state of development may lead to morbid change of the lens

(a) Read before the Glasgow Medico-Chirurgical Society, April 4th, 1884.

and the other deep structures. The ophthalmoscope enables us to discover its existence from the initial stage, watch its progress, and determine with precision the site of the lesion. The symptoms are dimness of vision, followed by interruption of the visual field, i.e., the patient sees when looking in one direction, but when looking in another a cloud seems to intervene between him and the object, and hence when the effusion continues to accumulate vision is entirely abolished. This brief statement with regard to the pathology and site of the affection shows the difficulty of the problem how to deal with it. Considering that the disease is situated behind the posterior pole of the eye, behind the lens and vitreous humour, it has been generally thought that that region is inaccessible, and beyond the reach of surgical interference. The late Von Graefe tried an operation in which he introduced a needle through the sclerotic into the detached mass, ruptured it, and allowed the serum to disperse into the vitreous and there to be absorbed. Sir William Bowman was the only one who did the same operation, for I am not aware that in this operation Von Graefe has found any other imitator. The results were far from encouraging. The present state of the science in this department will be seen from the report of the meeting of the Ophthalmological Society of France held on January 28th, 1884. At that meeting M. de Wecker, who, bye-the-bye, tried some operations of his own, stated that he failed in every operative attempt, and that he had lately found useful the application of strong revulsive measures by the repeated application of the cautery (*pointes de feu*) upon the surface of the sclerotic, and M. Galezowski recommended putting the patient in a horizontal position for several months without interruption for a single instant. In other words it is a desperate affair. We must try something, and we may well ask "*et après*," &c., what becomes of the eye after the sclerotic has gone through the baptism of fire, and what becomes of the patient after he has been lying upon his back for several months without a moment's intermission? I merely mention this in order to show what these celebrated ophthalmologists think of the chance of ever obtaining a cure for detachment of the retina. But I cannot help asking also if they have ever tried the operation which was introduced by me in 1878. Repeated successful cases from my clinique have been published in the *Annales d'Oculistique*, and in other Continental journals. My first case I showed to this Society, and I shall have the honour this evening to submit another operation for detachment of the retina which I have performed on 21st February, i.e., fifteen days ago. Before submitting the patient to your inspection, permit me to say a few words with regard to the principles upon which that operation is founded, and how my attention had first been directed to its adoption. I have very frequently observed in laceration of the sclerotic with prolapse of the vitreous, how easily we can repair the injury by simply bringing the cut or lacerated edges together by a ligature.

Here is a case in point:—Hugh G., a rivetter, who lost his left eye seven years ago, had the misfortune to injure the other eye also with a rivet, at the beginning of last month. The injury consisted of laceration of the cornea and sclerotic, and produced opacity of the lens. This you will see from the black mark extending a quarter of an inch into the sclerotic at its junction with the cornea. I have extracted the lens and brought the edges of the scleral wound together with a ligature applied to the corresponding portion of the conjunctiva, and you can satisfy yourselves as to the result obtained. The eye is useful and as good as you can expect after the removal of the cataract ten days ago. The same accident frequently happens to other portions of the sclerotic. Now, it occurred to me with regard to sub-retinal dropsy, that, if we could dissect the soft structures from the sclerotic, and rotate the posterior pole of the eye forward, there is no reason why we could not tap

the eyeball, remove the effused fluid from behind the retina, in the same manner as we do to the thorax, abdomen, or any other cavity.

The author showed the instruments used for the operation, and described his operative procedure in the case.

Sylvester Hammel, æt. 38, tailor, applied for advice at the Glasgow Ophthalmic Institution on 5th September, 1883. About three years before he had lost the sight of his right eye. The cornea of that eye is hazy, the lens is opaque, and the pupil undilatable being fixed by posterior adhesions, tension—the blindness of that eye is complete. He can but slightly distinguish the flicker of a lamp held at the temporal side, but the luminous perception is lost in front, and at the nasal side. Viewing, therefore, the cataractous condition of that eye with so many complications, it must be considered as absolutely incurable. The left eye, however, had been apparently free from disease till two years before, when it commenced to be affected and gradually became worse. On the day of admission he was quite blind and had to be led. That eye also has a nebulous cornea, but the pupil acts freely and tension is normal. The ophthalmoscope revealed a detachment of the retina and the presence of large flocculi floating in the vitreous. The light of a lamp held in front of the eye could scarcely be perceived by the patient in any direction. The condition of that eye was therefore pronounced also unfavourable, and I was reluctant to risk an operation upon it. On February 3rd the patient returned, most anxious that something should be done for that eye, and as his condition could not, at any rate, be made worse, I yielded to his solicitations.

February 14th.—The operation was performed under chloroform. The conjunctiva and sub-conjunctival tissues having been opened, the sclerotic, which had thus been laid bare, was punctured in the posterior hemisphere of the globe, in the line of the vertical meridian. Instead of the gush of fluid which generally follows the withdrawal of the lance, only small quantities of serum came each time the flap-probe was introduced. The operation was concluded by applying a silk ligature to the wound, and closing the eye with adhesive plaster, lint, and a bandage. After five days the ligature was removed; vision then had so far recovered that the patient could see faces, count fingers at a distance of about eighteen inches; but the vision was limited to the outer part of the field, the inner being still a blank. The ophthalmoscope showed the existence of a detachment at the lower and outer part of the fundus. Tension being normal, I determined to repeat the operation in the region indicated. This was done on 21st March. A section was made in the space between the external and inferior recti muscles, and the eyeball being rotated upwards and inwards, the lance was introduced through the sclerotic and the posterior hemisphere of the globe corresponding to the site of the detachment. This time there was a considerable gush of serum on the withdrawal of the lance. No ligature was applied to the wound; the lids were only closed with adhesive plaster, lint, and a bandage.

On examination four days after the operation, the field of vision was found complete. The patient could make out Snellen's type, No. 20, at fifteen inches distance, and read No. 16 of Jager, and could tell the time to a minute on a watch and follow accurately with his finger the movements of a small seconds pointer. This being the fifteenth day since the operation, you will satisfy yourselves that his acuteness of vision is very satisfactory. In this case there is no room for doubt, inasmuch as I have only just the other day learned that the patient, previous to admission, had attended another eye infirmary, and his card from that hospital, dated July, 1883, is marked: "irido-choroiditis and separation of the retina." Indeed, but for that circumstance which furnishes me with corroborative evidence from an independent source, I should not have

shown the case to this society. The case is also remarkable as being the first in which I ventured to repeat the operation on the same eye.

It is the sixth successful case which I have had since I first introduced the operation. From my first patient I had a letter addressed to me in her own handwriting a year after she returned home, and I am not aware of any relapse in any other cases. I had only one failure, but the eye was soft to begin with, and the issue was a foregone conclusion.

MEDICO-LEGAL INSANITY.

By J. ROCHE, M.D.,

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THE gravest consequences to society and individuals attend the right appreciation by the medical profession of cases which bear on the subject of this article. Since I placed before the public through your kind indulgence on the 5th of February, 1873, the case of the murderer Bulchal Shah, who feigned insanity, much progress has been made in the signs, symptoms, and physiology of the insane, but there are many points as yet, so obscure in their pathology as to require close observation, for their full elucidation. Dr. Bucham, of America, the latest and one of the greatest authorities on the subject, has clearly shown that any one test for insanity is practically worthless, and that the mental state can often only be definitely ascertained by an exhaustive study of the patient's family antecedents, personal history, and general condition, and that men who approach the subject with a bias are practically unfit to form a correct opinion when they are retained by one side or another in a contested case. Dr. Skae has advocated that every mental disorder bears a relation to some bodily disease, and Tuke has done some good work in this direction. The absence of any demonstrable bodily affection would not, however, warrant the medical jurist in pronouncing a case to be a feigned one. Dr. Brown, of Canada, lays great stress on the low temperature of the insane. It is a most useful sign, and I believe a most reliable one in the varieties and form in which it is present. In acute mania, caused by fevers, inflammations, injuries to extremities, *mania à potu*, monomania due to diseased state of the digestive or excretory organs, the temperature is raised. In idiocy, pure and simple, *ceteris paribus*, it is not affected. Dr. Brown maintains that when the temperature falls below 95° F. the subject is *non compos mentis*. In this statement I agree with him, without exactly bending myself to the arithmetical figure. I certainly think there is a cold stage produced by any or whatever cause in which the brain and mind are incompetent.

Dr. Sibbald thinks the memory of the insane is good, and that the dissembler affects forgetfulness. My experience is that the memory is boastful rather than good, it grasps only a few of the events that transpire with the insane, which are boastfully flaunted before the inquirer. Dr. Tuke, and others, say the insane never know, or rather never acknowledge, their madness. I must demur to this statement. I recollect whilst one Sunday, some fourteen years ago, when going around a large jail at Poonah with the superintendent at the time—Dr. Davidson—I casually entered the lunatic department, and on inquiring of the inmates "What are you here for?" the reply from several was "dewanee," "dewanee," (we are mad). The fact astounded me somewhat, and I questioned about a score, and there was only one who would not reply at all, and who was incapable, in fact, of comprehending. It is the most common imputation by the insane that somebody is maliciously charging them with insanity. The disproportionate increase in the pulse on changing from the recumbent to the sitting, standing, and walking conditions, is present in all cases outside the idiotic. I have

given my reasons for believing it to be a most valuable indication in the article of February, 1873. It must not be understood that it is confined to insanity, as there is no wider diffused sign of disease. The difficulty of securing the attention, and the marked abstraction of the mind, which is alluded to in Bulchal Shah's case, is exceedingly important. This symptom seems to have great weight in the instance of Gouldstone last year (1883). The wife swore that he frequently seemed absorbed in meditation, and that she could not get him to comprehend or answer her question till it was repeated many times.

To the inexperienced there is no condition can be so easily simulated as maniacal abstraction. If, however, the rule followed in Bulchal Shah's case be observed, and a portion of the sentence of conversation be omitted in the repetition it may be discussed whether the person under inquisition can recall the whole meaning, thereby detecting whether the absence of attention was real or feigned.

Delusions and illusion are mostly constant in their notion in the insane, e.g., if anything give the impression of poison it will be constantly poison. It will not be one time a food or a healing medicine, and another time a poison. If an individual give the notion of a murderer, he will constantly give it. If the delusions of applications attempting to kill are described, these are never transformed into salutary efforts. I have observed these facts exemplified admirably in a lady-monomaniac excited by injury in a constitution nervous and reduced through bad digestion. In the dissimulator, the factors are entirely different. I have touched this subject with sincerity, and an earnest desire to centre the attention of observers on a most intricate and important medico-legal question, and if I could impress the minds of those members of the profession who will be hereafter consulted in similar grave cases, I would say, reputation is nothing when weighed against life or the welfare of society.

Mount Clarence, Kingstown.

Clinical Records.

CASHEL UNION HOSPITAL.

CASES UNDER THE CARE OF DR. LAFFAN.

Albuminuria and Mitral Regurgitant Murmurs.

Two very interesting cases in which non-organic murmurs of the above class were evidently caused by albuminuria have occurred in my practice. J. B., a stout young woman of red hair and florid complexion, was admitted to my mid-wifery ward in 1880. She was within a few weeks of her confinement. She was completely anasarcaous; the lower extremities, face, abdominal walls, and arms being swelled. The uterine enlargement was excessive, and, as double fetal sounds could not be heard, excessive amniotic fluid was diagnosed. Abundance of albumen was found in the urine, auscultation discovered a mitral regurgitant murmur and the sounds of universal bronchitis. This murmur was constant, and unchanged by position, &c., in character, and so far conveyed the impression of its being organic. Vigorous measures in the shape of cupping, purging, warm baths, acupuncture, and expectorants were used, and under their influence considerable amelioration was obtained. Labour came on in due time, and during its progress she was seized with convulsions. The child, which was dead, was delivered by the forceps. The treatment was continued perseveringly for weeks, and she ultimately, but not for months, got rid of not only albuminuria and dropsy, but also of her regurgitant murmur. She has since been delivered of a second child, and has again and again been examined by me with the result of demonstrating the complete and permanent restoration of the affected organs.

No. II.—J. C., æt. 25, was admitted in 1870 for right hemiplegia, with paralysis of right side of face, stricture of urethra, cystitis, and paralysis of bladder. There was a

syphilitic history. The heart on examination disclosed mitral regurgitant murmur. The patient, who is an intelligent man, stated that he had lost consciousness after having overhauled his water for some hours, despite pressing calls to void it at the onset. He stated that he then fell down in a fit, and that he thought that it was brought about by the mischief thus inflicted on his bladder. It is more likely, however, that he confounded cause and effect, and that the apoplectic seizure, with its attendant paralysis, was caused by the syphilitic disorder. The urine contained a copious deposit of albumen. Careful filtration was, of course, employed in view of the cystic admixtures in the urine. The murmur, like that previously described, was as constant as any organic murmur I have ever heard. Neither posture, time, nor other circumstance in the least affected it. Active treatment was employed. The stricture was attended to, and the urethra dilated to normal size. The bladder recovered its tone, and the disorder of its lining membrane disappeared; then albumen ceased to be present in the urine; and, finally, the cardiac murmur vanished. The patient regained complete power and feeling in the affected side. This change was the last in the progressive series, and he left the hospital in perfect health.

Diastesis of Femur.

M., a young girl, æt. 17½, somewhat scrofulous, fell on the ice, 5th February, 1879, and sustained an intra-capsular fracture (diastesis) of the left femur. She did not come under notice until May 5th, when she was admitted to hospital. The usual signs were present, but not till June 15th did she allow the limb to be put in suitable apparatus, which, however, she used to take off from time to time when my back was turned. On July the 22nd, however, fear or persuasion, I forget now which, induced her to alter her course, and for two months a long splint was kept constantly on, at the end of which time union was found to have taken place. There was a shortening of about ½ inch; she was a little lame for some months, but ultimately got perfectly well. The point of interest in this case is that a cure should have been effected notwithstanding the length of time that elapsed from the receipt of the injury until treatment was entered on.

Orbital Abscess.

A. T., æt. 54, a servant, was under my care in March, 1877. Her right eye was exophthalmic. She suffered from excruciating pain, and complained both of sleeplessness and loss of appetite. Previous history: She complained for some three and a-half years before admission, off and on, of a violent pain across the forehead. This was accompanied by sleeplessness, occasional vomiting, and constipation. There was noise in the ear of the side, with flashes of light and double vision in the corresponding eye. Her memory was also impaired. She never received any hurt and never suffered any illness, save from an attack of fever from which she suffered some years previously. The pain would remain away for a couple of months at a time, was of a burning character, and was aggravated at night. I diagnosed abscess of orbit, which I opened on the 19th, when it gave exit to an immense quantity of pus. She remained in hospital for six weeks, but the discharge did not entirely cease till after a period of six months, when she became well.

Special Articles.

EXPERIMENTAL DIPHTHERIA.

It will be remembered that the German Empress some time ago offered a prize for the best study of diphtheria, and that the prize was awarded to Professor O. Heubner for his essay on "Experimental Diphtheria." Of this essay we now propose to give some of the leading features.

Observation of fibrinous exudations on various mucous membranes in various diseases such as dysentery, small-pox, cystitis, &c., had taught that the fibrinous exudation of diphtheria did not represent anything peculiar to the disease, but that other poisons and injuries had the property of being capable of calling forth the peculiar

affection of the mucous membrane. Professor Heubner determined, therefore, to study experimentally the conditions of the origin of the diphtheritic membrane and then the general disease or their relation to each other. He ligatured the bladder of rabbits just above the point of entrance of the ureters, and cut off the circulation of blood within the ligatured parts. Two hours afterwards the ligature was removed and the animal was then killed, within a longer or shorter period after removal of the ligature.

On the first day after removal of the ligature, marked hæmorrhagic œdema was noted, by which the mucous membrane of the bladder was thrown into folds and ridges. Examined microscopically it was observed that the principal seat of the swelling was in the sub mucosa. The blood-vessels of the whole mucous membrane up to just below the epithelium were widely dilated and quite filled with blood corpuscles. Red and white blood corpuscles in great numbers had left the vessels.

If the animal were permitted to live 30-36 hours after removal of the ligature, the œdema was found to have become solid, the epithelium had apparently disappeared; the cells were swollen and the pores only slightly colourable. If the animal lived 48 hours after removal of the ligature, the part presented the appearance of well-marked diphtheria.

One condition is essential to the production of these appearances, the blood stream must be blocked for a time, but not permanently, for if the latter, simple gangrene follows. By temporary interruption of the blood current the tissues are imperfectly nourished, or not at all, in consequence of which, changes take place in the epithelium, which end in its death. But the walls of the blood-vessels are also altered, the blood again streaming in, enters a diseased vascular system, whereby the second condition in the production of artificial diphtheria is afforded, viz.:—the so-called inflammatory exudation. The inflammatory exudation coagulates and becomes necrosed, the whole is now an intimate union or amalgamation of inflammation and necrosis.

Our author now attempted some inoculation experiments with this artificially produced diphtheria, but with only negative results. Thus Bretonneau's membrane, but not Bretonneau's disease, had so far been produced.

He then combined the local diphtheria with a general disease by inoculation of the latter. He first tried the poison of anthrax, and found that the vessels of the parts that had been ligatured were plugged full with the bacilli of anthrax, but that outside the vessels not a single bacillus could be seen. The like was the case when, instead of the poison of splenic fever, the animal was inoculated from a diphtheritic patient. The vessels were filled in this way with micro-organisms which appeared as short rods. Inoculation with particles from the vesical mucous membrane diphtheria, when the local diphtheria was associated with the general affection proved fatal in a very short time. If a piece of healthy mucous membrane from the same animal was employed for inoculation, the animal so inoculated did not die. From this it follows that in these cases in which there is a combination of the local and general disease, the diseased mucous membrane has the power of storing up the poison in large quantity.

If the rods which were found in the vessels of the diseased mucous membrane of those animals in which the local disease was associated with the general affection, had been the diphtheritic poison, they would also have been found in

the vessels of the diseased mucous membrane of diphtheritic patients. This is not the case however. Our author has made whole series of sections, for example, from the uvula, where shortly before the membrane had been present, but he has never succeeded in demonstrating these organisms in the vessels. From this he concludes that the diphtheritic poison has not yet been discovered.

The disease that arises after inoculation of true diphtheria material, Professor Heubner declares to be not true diphtheria, as inoculations of rabbits with the oral secretions of healthy individuals produced, sometimes, malignant oedema, sometimes necrosis, sometimes septicaemia, sometimes progressive necrosis, &c. This must be for the reason that several kinds of low organisms vegetate in the oral cavity; if the tonsillar mucous membrane becomes diseased, and if necrosis of its superficial layer comes on with the formation of a fibrinous exudation, other forms of low life may now develop on the altered tissues, and may drive off the others. If these new forms are now inoculated into susceptible animals, an infectious disease differing from those that arise after inoculation with healthy buccal-mucous is set up, or under certain conditions a mixed form of various infectious diseases may arise.

France.

[FROM OUR SPECIAL CORRESPONDENT.]

THE ATTITUDE OF THE STATE TOWARDS MEDICAL MEN.—

The meeting of the Académie de Médecine was wholly devoted to the reading of the Report of the Commission named to examine the position of medical men specially attached to the institutions for the insane, and to regulate, where necessary, the abuses to which the alienist was hitherto victim on the part of the authorities.

ANEURISM OF THE FEMORAL ARTERY.—The Société de Chirurgie listened with interest to a paper on "Aneurism of the Femoral Artery," read by M. Desprès, which he treated with digital compression, but without success, the aneurism becoming afterwards diffused and occupied the whole of the thigh, even to the popliteal space. The patient, a washerwoman, *æt.* 36, entered the Charité and placed herself under his care. After having duly examined the tumour, M. Desprès decided on tying the artery immediately below the Fallopian ligament. The collateral circulation became rapidly established, and on the fourth day the tumour began to inflame, and in a short time the whole limb increased in volume. Having observed that in one place the tumour showed a tendency to "point," M. Desprès by an incision laid open the aneurism in its entire length and turned out the clots of blood which filled the cavity; blood flowed freely, but was easily arrested by artery forceps, which were placed on both ends of the vessels; ligature of the upper end was tried in vain, and he left the forceps *in situ*, all going on well for three or four days. But, at the end of that period, secondary hæmorrhage took place, and was arrested by the ligature of the deep femoral artery. However, five days subsequently the patient was seized with a rigor, and in forty-eight hours succumbed, presenting all the symptoms of purulent infection. At the autopsy it was found that one of the forceps was placed on the vein. M. Desprès concluded from this case that digital compression aggravates the prognosis of ligature of the femoral artery, and it might be said that it aggravates the prognosis of aneurisms that it does not cure. M. Trelat, in praising the

conduct of his colleague in this difficult case, said that it might have been better to have replaced the forceps by the ligature, and that he could not help thinking that if antiseptic precautions had been used the grave complication to which the patient succumbed might have been avoided. M. Perrin agreed with M. Trelat as to the advantages of antiseptic treatment, and thought that M. Desprès was to blame in not having tied the extreme iliac, which was generally an easy operation. He had in 1870 performed that operation on an officer for femoral aneurism, and it was so successful that the patient was able to rejoin his regiment. Others members followed, and all agreed with the observations of the last named.

THE NEW MEDICAL BILL.—The Commission formed to examine the new Medical Bill voted the first clause, which renders illegal the practice of medicine by any person not provided with the diploma of the doctorate; consequently the title of *officier de santé* is abolished. The second clause, which purposed facilitating the taking out of the diploma of the doctorate by those actually holding the inferior degree was also approved of with a slight modification. Any *officier de santé* of six years' practice can obtain the higher diploma on passing two practical examinations and the *thèse*. The discussion of the third article, which concerned foreign medical men, and Frenchmen qualified abroad, was adjourned to have proof of how French medical men were admitted to foreign degrees. If this Bill pass, there will be but one recognised degree in all the territory of the Republic—that of M.D.

A DISPENSING MISTAKE.—A sad accident occurred in Cherbourg last week. A young girl, who was in the habit of injecting a solution of pilocarpine for an affection of the eyes, went as usual to the chemist to get the prescription made up. On returning, she injected, as was her custom, the solution over the left temple. In a few minutes she was seized with violent pain, and soon expired. An error was committed by the chemist, who, having discovered it, ran to the house of the girl, but she had just expired. He had given aconite for pilocarpine.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, APRIL 18TH.

The President, Sir ANDREW CLARK, Bart., M.D., LL.D., &c., in the chair.

Dr. DE HAVILLAND HALL read a paper, a sequel to a paper read before the Society on April 28th, 1882, entitled

PRIMARY LARYNGEAL PERICHONDRITIS.

The subsequent course of the case showed how untrustworthy negative histories are, as the post-mortem revealed marked syphilitic lesion, so that the perichondritis was almost certainly of syphilitic origin. The patient, a man, *æt.* 25, was admitted into Westminster Hospital on October 9th, 1882, wearing a tracheotomy tube, for the purpose of having his stenosed larynx dilated. The day after his admission painful swellings of the joints and in the muscles developed. These disappeared under the use of large doses of iodide of potassium and the inunction of blue ointment, but the pain and febrile disturbance prevented any treatment of the laryngeal stenosis. In the beginning of February, 1883, the patient left the Hospital, free from pain but very emaciated. He was then lost sight of till July 2nd, when he was re-admitted into the Hospital, suffering from albuminuria and diarrhoea, and he died two days later. The autopsy showed constriction at the junction of the larynx and trachea, the aperture only admitting a No. 12 catheter; above the point of constriction the

mucous membrane was normal; below, thickened, of a dark chocolate colour, and its surface bathed by a layer of yellow pus; the right cricoid cartilage was partially absent. The liver was a marked example of the fatty and lardaceous degeneration, and there were peri-hepatic and peri-splenic adhesions.

The PRESIDENT observed that operations might, under certain circumstances, be succeeded by arthritic changes which entirely cleared up in a short time. The favourable effect exerted over doubtful swellings by iodide of potassium was usually taken to imply either that they were aneurismal or syphilitic in nature; but he considered that it was a perilous proceeding, and instanced a case in point which had recently come under his own observation. It was that of a patient over whom five physicians had been in consultation respecting a tumour, the diagnosis being that it was aneurismal. Iodide of potassium had afforded decided relief, but notwithstanding, Sir Andrew Clark's suggestion that it was of cancerous origin, ultimately proved to be correct.

Dr. HALL said that in his case the swelling was not merely relieved by iodide treatment, it rapidly and entirely disappeared.

Dr. PKECY KIDD on a case of

TUBERCULOUS TUMOURS OF THE LARYNX.

A patient, *æt.* 50, who had suffered from cough, hoarseness, and shortness of breath for eight months, came under observation as an out-patient at the Brompton Hospital in the following condition:—Chest: Signs of consolidation of the upper part of the left lung with complete absence of râles. Larynx normal, with exception of the vocal cords. On the posterior extremity of the left cord was a spherical tumour as large as a small pea. On the corresponding part of the right cord there was a small pinkish prominence. The pulmonary condition remained unchanged for months, scanty, obscure râles being heard occasionally, but more often were absent. There was very slight increase in size of the laryngeal tumour, but the prominence on the right cord gradually assumed the proportions of a tumour which, like that on the other cord resembled a pea in shape and size. There was no further growth of the tumours. Ten weeks after his first visit the patient was admitted into the hospital in consequence of a spasmodic laryngeal attack in the out-patient room, from which, however, he soon recovered. For the four months he remained in the hospital he had slight spasmodic attacks from time to time depending upon the varying degree of swelling of the aryepiglottic folds. The tumours remained unaltered, and there was no change in the pulmonary condition. The aortic second sound was noticed to be much accentuated, and occasionally a systolic murmur was heard under the left clavicle, which was thought to be due to aortic dilatation or aneurism. The patient was discharged after his condition had become stationary, the physical state of his chest and larynx being unaltered. A month later he appeared in the out-patient room with signs of excavation of the left lung, and with much swelling of the aryepiglottic folds, but without any change in the appearance of the tumours. He was readmitted in a very weak state, and gradually became worse. The laryngeal obstruction increased so much that tracheotomy had to be performed during a spasmodic attack, in order to save his life, but he sank two days later. The post-mortem examination revealed pulmonary phthisis of a fibroid type in the left lung, tubercular ulceration of the posterior wall of the larynx and of the trachea, with symmetrical pea-sized tumours situated over both processus vocales; atheroma and dilatation of the aorta; granular contracted kidneys; fatty liver; tubercular ulceration of the colon. A microscopical examination of the tumours showed that they were an outgrowth from the lateral aspect of the inter-arytenoid fold, and consisted of collections of subepithelial miliary tubercles, and of a cellular infiltration of the mucosa and sub-mucosa. Tubercle bacilli were found in abundance in the miliary tubercles and in the cell infiltration. In the *Wiener Med. Presse*, April, 1883, Schnitzler records a case in which he diagnosed multiple tuberculous tumours of the larynx. The tumours were removed with the guillotine, and proved to consist of aggregations of miliary tubercles. Schnitzler believes that his is the first case in which such tumours have been recognised during life.

Dr. WHIPHAM quoted a case in his own practice of a similar kind. It was that of a man, a free drinker, and the diagnosis was doubtful between syphilis and tubercle, but the only physical sign of phthisis perceivable at first was emphysema of the apices and anterior borders of both

lungs. The arytenoid cartilage of the left side was enlarged, and two months later a similar change affected that of the right side also. Thenceforward marked evidences of lung mischief were apparent, crepitations and breaking down following in quick succession, and were succeeded by death of the patient.

Dr. HALL had seen several instances of tuberculous larynx ensuing in syphilitic subjects of phthisis, and they had all terminated fatally. Dr. Kidd's case was a rare example, on account of the long period, nine months, during which no ulceration of the larynx had set in.

The PRESIDENT suggested that the delay might have arisen from the occurrence of fibroid changes in this case.

Dr. KIDD explained that his patient had exhibited no such changes, and until this experience he had never even heard of cases in which tuberculous tumours of the larynx had been observed. Very recently, however, he had seen two similar cases. In one the tumour, as large as a small bean, was situated on the ary-epiglottidean fold: ulceration was rapidly fatal. The other case occurred on the post-mortem table.

THREE CASES OF CANCER OF THE RECTUM.

Mr. CRIPPS read the notes of three cases of cancer of the rectum in which he had excised the lower part of the bowel, the operations having been performed respectively seventeen months, eighteen months, and four years ago. In the first case, that of a man, *æt.* 68, the symptoms had existed for two years. The disease consisted of a hard, irregular mass on the posterior and right wall of the rectum, about two-thirds of the circumference of the bowel being involved, the disease not extending more than two and three-quarters of an inch from the anus. The lower three inches of the bowel were removed, with the exception of about one-fourth of its circumference on the anterior wall. The patient was much troubled during his convalescence from symptoms arising from enlarged prostate, but was discharged in a satisfactory condition so far as the bowel was concerned. At the end of a twelvemonth his medical attendant wrote that he was alive and comparatively comfortable, no return of the disease could be detected, but he was unable completely to retain his fæces. Mr. Cripps had examined this patient since sending in the paper, and found that he was suffering considerably from prostatic troubles. There was some hardness in this neighbourhood, but no certain symptoms of recurrence. The second case was that of a lady, *æt.* 60. The disease extended all round the bowel on the anterior wall, nearly as high as four inches. Mr. Cripps did not regard the case, from its extent, as a very favourable one for operation, but at the wish of the patient undertook its removal. The bowel had to be dissected for two inches from the peritoneum. The patient made a very satisfactory recovery; she suffered much from contraction, but there was no recurrence for more than a year. The disease then recommenced. The last case was that of a lady, *æt.* 40, who was recommended to the author by Dr. Matthews Duncan. The disease consisted of a hard ulcerated mass, involving one-half the circumference of the bowel to a height of two inches, and filling the ischio-rectal fossa. The disease was removed in July, 1880, and proved, under the microscope, to be a typical example of adenoid cancer. The patient has been frequently examined since. She has completely regained her old strength and health, has no pain or discomfort whatever, and remains, after nearly four years, perfectly free from any symptom of recurrence. Mr. Cripps remarked that he was much indebted to Mr. Butlin for his assistance in the operations performed.

Mr. MORRANT BAKER said he had operated on three cases of cancer of the rectum. One died of peritonitis, the other two recovered. He endorsed the opinion that great benefit resulted from the operation. In one of his cases, that of a woman, a large amount of tissue had to be removed, including the recto-vaginal pouch; but even in this only a slight amount of trouble was subsequently experienced. Later on the disease returned and death ensued. The third case, also a woman, did very well, and when seen two years after the operation, enjoyed good health, and went about in comfort.

Mr. WALSHAM had also experience, personally, of three cases, all seemingly favourable for operation, the tumour being situated posteriorly, and being all of it removed in two. One died three months after operation, but no post-mortem was obtained. Another died three days after operation, of septic infection. In the third case it was found impracticable to extirpate the diseased bowel entire, but still

a good recovery was made, and in four weeks the man was able to resume work. Now, however, the cancer was returning. Mr. Walsham urged the importance of forming a diagnosis when the patient was under an anæsthetic, and also that scissors should be used in preference to the *écraseur*, bleeding vessels being tied as they were divided. It might, he considered, be desirable to remove even a part of the cancer where all could not be reached.

Mr. DENT observed that contraction of the gut after operation, and escape of fecal matter, were the main points to be considered. The trouble caused by the latter condition might be mitigated by deferring to dilate for threatened stricture till later than was usually done. It was a pity that an operation otherwise so promising should be followed by such accidents.

Mr. BARKER narrated the history of a case in which he had removed a cancerous rectum from a man, *æt.* 58. Dilatation was not attempted. When seen three months later, he said his only trouble had been looseness of the bowels whenever he indulged in beer. Then it was impossible to force the finger inwards more than $1\frac{1}{2}$ inches, but notwithstanding the motions readily passed. All the circumference of the gut had not been removed in this case. The disease recurred after 14 months. A second operation was done; death occurred from cellulitis. In another, the only other case Mr. Barker had operated on, death followed from cellulitis in a few days.

Mr. GODLEE had operated on one case only. The patient was a man about 70. The cautery was employed, and this instrument was approved by Mr. Godlee on account of the control over hæmorrhage it provided. Stricture and incontinence occurred afterwards, and dilatation was resorted to with resulting relief, and the patient was now at work again. A plastic operation, or even colotomy, might, Mr. Godlee thought, be desirable in extreme instances of stricture; and in illustration of the chronicity of the disease in question he instanced the case of a woman operated on by Simon, of Heidelberg. This woman returned periodically to have recurring cancer scraped away, and this took place a considerable number of times.

Sir ANDREW CLARK said that his own experience taught him that the duration of life of these cases was longer than books commonly assigned to them. He once diagnosed cancer in a lady who lived for six years after; and he had during the last two or three years seen more than twelve cases in conjunction with Sir James Paget. In all, the duration of life exceeded that given to such patients in books.

Mr. CRIPPS had not known any instance of a patient suffering from cancer of the rectum in which, in the absence of any operation, life had been prolonged beyond eighteen months. Indeed, he was surprised to find how rapidly a fatal termination occurred. Operation afforded favourable chances. In one case he removed a cancer eight years ago. It recurred and was again excised. Six months after it was once more cut out, in 1877, since when there has been no return of the disease. He agreed in preferring the scissors, which in his two latest cases he had employed. For high operations the *écraseur* was advisable. Successful results might be expected in cases where the finger could pass beyond the growth, and in which the bowel was freely movable. Incontinence might be remedied by use of pads, &c. Contraction of the bowel was a much more dangerous complication, and in view of the possible obstruction it might cause, he would advocate early employment of bougies to dilate. In extreme cases he would resort to colotomy.

Dr. ANGEL MONEY communicated a paper on a

REMARKABLE CASE OF TUBERCULAR MENINGITIS.

The patient was a female infant, *æt.* 9 months, when first seen on December 7th, 1883. It appeared that the child had enjoyed good health till about five months previously, when it had the measles, but apparently recovered completely in a short space of time. On November 27th the child had a fit, shortly after which the left arm and leg were found to be completely paralysed. The intelligence was, so far as could be judged, unaffected. The corporeal state was decidedly one of great fatness. The condition of hemiplegia seemed to be slowly passing away, until December 27, when a series of fits set in, unconsciousness supervened, and the patient died on January 2nd. On January 1st there was hurried and somewhat Cheyne-Stokes breathing; the pulse was regular, 96, but no fever. The temperature on the morning before death, however, was taken in the rectum and found to be 107°.

At the autopsy the brain was soft and pale, with considerable excess of pale clear fluid in the lateral and fourth ventricles, but without glueing of the cerebellum to the posterior boundaries of the last-named ventricle. There were signs of not recent meningitis, chiefly at the base, and a large branch of the right middle cerebral was found to be thrombosed. The other organs showed signs of tuberculosis. A minute vegetation existed on the smaller flap of the mitral valve. In his remarks on the case, Dr. Angel Money pointed out the difficulties of diagnosis. He said that in children the symptoms and signs of disease were singularly wanting, especially when we had to do with the brain. A mass of disorganisation in a child would produce much fewer signs than an equal amount of damage in an adult, and this was still more the case, the younger the child.

Dr. O'CONNOR inquired as to the state of dentition in Dr. Money's case.

Dr. GLOVER described the case of a man who, in January last, was attacked by a temporary hemiplegia, which occasionally recurred during the next few days. He had been exposed to cold, on an empty stomach. After a time he recovered, and the only symptom remaining was slight vertigo, in addition to permanent dilatation of the pupils.

Dr. TONGE SMITH narrated the case of an infant affected with temporary paralysis; pyrexia supervened, and death occurred from tubercular meningitis.

A MEMBER instanced a case in which a business man was attacked one day by evanescent paralysis, and died suddenly the day following.

Dr. MONEY said his patient had cut two lower incisors. The paralysed limb was cold.

BRADFORD MEDICO-CHIRURGICAL SOCIETY.

MARCH MEETING.

W. H. ELLIS, M.R.C.S., President, in the Chair.

Dr. WHALLEY introduced, as follows, a general discussion on

CRANIOTOMY.

The important subject which we have met to discuss this evening, has for its aim the accomplishment of delivery by the sacrifice of the child. Perforation of the foetal head was one of the very early operations of midwifery, it was practised by Hippocrates, and though but little change has taken place in the mode of performing the operation since his time, an almost infinite variety of instruments have been invented for the purpose. Those most commonly employed are the perforator and the forceps, which are used for extracting the child. Dr. Churchill finds that with regard to the statistics of the operation, taking the average practice of this country in 173, 625 cases of labour, perforation was resorted to 563 times, or about 1 in 308 $\frac{1}{2}$. In France and Italy the frequency is about 1 in 563 $\frac{1}{2}$, and in Germany 1 in 1,675. The conjoint tables give a total of 859,178 cases of labour, with 1,018 cases of craniotomy, or 1 in 844. From the only table where the result of the mother is stated, it appears that of 800 cases, 141 ended fatally, or about 1 in 5 $\frac{1}{2}$; but in private practice the result is very different, for of 161 cases only 7 died, or 1 in 23. It has been my misfortune during the last 23 years, to have to resort to the perforator 15 times in 2,920 cases of midwifery, in 13 instances it was applied to the head, in 1 to the chest, and in 1 to the neck, in order to decapitate. Of these cases 11 mothers recovered and 4 died; of the latter, one, a primipara, who resided in a very insalubrious locality died at the expiration of a week from septicæmia. I believe if the operation had been resorted to earlier, a better result might have been obtained. The second case was one of pelvic distortion; she died from accidental hæmorrhage on the second day. The third case was also one of pelvic distortion; she died from exhaustion, the result of prolonged instrumental labour. The fourth, *æt.* 39, a primipara, was extremely feeble and was delivered of a putrid foetus, and died on the fourth day, from septicæmia. At one time it was the rule to wait until the child was dead, but this rule is now happily obsolete, by this practice the danger to the mother was increased while nothing is saved to the child. Authorities differ widely in their opinions as to the conditions which should justify a resort to the proceeding, some

affirm that through a diameter of an inch a mutilated child can be extracted; while others think unless there be a space of fully two inches, the danger to the mother is so great that it would be better to have recourse to the Cæsarean section. The majority seem in favour of the latter view, and, judging the results obtained, this rule seems by far the safer. For my own part, in a case where the diameter did not exceed two inches, I should urge the Cæsarean alternative, believing, as I do, that in cases of such distortion the danger to the mother nearly equals that of the Cæsarean, while the life of the child is necessarily lost in the one, most probably saved in the other. In order to refresh the memory, I may just state that the average measurements of the dried female pelvis are the following: The antero-posterior diameter is $4\frac{1}{2}$ inches; the transverse, $5\frac{1}{2}$; and the oblique, $4\frac{1}{2}$. A conjugate diameter of pelvis, of $3\frac{1}{2}$ inches, will not admit the passage of a living child of average sized head at the full term. The cases requiring the perforator are:—1. "Where the pelvis or soft parts are deformed, by tumours or otherwise, to such an extent that either the conjugate diameter at the brim, or the transverse at the outlet, measures less than 3, but not less than 2, inches. The normal dimensions of the pelvis may be thus reduced, either by simple pelvic deformity, the result of rickets or of mollities ossium, or by tumours connected either with the pelvis—bony, or enchondromatous, or with the pelvic organs, such as ovarian or fibroid tumours of the uterus. Cancer of the uterus is also thought by some to justify craniotomy, but, considering that disease must before long prove fatal to the mother, I could not, under these circumstances, sanction the sacrifice of the child—at least not if the cancerous disease had advanced far and invaded the whole cervix—the Cæsarean section, in such a case, seems to me the obvious method of treatment. I have read of two cases in which the child was pulled piece-meal through a cancerous uterus and vagina with so much injury to the mothers that they died, the one in a few hours, the other in a few days. Such practice is, in my judgment, wholly unjustifiable, and is a scandal to our art. 2. Cases where, without any abnormality of the pelvis, there is such a disproportion between it and the child, that the extraction, by the natural passages, of a living child is impossible. Hydrocephalus is a case in point. 3. Certain cases of malpresentation, as for instance of the arm, together with the head, where the former projects into and even beyond the vagina, and cannot be returned, both head and arm being firmly wedged in the pelvis, the liquor amnii having escaped, and the uterus firmly contracted on the child. In like manner some cases of face-presentation may require to be thus treated. 4. Where the labour is very tedious, and the child dead. Here there is no object in waiting, for the child is beyond recall, and the mother is certain to be injured more or less by the continuance of the uterine action, when no progress is made. 5. Cases requiring speedy delivery, the process is inapplicable, such as certain cases of convulsions, rupture of the uterus, some forms of dangerous hæmorrhage, exhaustion," &c. I think no fixed rule can be given as to the period when the operation should be performed. As soon, however, as it is clear that a live child cannot come by the natural way by any known process of obstetrics, we ought to decide upon the operation. It is probable that from waiting too long that the maternal mortality in this country is so high after craniotomy. I will not weary you with the details of all the cases of craniotomy I have met with, but will give, as briefly as possible, the particulars of a few, which I may call "typical cases." *Case I.*—Mrs. T. B., arm presentation, pelvis contracted in antero-posterior diameter, it was the patient's seventh confinement, has had four cross births, and only one living child, version was performed in present case, child dead, perforated the skull behind the ear. Mother made a good recovery. *Case II.*—Mrs. W., diminution of the pelvis in the conjugate diameter, it was impossible to deliver with forceps, patient had been in labour a whole day, craniotomy performed. Mother soon recovered. *Case III.*—Mrs. M., called at 4 a.m., patient had a sudden gush of hæmorrhage—7½ months advanced—ruptured the membranes, hæmorrhage ceased. Called again at 3 a.m. following day, found placenta presenting, patient much exhausted from loss of blood, pains feeble, hæmorrhage still going on, perforated skull, applied forceps and delivered. The mother made a rapid recovery. *Case IV.*—Mrs. D., a multipara, was very anxious to have a living child, has always experienced

difficult, lingering labours, all her children, with one exception, have been still-born, or have died immediately after delivery. On examination the patient was found to possess that rare deformity which has been termed by M. Nægele, "the obliquely distorted pelvis." I applied the forceps, but found the space insufficient to admit of extraction, with safety to the mother. I then determined to turn, this was effected with great difficulty; after bringing down the body and shoulders, profuse hæmorrhage ensued, and finding it impossible to bring the head through the brim I perforated behind the ear. The patient lost about a quart of blood, from the effects of which she died the following day. *Case V.*—Mrs. C., a multipara, with diminution of the pelvis in the conjugate diameter, complicated with extreme obesity of the patient, rather than allow premature labour to be induced artificially, had exposed herself to all the dangers of craniotomy three times. She made a good recovery from this, the fourth operation. *Case VI.*—This case, a primipara, resembled in most respects the one just described, except that the tubera ischiorum were more closely approximated; she was, with considerable difficulty, delivered by craniotomy, and died on the third day. This patient obstinately refused to have labour brought on at the seventh month. *Case VII.*, and the last which I shall cite. —*Et. 25*, like many of the other cases, presented many of the characters frequently associated with distortion of the pelvis, the result of rickets in childhood, being three years old before she could walk. On examination, the promontory of the sacrum was found projecting forwards, the symphysis pubis was flattened, and pushed towards the former, the lateral diameter being increased, the bulk of the head of the fœtus remained above the brim. The forceps was applied, but extraction could not be effected with impunity. The case was terminated by craniotomy. The mother made a rapid recovery. With respect to the dangers of the operation, as regards the child we may almost say that there is no danger, for the simple reason that its destruction is the essence of the operation. The danger, therefore, has reference only to the mother, and perhaps the greatest of all, because so common, is the injury which results from too long delay, in the shape of inflammation, sloughing, &c., of the maternal structures giving rise to vesico-vaginal fistula, to cicatrices about the cervix uteri, and vagina, to metro-peritonitis, cellulitis, and possibly even to shock, exhaustion, and death. Injuries to the uterus and vagina during the operation are avoidable with ordinary care and judgment, and most of them can only occur as the result of either gross ignorance, or of equally culpable neglect. But in this, as in so many other cases, ignorance is far more responsible for injury than neglect. Before concluding, I must say a word or two on the cases requiring the use of the cephalotribe. They are generally those which render craniotomy necessary, and further, it is applicable to cases where the perforator and craniotomy forceps would most likely fail, or at least, in which their use would be attended with great difficulty and danger. Some authorities have recommended it in cases with a conjugate diameter of only $1\frac{1}{2}$ inches, or even $1\frac{1}{4}$ inches, but this appears to me to be most unsound practice, for I believe the risk to be fully equal to that of the Cæsarean section, which would at least give the child a chance of life. On the Continent, where the cephalotribe was first used, the general opinion is in favour of 2 inches, and probably that is the safest point to fix upon; though, in this country, $1\frac{1}{2}$ inches in the conjugate, with a transverse diameter of $3\frac{1}{2}$ inches, are the dimensions which are thought fairly to justify the performance of cephalotripsy. Dr. Barnes is convinced "that cephalotripsy is quite practicable with a pelvis measuring $1\frac{1}{2}$ inches in the conjugate diameter." It may be so in his hand, but I very much question if it be as a general rule, and it must be remembered that his opposition to the Cæsarean section is very determined. Nowhere, perhaps, is this more visible than when he adds, in the same sentence, that the risk of cephalotripsy, with a pelvis which measures in the conjugate only $1\frac{1}{4}$ inches, is inconsiderable compared with that attending the Cæsarean section. I have found the cephalotribe a most valuable form of craniotomy forceps, it diminishes very greatly the risks to which the mother is exposed in all cases of severe pelvic distortion during the process of extraction. And now, gentlemen, without trespassing further upon your time, I will ask you to discuss this most important subject with that candour, and in the light of that scientific experience,

which has ever characterised the meetings of this admirable society since its commencement.

The PRESIDENT said that Dr. Whalley's experience justified his appointment to lead off this discussion. He had enlarged the subject to all those operations involving the destruction of the child before birth. The use of the long forceps had latterly diminished the necessity for craniotomy. He had been surprised to observe, however, that craniotomy had been performed in Dublin four or five times oftener than the use of the long forceps. He thought it morally wrong to perform craniotomy four or five times on the same subject, seeing that premature labour might be induced instead. Cæsarean section was preferable to craniotomy, and he thought would yet become more general.

The SECRETARY then read a letter from Dr. Hime, regretting his inability to be present at the meeting to say a word in favour of conservative surgery, so far as fetal life was concerned. He (Dr. Hime) thought there was a growing tendency to undervalue fetal life in cases where there were risks to both mother and child.

Mr. R. H. MEADE said the completeness of Dr. Whalley's paper had narrowed the scope for discussion. An important point for young practitioners was to determine when to operate, and how long to wait before doing so. He advised the trial of the long forceps in the first instance, and failing them, turning, because to deliver the head it was easier to perforate behind the ear. There was great danger to the mother in delaying the operation too long. He had been called in to a case where the body had been pulled away, leaving the head still in utero, the delivery of which head was only effected with great difficulty. The cephalotribe was useful in such cases if well-handled, but, indeed, the use of all instruments was not unattended with danger. Notwithstanding the mortality in craniotomy, he should yet hesitate to run the risk of sacrificing the mother by resorting to Cæsarean section.

Dr. RABAGLIATI, alluding to the Cæsarean section *versus* craniotomy, thought that the mortality of the former was due to the method of its performance. Hey and Jessop, of Leeds, with others alleged that the fatality of the operation was lessened by leaving the placenta to be delivered *per vias naturales* after extraction of the child, why, he could not explain. He thought that if the operation were performed antiseptically it would become safer, though antiseptics would not prevent sloughing of dead parts. In consequence of fault being found with a medical man, who performed craniotomy because he had not examined the woman at the seventh month and induced premature labour, he inquired whether a medical man was bound to examine every woman during her pregnancy. This he thought an important question; ladies did not like an examination to be insisted upon, yet in this case, and others he could mention, the medical attendant had suffered in reputation from not having made a previous examination.

Dr. TIBBITS had had little experience of craniotomy. He thought that where craniotomy had once been performed impregnation should be avoided, or premature labour afterwards be induced. It was of course impossible for medical men to prevent the former, and insistence of abstinence on moral grounds might lead to immorality, an undesirable result. It was the opinion of the Dublin physicians that the increased use of instruments was the cause of the increased mortality in mothers. In 500 cases of midwifery he had had he only performed craniotomy twice. In one of these cases there was such inertia that he had to apply the forceps, the patient dying suddenly afterwards; in this case he blamed his own delay.

Dr. JOHNSON denied Dr. Tibbits's inference that the use of instruments increased mortality; he thought the cause of death due to delay in their use; he never hesitated to use forceps when he deemed it necessary, and he had never had a death in consequence. They should always be used slowly and with the pains. In many cases, the state of the parts necessitated either craniotomy or the Cæsarean section. He was pleased to notice the records of several recent cases in which both the mother and child had been saved by Cæsarean section; in one or two of these the uterus also had been removed, thus avoiding all the risks of future pregnancies. Possibly, if after the head had been emptied, and the child left still in utero and the pains were going on strongly, the natural powers might be sufficient to deliver the child.

Mr. DENBY remarked that, failing the natural powers, turning and delivery might then be more easily effected.

Dr. GOYDER said the discussion had somewhat wandered from its direct subject. Careful examination and experience would very soon lead the practitioner to decide upon those cases which required craniotomy; the main points being the contraction of the pelvic brim, the condition of the child, and the powers of the mother. He pointed out the importance of completely emptying the head and destroying the medulla oblongata, as he had known children to breath and cry upon being delivered after craniotomy. He said that the operation for delivery was much facilitated by leaving the child in utero for twenty-four hours after perforation, the parts meanwhile becoming limp and flexible. This plan he had learnt from Drs. Beach and Brown, two old and experienced Bradford practitioners. With regard to deciding whether, before operation, the child was dead or not, there were the absence of the sounds of the fetal heart, the softness and pliability of the cranial bones, and the further fact that the uterus was not firm and steady with a dead child, but fell from side to side with the motions of the mother. He did not believe a medical man ought either to be compelled or to insist on making an examination during pregnancy, unless circumstances demanded it.

Dr. WHALLEY, in replying, said, the President's remarks relative to the operation of craniotomy being less practised in Roman Catholic than in Protestant countries was undoubtedly owing to the fact that, in the former, infant life is held more sacred than in the latter; like Mr. Ellis, he invariably uses the long forceps. In all suitable cases of recognised pelvic deformity he has advocated and practised induction of premature labour, having in one patient performed the operation five times successfully at the seventh month. His experience accorded with that of Mr. Meade's, respecting the advantages of version in certain cases of pelvic deformity, but, like him, he had not infrequently to resort to craniotomy, in order to terminate the case. Mr. Meade's experience confirms the general opinion that the high maternal mortality after craniotomy is due to the operation having been too long delayed. Dr. Rabagliati's remarks with reference to the advantages of the Cæsarean section over craniotomy and cephalotripsy in certain cases of extreme pelvic deformity accorded with his own views, and recent experience favoured the opinion that it is better not to remove the placenta at the time of the operation. Dr. Whalley thought the other questions which had been raised during the discussion by Drs. Rabagliati and Johnson, viz., the signs of a dead foetus, the social and moral conduct of a patient possessing a deformed pelvis, and the moral obligation of the medical practitioner had been satisfactorily dealt with by Drs. Goyder and Tibbits. He testified to the truth of Dr. Goyder's observation that the removal of the foetus was facilitated by leaving it in utero for twenty-four hours after perforation, but remarked that this could not be done in some cases, where delivery itself was urgent and necessary.

Mr. MEADE said that a medical man was certainly not called upon to suggest examination during pregnancy, unless something very unusual justified his doing so; young medical men should be particularly careful in this matter. From the figure and general appearance of a woman one might hint at the necessity for premature labour being induced. Mr. Meade alluded to certain insurance companies requiring special examination in cases of suspected pelvic deformity; the propriety of acceding to this request he thought matter for discussion.

PREPARATIONS are in progress for celebrating the 500th anniversary of the foundation of the University of Heidelberg. The Baden Chamber has shown its sense of the importance it attaches to the occasion by voting the sum of 160,000 marks towards defraying the expenses connected therewith.

DR. JOHN A. VOELCKER, B.Sc., F.C.S., will deliver a lecture on "Milk," at the Parkes Museum, Margaret Street, W., to-morrow (Thursday), at 5 p.m. The chair will be taken by the Rt. Hon. Sir Thomas Dyke Ackland, Bart., M.P.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 23, 1884.

THE FUTURE OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.—III.

THE Presidency of the College is not only the highest official distinction to which British surgeons can aspire, but it is also an office which should confer upon the holder a power of influencing movements designed in the interests of general professional advancement and improvement. Under existing arrangements, however, it is impossible to conceive that anything of this kind is associated with it, and the reason is not far to seek. Elected for no longer than a single year, and proceeding to office under conditions which eliminate every element of popular choice, the President must necessarily feel how merely ornamental a figure he is designed to be, and will have naturally crushed out of him every impulse towards reform that might possibly have stirred him at an earlier stage of his career. By the time he reaches the lofty summit of his ambition as far as College matters are concerned, he has served an apprenticeship as councillor, which, as events have shown, most efficiently fit him to discharge such ceremonials as are part and parcel of the premier office; but above and beyond this, in the way especially of influencing the outer world to better appreciation of surgeons as a section of the body politic, his weight is, except in the rarest instances, *nil*. Occasionally it does happen that there chances to be President a man of commanding intellectual presence—one whose word and work is recognised as entitling him to wider acknowledgment and respect than can ever be hoped for by the great

majority of surgeons, howsoever faithfully and diligently they have prosecuted their lives of labour. No one, however, can dispute that a great corporation like the College ought at all times to be ruled by one to whom a universal and ungrudging title of scientific pre-eminence is accorded. Such men, it is true, cannot be found each year to undertake the duties of the office in question, and in this annual election of President is to be discerned one of the worst weaknesses of the present rules governing the internal affairs of the College. Around it, also, are encrusted other and only less mischievous regulations connected with the mode of election, points which have already been sufficiently dwelt upon in preceding articles.

In the first place, then, the Presidential chair must be held for a longer period than is now the case, for until this is done it will be impossible for its holder to exert more than a nominal influence over the profession. As it is, not one out of a hundred members knows who is its occupant; nor is this surprising when we reflect that the question of election is entirely an uninteresting one save to the twenty-four gentlemen who actually perform the ceremony of choosing, and who all either have been or hope to be, in turn, themselves in a similar position. Tenure of office, to be anything more than an empty compliment, must continue for a term of years, not, certainly, less than three, and probably five or seven would be found advantageous to the College in every way. Again, there is abundant reason for radical amendment of the conditions which constitute eligibility for the chair. Among a number of Fellows and Members so great as that attached to the College of Surgeons there will always be some who have achieved the highest reputation, but who at the same time are precluded by various circumstances from participating in the management of the College as it is constituted at present. Their exclusion is a manifest disadvantage to the general welfare of the College as a whole; and as long as they continue to be excluded a serious evil will be perpetuated, against which both fellows and members are justly entitled to protest.

Without exposing ourselves to the risk of censure, we may be permitted to infer that a good many names are to be found in the list of Presidents of the Royal College of Surgeons which would never have been placed there had the area of choice not been circumscribed as it has been in the past. On the other hand, there are many, also, which but for the hard and fast rule respecting annual tenancy of the chair, would be found year after year, for many years; and had this but been the case a very different aspect would have been borne by the College than that it now presents. The principle here insisted on has, moreover, been frequently recognised even by the College executive, for in a majority of instances the same gentleman has been called to the Presidency twice, and in one case re-election was twice conferred on the same retiring President. Since 1862, however, no holder of the office has occupied the chair for two years; and it must be remembered that in those cases where, previously, re-elections took place, an interval of several years separated the various tenures of office. At the Royal

College of Physicians of London, observance of the rule that Presidents shall continue in office for several years in succession confers very manifest advantages on the corporation. The President thereby becomes associated with, and gives a personality to, the College, the importance of which cannot be over-estimated; while the *prestige* it confers upon the President himself is of a kind that must often excite a vain regret in his brother head of the Surgical College.

The resolution forwarded to the Council demands that henceforth the President shall be elected at a general meeting, and by the Fellows there assembled. For this to be carried it will be necessitated that the Council shall voluntarily resign the privileges it now enjoys in this respect, and merge into the unsympathetic hands of twelve hundred electors the choice that its twenty-four members have so long exercised. But, though the resolution does not explicitly say so, it certainly implies that, given the power to choose, such choice will not be confined, as that of the Council is, to members of that body, but will be free to fix on any Fellow of the College deemed most capable and suitable to fill the chair with advantage to the common weal. If the powers to be committed to a general meeting are limited as those of the existing electors, but little benefit will be found to accrue; and it may therefore be taken for granted that along with the demand already formulated will be granted also the extension of the field of candidates referred to above.

MEDICAL COUNCIL OPINIONS ON THE DIRECT REPRESENTATIVE.

WE have often thought that there must be great self-satisfaction to the curate who is wont to dogmatise from the pulpit in the feeling that the rostrum is all his own, and that he need fear no replies or criticism from any of his audience who may think that he has been talking nonsense or making rash statements. It must indeed be a great aid to oratorical effect when a speaker is relieved from any apprehension as to his facts and arguments and able to devote his mind to the neatly turning of his phrases and to the scourging of his antagonists. Mr. MacNamara had his opportunity when he made his famous speech of the 1st of April (ominous date) against the "direct representative" in the complacent ears of the Medical Council, before whom he was safe from either contradiction or replication. But he should have taken the precaution to "square" the reporters, so that his very peculiar pronouncements should not reach the eyes of any one able or willing to meet him with refutation and with the ridicule which his oration deserved. Here is an extract from Mr. MacNamara's speech as reported by a contemporary:—

"The Medical Council had been the subject of constant abuse as a 'fainéant' body, and as not having exercised its powers to report bodies to the Privy Council. The result of a provincial agitation in Ireland was that when the matter was brought before the Irish College of Surgeons, only seven Fellows voted for direct representation. Some of the most distinguished members of the Council had expressed themselves against direct representation; and when he remembered the important duties of the

Council in regard to education, he could not conceive that a country practitioner, say from Essex, would be a better representative than any of the distinguished members who now composed that body. The agitation was but a journalistic one, got up by parties who sought by direct representation to get access to the Council Chamber."

Without further preface we may characterise the statement that direct representation was brought before the Fellows of the Irish College of Surgeons and supported by only seven votes as absolutely inaccurate, and without any foundation in fact. The question was never submitted to the Fellows, and Mr. MacNamara ought to know enough of the feeling of the College constituency to know that their voice is almost without exception in favour of reconstitution of the Medical Council, and that the entire provincial element and most of the metropolitan Fellows, are favourable to the introduction of a direct representative into that body.

The statement that the movement for this method of reform of the Medical Council is "a journalistic one got up by parties who sought by direct representation to get access to the Council chamber" is, no doubt, meant as an insult to those who have taken a leading part in the agitation, but it is equally an insult to the profession at large who have lent their countenance to that agitation, if it be not the result of indefensible ignorance of the facts.

If Mr. MacNamara were speaking where he might be answered, would he have ventured to say that a demand is merely journalistic and personal which has been persisted in from 1867 until to-day, which has been affirmed each year in the public meetings of every professional organisation, which had its inception in a memorial from 5,200 independent practitioners, which was reasserted on a plebiscite by 5,075 votes against 121, who held Mr. MacNamara's opinion, and which was assented to with more or less force in their evidence before the Royal Commission by the representatives of every licensing body in Ireland, and many of them elsewhere?

Aye! and assented to by Mr. MacNamara himself. When he permits himself to attribute personal motives and political dishonesty to those who have advocated direct representation, does he forget that on the 3rd of July, 1878, in his place in the Medical Council, he himself voted with Sir Dominic Corrigan and Dr. Haughton in favour of the opening up of the question of the reconstitution of the Medical Council, that he voted against a motion which was intended as a counterblast to direct representation, that he received—with his two distinguished co-voters—a resolution of thanks from the Irish Medical Association for his support of direct representation, and that, when in the following year he deserted Sir Dominic Corrigan and Dr. Haughton, and voted against reconstitution, his name was removed from the executive of that Association?

If these facts had been stated to the Medical Council perhaps Mr. MacNamara might not have been so well pleased with his rhetorical effort. Next time he thinks fit to publicly attribute self-aggrandisement as the motive of his political opponents, it will save eventual trouble if he will look up the facts before making the accusation.

Notes on Current Topics.

Typhoid Bacillus.

AN attempt to isolate the bacillus of enteric fever will probably be made under the stimulus given by the munificent offer of a Fellow of the Linnean Society of New South Wales to give a prize of £100 for the best essay on "The Life-History of the Bacillus of Typhoid Fever." Compositions must be written in English, and delivered at the Society's house by December 31st next. The objects to be kept in view by competitors are thus explained by the donor of the prize:—1. The specific characters of the organism whereby they are distinguishable from other forms of bacteria. 2. The changes through which the bacillus passes in the human body. 3. Its mode of development and reproduction in the human body. 4. Its changes, if any, after removal from the body, or under any other conditions of its existence. 5. The fluids or other substances best adapted for the growth of the organism. 6. The power of the organism to exist in pure or distilled water. 7. Its limits of endurance of heat, cold, desiccation, and moisture. It is explained further that, "as far as these points are concerned, the author should confine himself entirely to facts which come under his own observation, which should be fully detailed with a full explanation of the method of investigation. But, in dealing with the results obtained by these investigations, and the consideration of the means whereby a knowledge of the life-history of this most dangerous organism may help towards its eradication, the theories and observations of others may be referred to; but in every such case the authority must be correctly cited. The chief points to be ascertained on this branch of the subject are:—1. How and under what conditions does the organism gain access to the human body? 2. How can its growth be impeded, or its vitality destroyed in the human body without serious injury to the individual affected? 3. How can it be eradicated or rendered innocuous in wells, water-holes, drains, &c.?"

An Ominous Fact.

PROBABLY no greater misfortune ever befell this country, apart from national catastrophes, than that occasioned by the paralysis of anti-syphilitic sanitation by the memorable vote on Mr. Stansfeld's fatal motion last year. By-and-by the evil will attain such proportions that an irresistible demand for scientific legislation will be made; and as the time approaches nearer and nearer, we daily perceive accumulating evidence that its advent is rapidly hastening. Such significant proceedings as those which occurred on April 6 at Colchester must convince even the most purblind defender of free trade in syphilis that the country will not long consent to yield assent to their doctrines. At the recent Quarter Sessions at Colchester the Grand Jury made a presentment calling attention to the increased immorality in the town since the modification of the Contagious Diseases Acts came into force; and the Recorder, when acknowledging its receipt, made the startling declaration that since the suspension of compulsory examination the

number of cases in the military hospital had increased three hundred per cent. After further remarks on the irreparable injury done by the cessation of examinations, the Recorder continued: "I can only say that I for one, having heard and having made it my business to inquire into the operation of the mode of enforcement, most thoroughly and heartily agree with you. I will take care your presentment shall be forwarded to the proper quarter, where I hope it will receive the attention it deserves as coming from those who, having lived in a town where these Acts have been in force, are better qualified to judge of their operation than the number of people who judge this matter, however sincere they may be, more from theory than from actual experience."

In the face of such testimony as this, and testimony, too, which finds an echo in every quarter which has been affected by the withdrawal of compulsion, it is foolish to attempt a refutation of the nonsensical fables quoted by those who, in this, array themselves against order and decency by clamouring for unconditional repeal. Before long, it is to be hoped, the whole question will receive the attention it deserves, and as a result that a much-needed return to an even stricter régime than that temporarily suspended will be announced.

The City of London Coronership.

By the sudden death of Mr. W. J. Payne, which took place last week, the office of Coroner for the City of London, Southwark, and the Duchy of Lancaster, is rendered vacant. It is sincerely to be hoped that the contest that will arise in this connection may result in the election of a medical candidate, for in the City more than in any other place a knowledge of medical matters is of the utmost importance to a coroner. Dr. Wynn Westcott, who has for some time assisted Dr. Danford Thomas as deputy coroner for Central Middlesex, is, we are glad to learn, a candidate for the vacancy; and we can imagine no one better calculated to perform the duties of it with complete satisfaction.

A Puzzling Tumour.

MR. BELLAMY exhibited a case at the Clinical Society on Friday evening the nature of which could not be satisfactorily determined. The patient is a youth, about 16, who is unable to afford any sufficient explanation for the presence of the tumour. This consists of a diffuse elevated swelling, extending over the lower half of the sterno-mastoid muscle, from the middle line of the neck in front and outwards as far as a line drawn from the ear. The skin over it is of a bluish colour, and contains many small nœvoid spots of venous origin. On examination of the tumour by palpation, it is soft and non-resistant, while scattered through it are numbers of small, more or less indurated bodies suggestive of phleboliths. Obscure pulsation is perceptible in the mass, but it is evidently communicated to it from the vessels behind it. The patient says it commenced to grow six months ago, and that until that time from birth a small blue spot was the only abnormal appearance presented by the part. The tumour is attended by no prominent symptoms except occasional pain over its region, increased by handling, and having a neuralgic

character. His breathing is also rendered difficult at times. The theory of aneurism seems hardly tenable; while it probably may be a congenital hygroma which has recently taken on active development.

The Diseased Meat Trade under the Auspices of the Irish Local Government Board.

At the last meeting of the South Dublin Guardians a letter was read complaining of a statement made by one of the guardians, to this effect:—"The contractor for the purchase of cattle must be making a large profit, as the average cost of each animal was under £4 10s." It appeared that from the 20th July, 1882, to the 5th of April, 879 animals had been slaughtered for pleuro-pneumonia in the union. Of these 155 were sent to the knacker, and he had nothing to do with their prices; and the remaining 724 were sent to the butcher, for which an average of £5 14s. per head was received.

It will be almost incredible to our English readers that this beastly traffic in diseased meat is carried on openly in Dublin with the knowledge and apparent approval of the Irish Local Government Board. That the animals sold by the Irish Boards of Guardians are saturated with lung-fever is confessed, that the inspection of them to ascertain how far the disease has gone is perfunctory and insufficient is notorious, that the diseased meat so sold to the skink-butchers is re-sold by them to the poorer classes as good, sound, eatable meat, is manifest, and that the Guardians and the Irish Local Government Board are aware of the existence of this wicked trade is obvious from the fact that, within one union, 500 diseased beasts a year are sold at about one-sixth of the market price of sound meat.

When, not long since, we informed an official of the Cattle Department of the Privy Council that this trade in impure meat was carried on by Irish Boards of Guardians with the knowledge of the Irish Local Government Board, he could scarcely be induced to believe the statement, and he assured us that if the Privy Council had the least suspicion that a single diseased animal was sold by an English Board of Guardians, they would at once prosecute the Board.

It is monstrous and disgraceful, in the present condition of our knowledge of the transmission of fever germs, the Government Department whose duty it is to protect the Irish public against these proceedings, should connive at them as it does. Everyone knows the utter falsity of the theory that pleuro-pneumonic meat in any stage of the disease can be taken into the system without injurious results, and there can be little doubt that many of the 25 deaths from diarrhoea and dysentery, 206 from so-called convulsions, and 64 deaths from so-called typhoid, which occurred in Dublin within the last quarter, were due to the poisoning of the poor by the abominable carrion vended by the North and South Dublin Guardians. But, if this meat could be eaten safely, it would, nevertheless, be most disgraceful for any public body to lend itself to the making a profit of the sale of bad meat to the poor as good meat, and at the price of good meat. Such a transaction is roguery pure and simple.

The Council of the Irish College of Surgeons.

It seems probable that the general election of the Council next June will be hotly contested, if we may judge from the early appearance of candidates for seats on the governing body of the College. Dr. Tagert, formerly of Carrickmacross, now of Monkstown, co. Dublin, Dr. J. Bellow Kelly, of Drogheda, and Dr. Alcock Nixon, of Mercer's Hospital, have sent their cards of candidature to the Fellows. It is announced that Dr. Denham, a much-esteemed member of the Council, will not present himself for re-election.

Alcoholism in Children.

Those philosophers who annually assemble for the moral, social, and hygienic benefit of mankind in general, and in particular for their own mutual admiration and glorification, at the periodic feast of reason and flow of soul provided for them by the Social Science, and other similar congresses which now make autumn dreadful, are never weary of expatiating on the moral as well as physical improvements which, of late years, have been effected in the condition of our population. In reference to this we would crave liberty to say a few words by way of further comment on a case recently alluded to in this journal. We might, however, premise that, in some respects, the advancement thus claimed appears somewhat dubious. For example, at the present time, insanity as shown by the official reports of the number of registered lunatics now under supervision in England and Scotland as well as in Ireland, is nearly thrice more prevalent than was the case forty years ago. In the same way according to a recent writer, the proportion of scrofulous and tuberculous patients has largely increased in the practice of our hospitals. And in both instances the increase thus noticed appears to be to a considerable extent due to the great and increasing prevalence of alcoholism in all classes, in both sexes, and we regret to add at all ages, now coincidentally observed. The case under treatment in the Children's Hospital, Upper Temple Street, Dublin, where a boy, barely eight years of age, was recently admitted, suffering from well-marked *delirium a potu*, which nearly eventuated in the unfortunate child's death, might come as a not unfitting text for some observations on the terrible speed of intemperance now too apparent. In this instance the young inebriate was hereditarily predisposed to alcoholism. We believe that a full account of the case will probably be published by Dr. More Madden under whose care the patient was while in hospital, and we will not further dwell on it, but we may add that, the recklessness with which intoxicating drinks are supplied to the public and generally to all who can pay for them, even when as in this case, their customers are mere children, as well as to persons already drunk when entering the public house, urgently calls for inquiry and reform on medical as well as moral and social grounds. Very recently we saw three children, the age of the eldest of whom did not exceed ten or eleven years, in different states of intoxication reeling out of a public house in one of our principal thoroughfares on a Sunday

afternoon: one was unable to stand without the assistance of his companions, another was vomiting at the door of the gin palace, and all were uttering filthy imprecations, which under sad circumstances and in the voice of childhood were to us, not only the most pitiable of sounds, but also, the strongest appeal we had ever heard for some legal interference with that unholy traffic of which such were the results.

The Admission of Foreign Practitioners to Home Practice.

APROPOS of the proposition in the Medical Bill that foreign practitioners are to be admitted to practise in Great Britain if the Medical Council considers that their educational standard is sufficient, we notice that a new medical college has been organised in Cincinnati, under the title of the "Medical University of Ohio." This will make the *fourteenth* medical college in the State of Ohio. It would be interesting to know beforehand the method by which the Medical Council is to assess the educational status of the Medical University of Ohio, No. 14, and whether there is not a reasonable objection to the admission of the *alumni* of such an institution to the privileges of home practitioners whose status we know.

Notification of Infectious Diseases.

WE noted recently the fact that the medical practitioners of Brighton and Croydon are threatened with being put under the yoke of compulsory notification by virtue of private Bills which have been introduced to extend the system to those towns. These Bills have been remitted to the same committee of Parliament to which similar Bills were sent last year, and, if so, there can be no reasonable doubt that the Brighton and Croydon physicians will be put under "coercion," because the same committee last year refused to hear any evidence on the part of the profession, and passed these coercion Bills by a majority of one vote against the protests of the medical men of the towns to which the Bills referred. A still more alarming fact is that, within the last few days, the Lord Advocate and the Solicitor-General for Scotland have introduced a Bill to extend the compulsory notification system to the whole of the Scottish burghs, by which Bill every practitioner in Scotland residing in a municipality is put under a penalty of £2 for omission to notify. While these grievous encroachments on the rights of our profession are being made there does not seem to be any organisation in England or Scotland for mutual protection. The Parliamentary Bills Committee of the British Medical Association, which is supposed to have charge of the interests of medical men in England and Scotland, seems to have ceased to exist, or else its intelligence department has not yet arrived at the knowledge of these proceedings. It seems to us that unless the executive of the Association awakes to its duties, the members will shortly be in revolt against the mismanagement which has sacrificed their interests in this and other matters, and we trust that if it becomes necessary for the rank and file of the Association to take these matters into their own hands, they will not stop until they have executed a root and branch reform of the medico-political departments of the Association. If the Parliamentary

Bills Committee stands by and permits these Bills to pass without an effort to protect the profession, they will have to answer to the Association on the earliest public opportunity for having omitted to carry out the directions given by the members of the Association at Worcester and at Liverpool. At this moment medical men have to depend for protection against these Bills, not upon the executive of the British Medical Association, but upon the representatives in Parliament of the "Vigilance Association," an organisation weak in every sense, save that it possesses that earnestness and activity which the Parliamentary Bills Committee lacks.

A Yankee Definition of Chronic Bronchitis.

THE following is a ludicrous specimen of the Yankee method of speech as applied to therapeutics. The author of this peculiarly descriptive definition of chronic bronchitis is a Dr. Yount, of Lafayette, and the journal which gives him space for his lunatic lucubration is the *Canada Medical Record*:—

"'Winter cough' (says the writer) has been known for untold centuries. Nebuchadnezzar no doubt had this disease, for the physicians, after dosing him with villainous decoctions, nauseous infusions, and diabolical extracts, turned him out to grass. The chronic bronchitic then, as now, was a victim to be pitied.

"During the winter and spring months he sits in the house, in a snug corner, near a roaring fire, huddling together his skin and bones lest they get separated or lost. He sits there in his corner with his cuspidor handy, morose, dejected, and irritable to those around him. His face is pinched, and his colour yellow. In the summer, like a ground-hog, he comes from his hole, wrapped up in a thick ulster with fur collar, and cap drawn down over his ears, and his feet encased in large arctic overshoes. He walks slowly and swears rapidly at his ill-luck in having such a disease. He likes to tell how he feels, and gives all the blame for his illness to the weather and his liver."

If our Canadian contemporary could favour its readers with a portrait of the "ground-hog who comes from his hole wrapped in a thick ulster with fur collar, and cap drawn over his ears, and his feet encased in arctic overshoes," the pen and ink picture of Nebuchadnezzar would be complete.

WE note with satisfaction that Dr. J. A. Byrne, of Dublin, ex-President of the Dublin Obstetrical Society, has been elected an Honorary Fellow of the San Francisco Obstetrical Society.

DR. NORMAN KERR will deliver the inaugural address, as first president of the "Society for the Study and Cure of Inebriety," in the rooms of the Medical Society of London, on Friday next, at 3.30, when all members of the profession are invited to attend.

IN connection with the Hospital Association, Dr. Bristowe, F.R.S., and Miss Lückes will read papers this evening at 8 o'clock in the rooms of the Medical Society of London, entitled "How far should our Hospitals be Training Schools for Nurses."

Illicit Practice in France.

THE Abbe Maury, a priest in the parish of Cravens, has just been tried before the Police Tribunal of Saintes for illegally practising medicine. The offence was not denied, for a number of persons came forward to declare that he had cured them. The cure invoked in his defence an old decree of the Council of State which permits the rural clergy in urgent cases to give medical advice gratuitously. The Abbe Maury had made no charge for his consultations, and had only charged the cost of his medicines, but the Tribunal held that the offence had been proved, and sentenced him to pay a fine of 600 francs.

A Fever Hospital for Sunderland.

At a meeting in the Victoria Hall, Sunderland, on Wednesday last, the Mayor in the chair, the question of supplying the town with a special hospital for the treatment of fever patients was discussed, and a resolution affirming the necessity of such a step was carried unanimously. Among those who addressed the gathering was Dr. Abrath, who made a proposal to construct a number of separate temporary hospitals, to run on rails, the latter being furnished with a turntable for the purpose of facilitating the passage of air currents in various directions through the hospital. Dr. Mordey Douglas, in a long and able speech, explained the urgent necessity for forthwith carrying out the objects of the meeting. By his showing, existing provisions for treatment of fever cases are altogether inadequate to the wants created by emergencies, from experience of which Sunderland is, unfortunately, far from free. And so clearly was the necessity of removing the reproach in this connection from the town proved by Dr. Douglas, that it may be attributed to him that the resolution was carried in the way referred to. We trust that it may soon take practical effect.

Uterine Pathology.

DR. CLIFFORD ALLBUTT is an authority for whose opinions we entertain a high respect. His predictions always bear the stamp of a cultivated mind, comprehensive grasp of his subject, and the charm of honesty. In his Gulstonian Lectures, which during the past few weeks have been appearing in our columns, these characteristics are not wanting; and perhaps the best evidence of them is the fact that he has given offence in some quarters. For this everyone must make up his mind who enters certain departments of either medicine or surgery with the weapon of indignation against everything which has the semblance of quackery. Dr. Allbutt's remarks on uterine pathology will, however, find ready and grateful acceptance at the hands of all honest members of the profession—members who deplore alike the degradation of the medical calling, and, what is of even more consequence, the demoralisation of woman. How true it is, as pithily remarked by Dr. Allbutt, "Arraign the uterus, and you fix in the woman the arrow of hypochondria, it may be for life." How descriptive is his picture of the woman caught in the net of the gynaecologist, whose uterus, "like her nose, is a little on one side, or, again, like that organ, is running a little, or it is as flabby as her biceps, so that the unhappy viscus is impaled upon a

stem, or perched upon a prop, or is painted with carbolic acid every week in the year, except during the long vacation, when the gynaecologist is grouse-shooting or salmon-catching." Exception has been taken in high quarters to this manner of expression, but we overlook the airy humour in the presence of severe truth. How applicable is this to hyperborean regions, though Dr. Allbutt seems to have exclusively the metropolitan practitioner in his mind's eye. How happy is Dr. Allbutt's description of the under-educated and unscrupulous gynaecologist who, "looking only to the uterine organs, his reason bounded by the confines of the pelvis, attempts to stem the tide of general and diathetic maladies with little Partington mops of cotton-wool on the end of little sticks." Gynaecologists of this description are well known to us all. There are several reasons for the fascination which uterine pathology possesses for men of low talent, low morale, and high ambition. Uteri are pretty common; the practitioner's treatment and diagnosis are little liable to be supervised or checked; the emotional nature of the female is involved, and hence an unlimited scope is offered for unmitigated humbug. A species of martyrdom, especially in this relation, is very dear to many females, and a gossiping woman with an "inward complaint" is neither more nor less than a social nuisance.

There is, besides, fame to be reaped in the department of invention. The practitioner does not require to be much of a genius to be able to give a new twist to the blades of a forceps, a new valve to a speculum, invent a new uterine sound, or, though it may require more brain power, to add a new "bag" to the surgical Pantheon of the century.

We have every sympathy with Dr. Allbutt's opinions, and we commend his very able lectures to the closest consideration of our readers, and to all who have the moral and the social well-being of the profession at heart.

A Foreign View of our Adulteration Laws.

IN the Austrian Reichsrath, on the 14th ult., Abgeordneter Dr. Roser drew attention to the increase of adulteration of food stuffs and the spread of quackery in Austria, and alluded in the course of his remarks to England and the German Empire as countries in which stringent laws were in force against adulteration. He asked that the Government should appoint a Commission of experts to inquire into the subject. The Minister-President thought the existing regulations were sufficient to meet the requirements of the case. Our contemporary the *Wiener Allgemeine Medicinische Zeitung*, assuming such an alteration of the law to be possible, remarks that neither the Landes nor Ober-Sanitätärath, nor even the Stadtphysikat of Vienna possesses a proper chemical laboratory in which the necessary examinations of foods can be strictly carried out. With regard to his commendatory mention of England as a country in which the laws against adulteration are on a perfectly satisfactory footing, perhaps Dr. Roser is not aware that in this country a milk dealer may make £100 per annum by adulteration, and may safely calculate that even if successfully prosecuted, his fines and expenses of trial will not amount to more than £10 a year, leaving him a clear balance of £90. We do not consider this satisfactory.

Hope as a Remedy against Disease.

WE notice as a curious coincidence the appearance of Dr. J. Mortimer Granville's letter to the *Times*, Thursday, April 17th, under the above heading, coming as it does the day after the publication of a leader in our columns, April 16th, on the same subject, under the heading of "Hopefulness in Prognosis and Professional Manner—a Remedial Measure," it is at least singular, and affords another strong proof of how closely two persons can think and express themselves alike upon the same subject. Of course Dr. Granville's position and character render it impossible to regard the almost simultaneous appearance of his letter and our leader in any other light than that of a mere coincidence; but although pleased that his sentiments and ours are so strongly in union, we cannot help expressing regret that he should have chosen as his medium for their publication the columns of a lay newspaper, and that instead of seeking to impress them upon his medical brethren he should address them to the public generally. The doing so lays him open to the imputation of unworthy motives, however far such motives may be absent from his own mind.

Sham Medical Diplomas.

AN evening contemporary, usually well informed on matters medical, in its "Notes of the Day," on Saturday last, falls into the error of supposing or believing that because a person summoned before a Liverpool magistrate for falsely pretending to be a registered medical practitioner pleads that he holds a diploma of M.D. from "an authorised body in British Burmah" it really must be so. Now it is, or should be, known that there is no "authorised body" for granting diplomas in that part of the British Empire; no college that can legally confer a title to practise in any part of Great Britain. A document, it appears, was produced in court, and from this fact the editor argues that "the real question at stake is whether a diploma granted in one part of the British Empire has authority in all parts? and if, for instance, it was decided that a Burmese diploma does not entitle its holder to append the letters M.D. to his name in England, it would be open to the Burmese authorities to retaliate by refusing to recognise the validity of British diplomas." Now all this fine writing exhibits a lamentable amount of ignorance of British law bearing on the point, and also of the Medical Act, which we commend for perusal.

The individual whose prosecution was last week undertaken by the Liverpool Medical Defence Association (De Tomazie, an Asiatic, practising as "M.D. Ind." in West Derby Street, Liverpool) is the same who was successfully prosecuted two years ago for a similar offence, and the only difference in defence on the two occasions was that on the first the defendant was not able to produce a "diploma," and on the second he was able to do so. The learned stipendiary confessed that he did not know the worth of the "M.D. Ind. diploma" produced, and the prosecution do not appear to have been able to prove its worthlessness. That it is worthless no reasonable being can doubt, but this is a different thing to affording proof. On this point the prosecution were clearly at fault and they failed because

the case was not thoroughly got up, and not because of any inherent weakness in it.

The letters "Ind." after the M.D. can clearly have no effect one way or another. They have absolutely no meaning. An American would perhaps take them to mean Indiana, but to English people they might just as properly be taken to stand for "indecent," "indelicate," or a host of other things. We look upon the failure of the prosecution as unfortunate from more than one point of view, one point not the least in importance being that the public will be seen to look upon an unsuccessful prosecution of this kind as prosecution set on foot by professional jealousy.

PROFESSOR EILHARD SCHULZE, of Graz, has been called to the Chair of Comparative Anatomy in the Berlin University.

PROFESSOR TOLDT, of Prague, has been called to the Professorship of Anatomy in Vienna. He is not expected to commence his new duties, however, until the next winter session.

MR. FRANCIS HIRD, F.R.C.S., was a few days since presented with an illuminated address and a service of plate by his colleagues and former pupils of Charing Cross Hospital, upon his retirement from the office of Dean of the Medical School. Mr. Hird's services to the Hospital extend over a period of forty-five years.

THE office of Conservator to the Royal College of Surgeons of England having become vacant in consequence of the transference of Prof. Flower to the British Museum, the Council are prepared to receive applications from candidates for the appointment up to May 3rd. The honorarium attached is £600 per annum and a residence near the College.

DR. KOCH and the members of the German Commission sent last autumn to Egypt and India to investigate the cause of cholera, have arrived at Alexandria on their return to Europe. Their opinion is that as there is no appearance of cholera in Egypt at the time of the first intense heat the country will this year remain free from the epidemic.

In the list of the members of our profession who hold the Commission of the Peace in Ireland, we inadvertently omitted mention of our brethren who hold the magistracy for the City of Dublin—viz., Sir George Owens, who served the Lord Mayoralty in 1876, and the High Shrievalty in 1881; Dr. William Carte, of the Royal Hospital; and Dr. Long, of the Dublin Town Council.

In the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follow:—Calcutta 29, Bombay 25, Madras 62, Paris 29, Geneva 40, Brussels 27, Amsterdam 30, Rotterdam 24, The Hague 25, Copenhagen 21, Stockholm 24, Christiania 18, St. Petersburg 39, Berlin 22, Hamburg 27, Dresden 22, Breslau 37, Munich 36, Vienna 27, Prague 42, Buda-Pesth 33, Trieste 29.

Rome 34, Turin 39, Venice 21, Lisbon 38, New York 24, Brooklyn 22, Philadelphia 21, and Baltimore 20.

THE deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 20·4 per 1,000 of their aggregate population. The death-rates in the several towns were:—Leicester 14; Bristol, Huddersfield 15; Sheffield 16; Bradford 18; London, Plymouth 19; Portsmouth, Leeds, Birmingham, Derby 20; Bolton, Birkenhead, Nottingham, Norwich 21; Blackburn, Newcastle-on-Tyne, Salford, Liverpool, Edinburgh, Sunderland 22; Dublin, Preston, Hull, Oldham 23; Brighton 24; Manchester 25; Glasgow 28; Cardiff, Halifax 30; Wolverhampton 31.

THE highest annual death-rates from diseases of the zymotic class in the large towns last week were—From whooping-cough, 1·9 in Salford and in Bolton, 1·7 in Liverpool, and 1·6 in London; from measles, 4·3 in Portsmouth, 2·6 in Oldham, 2·2 in Leeds, and 2·0 in Wolverhampton; from scarlet fever, 1·7 in Newcastle-upon-Tyne, 1·6 in Sheffield, and 1·3 in Leeds; and from "fever," 1·0 in Bolton. The 35 deaths from diphtheria included 17 in London, 7 in Glasgow, and 2 each in Portsmouth, Leicester, Leeds, and Cardiff. Small-pox caused 8 deaths in London, 4 in Liverpool, 3 in Newcastle-upon-Tyne, 2 each in Birmingham, Sheffield, and Sunderland, and 1 each in Derby and Hull.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

UTERINE THERAPEUTICS.—DR. BELL'S TAMPON.—Dr. Robert Bell, of Glasgow, is an irrepressible exponent of peculiar views in connection with the treatment of certain uterine affections. By means of what he calls a medicated tampon, which consists of lint saturated with alum and glycerine, he seems to have reduced uterine therapeutics within very narrow limits. Unfortunately, however, his zeal and belief in the virtue of the agency in question, fail to make converts. Some two years ago, he read a paper on the subject before the Edinburgh Obstetrical Society, and it was received with mixed feelings of surprise and incredulity. Nothing daunted, he recently returned to the subject; and it is gratifying to note that he publicly informs the profession through the Edinburgh Obstetrical Society, that since his former appearance he has "had reason to modify his views very considerably." On this Dr. Bell is to be congratulated; and doubtless the announcement was refreshing to our Edinburgh *confrères*, if they are at all susceptible to influences which agitate higher spheres under like circumstances. In the discussion which followed the reading of Dr. Bell's paper, Dr. Angus MacDonald naively remarked "In his last communication Dr. Bell expressed his belief that his tampon could absorb fibroids, Dr. MacDonald was glad to notice no such claim made in the present paper. He had tried it conscientiously, but he had never succeeded in producing any permanent effect which he could attribute to the tampon." Professor Simpson "agreed with Dr. MacDonald in his low estimate of the value of this method of treatment." Surely Dr. Bell must now have quite enough of the Edinburgh Obstetrical Society, and *vice versa*!

UNIVERSITY MONOPOLY IN TEACHING.—In an able leader, with which we cordially agree, our contemporary the *Glasgow Herald* makes the following just remarks on the monopoly in teaching possessed by the Universities:—"To speak plainly, in the public interest, the University of Edinburgh enjoys a practical monopoly of medical education which is contrary to the spirit of fair play, and which is certainly adverse to the best interests of the University itself. So long as Professors examine their own students for degrees so long will the extra-mural lecturers be practically shut out of the field, except in those cases in which the extra-mural lecturer has had the good fortune to be elected assistant-examiner in the University. But this latter feature is rarely seen in Edinburgh. Strangers more (or less) distinguished are chosen; and the unenviable spirit which ignored the Medical School at the Tercentenary celebration repeats itself in all the relations of the University to its extra-mural rival."

EDINBURGH.—HEALTH OF THE CITY.—The mortality in Edinburgh for the week ending with Saturday, the 12th inst., was 100, and the death-rate 21 per 1,000 per annum. There were 25 deaths under 1 year and 16 above 60, of which 1 was above 90 years. Diseases of the chest accounted for at least 50 deaths, and zymotic causes for 15, of which 13 were due to whooping-cough, 1 to scarlatina, and 1 to measles, the intimations of these two diseases during the week being 27 and 62 respectively.

DEATH OF DR. JAMES PATTERSON CASSELLS.—We sincerely regret to announce the death of Dr. James P. Cassells, which occurred on the 13th inst., at Mount Florida, Glasgow, at the age of 48. Dr. Cassells was well known in the Anderston district, where he formerly practised as a general practitioner. A few years ago he took up the speciality of aural surgery, and founding the Glasgow Ear Hospital, secured a large and lucrative practice. He wrote many papers on Aural Surgery, and his name has been prominently associated with the recent translation of Politzer's classical treatise "On Diseases of the Ear," and Professor Hartmann's "Deaf-mutism and the Education of Deaf-mutes," both of which have been well received by the profession.

OUTBREAK OF FEVER IN PAISLEY.—An outbreak of fever has taken place in this town, owing to defective sanitary and drainage arrangements. The sanitary authority has taken all care to suppress the outbreak, which was beginning to assume large proportions. There are now 38 cases of fever in the hospital, the greatest number that has been in the hospital for a goodly number of years. In fact, the hospital is crowded, and some cases have to be accommodated in the old hospital.

MORTALITY IN GLASGOW.—The deaths in Glasgow during the week ending with Saturday, the 12th inst., were at the rate of 29 per 1,000 per annum of the population, as compared with 26 in the previous week, and 34, 27, and 26 in the corresponding periods of 1883, 1882, and 1881 respectively.

TERCENTENARY GOSSIP.

THE Tercentenary celebration of the University of Edinburgh has come and gone. The notables from all parts of the world, like meteors, have flashed across the horizon, and like meteors, have vanished, leaving a long train behind them, which is not likely to be forgotten for many a long day. Never has Edinburgh entertained so distinguished an assemblage, or displayed such right royal welcome to those who came as her invited guests to do honour to her noble University.

THE celebration commenced on Tuesday, as was meet it should be, by a reception by the City Fathers in the Museum of Science and Arts of the guests who had come to take part in the general rejoicing. The Lord Provost and Town Council in their civic robes received the guests, who filed in for nearly two hours in one continuous stream. The crush at times was very great, but where all was good nature and amiability, little inconvenience was experienced.

ON Wednesday the fine old cathedral of St. Giles, recently restored to its pristine grandeur by the late Dr. William Chambers, was crowded with a large audience. At a quarter to eleven o'clock the grand procession of notables and professors entered the church and took the seats assigned to them. Then followed the religious service, the sermon being preached by Professor Flint. To many who remembered the cold, barn-like interior of a Scottish kirk of their youth, the scene before them must have awakened strange thoughts. The gay and in many cases elaborate robes of the Academic visitors, with here and there the bright uniform of the military, formed a *mise-en-scène* not readily to be forgotten. The building is not well fitted for hearing, and the echoes in many parts quite drowned the voice of the preacher. The thought persistently arose that the old ceremonial religion which for so many centuries has been banished from the ancient pile may yet return, and that at an earlier date than many present would be inclined to admit.

THE service finished, the luncheon furnished by the Medical Faculty of the University followed. This was held in the new anatomical museum, which, as Sir James Paget remarked, could not be put to a better, or to a more fitting purpose in the future, for the education of the students who, he hoped, would still continue to flow to Edinburgh. The Medical Faculty and their Dean are to be congratulated on the satisfactory result of their efforts. The Extra-Mural Medical School was well represented, and we trust that for the future the two schools, neglecting side issues, will work together for the common weal of both.

OMITTING any notice of the numerous other entertainments in honour of the assembled guests, the most imposing meeting next to that in St. Giles' Cathedral—we should have called it Kirk—was the Tercentenary graduation ceremonial. The first item on the programme was the reception of delegates from the Universities and other learned bodies. These were received by the Lord Chancellor. Seventy-five Universities sent delegates, and fifty-three came from other learned bodies. Many of the delegates presented addresses prepared in the most elaborate manner, some in the form of richly-bound volumes, some in cases which looked like gigantic cases containing Pears' matchless shaving soap. Then followed the conferring of honorary degrees, the recipients of which each came in for a share of applause. Among those of whom special notice was taken we may mention M. Louis Pasteur, M. Ferdinand de Lesseps, Professors Virchow, Pettenkofer, Helmholtz, and Jowett. Dr. Martineau and Principal Tulloch, amongst those who received the degree of D.D., were most cheered. We have before given a list of the delegates and honorary graduates, so need not repeat them here. The Chancellor then closed the meeting with an address in which he gave a short sketch of the origin and progress of the University. In the midst of the proceedings a telegram was received from the Prince of Wales conveying his congratulations to the University. At the banquet a similar telegram was also received from the Queen, dated Flushing. Both were received with repeated applause, and the gracious message of Her Majesty has created a profound feeling here, especially

when the sad ordeal through which she has so recently passed is remembered.

As is usual wherever Britons celebrate anything, a banquet brought the Tercentenary celebration to a close, and Edinburgh has relapsed into its every-day appearance, as if nothing had happened or been happening for the last week.

PROFESSOR VIRCHOW AT THE TERCENTENARY.

AMONG the very able Tercentenary addresses delivered last week in Edinburgh, the following, by Professor Virchow, is notable as possessing special medical interest. The speech was in German, of which the following is a translation:—

In considering what to say that might be of interest to a group of students, I remembered that I would be speaking in this hall, not only to Scotland, but to England, Ireland, the Colonies, and the whole English-speaking world. I knew that great subjects were discussed in your University, in the wide range of which the teachings of this school were largely in accordance with my own. Among the matters which have a common interest for us, I am in such cordial sympathy with you that there is only one topic on which there may seem to have been some disturbance in the happy relation which subsists between us. On that matter, therefore, you will allow me now to speak to you—I mean the position which I am supposed to have taken up towards the teachings of Darwin. The opinions which I expressed have, in some English publications, been much misunderstood. I never was hostile to Darwin—never have said that Darwinism was a scientific impossibility. But at that time, when I pronounced my opinion on Darwinism at the Association of German Naturalists at Munich I was convinced, and still am, that the development which it had taken in Germany was extreme and arbitrary. Allow me to state to you the reasons on which I founded my opinion. Firstly, Darwinism was interpreted in Germany as including the question of the first origin in life, not merely its manner of propagation. Whoever investigates the subject of development comes upon the question of the creation of life. This was not a new question. It is the old *generatio equivoca*, or *Epigenesis*. Does life arise from a peculiar arrangement of inorganic atoms under certain conditions? We can imagine oxygen, hydrogen, carbon, and nitrogen coming together to form albumen, and that out of the albumen there was produced a living cell. All this is possible, but the highest possibility is only a speculation, and cannot be admitted as the basis of a doctrine. In science it is not hypotheses that decide, but facts; we arrive at truth only by investigation and experiment. I need not say that this demand of science for proof instead of speculation was long ago made in England. Ever since the time of Bacon it has had a home amongst you. In recent times the fact of the presence of minute organisms giving rise to important processes has been recognised, not only in medicine, but in connection with agriculture and various industries. It was of the utmost importance to determine whether these organisms were originated *de novo* in the decomposing bodies, or were produced by similar pre-existing organisms, and introduced from without. A century ago it was possible to admit the spontaneous generation of microbia. But here sits M. Pasteur, the man who has demonstrated by means of direct experiment that, in spite of all logical possibility, all known microbia found in decaying matter are derived from similar ancestors. No man would now be justified in practical life in acting on the possibility of a *generatio equivoca* of microbia. A physician who finds himself in presence of infectious disease among his patients, or an agriculturist whose crops are blighted, or a man engaged in the production of alcohol or sugar by fermentation, must set himself to discover what brings about the changes that he has to deal with; he must see that organisms are there which have been imported from without, and must then inquire whence they have been derived. The physician who has to combat an epidemic dare not act as if the germ were spontaneously produced in any patient. Such is the difference between logical possibilities and the practical work of daily life. Every teacher of science must lead his students to suppose that each living being that he meets must have had a father and mother, or at least one or other of them; and every scientific conclusion maintains that one generation is legitimately descended from another precisely similar. That was one consideration that led me to warn my fellow-countrymen against developing a system out of logical possibilities.

At the very time when we were getting free from the chains of former dogma, we seemed to be in danger of forging new ones for ourselves. The second question concerning Darwinism had regard to the descent of man, whether from apes or other vertebrate animal. Was there anywhere a pro-anthropos? In regard to this question, I thought that the existence of such a precursor of man was a logical possibility, perhaps a probability. Only I found, to begin with, that it was a purely speculative question; not one raised by any observed phenomenon. No pro-anthropos had ever been discovered, not even a fragment of him. I had myself long been specially occupied in making pre-historic investigation to get near the primitive man. When I began these studies, twenty years ago, there was a general disposition to arrive at this discovery. Everybody who found a skull in a cave or a bone in the fissure of a rock thought he had got a bit of him. I wish you specially to notice that the smaller the fragment of skull, the easier it was to make it out to be the skull of the pro-anthropos. It was never thought of where the entire skull was in hand. When the upper part of the cranium alone—the calvarium without the face and the base, as in the case of the Neanderthal skull—was discovered, it was easy, by changing its horizontal position, by elevating either the anterior or posterior part, to give the impression that it had belonged either to a being of a superior or inferior race. You can make the experiment with any calvarium. If you make a series of diagrams of skulls, placing them over each other, you may make them appear similar or dissimilar, according as you choose one or another fixed point for bringing them into relation. I should like to impress upon you that every discovery of that kind should be received with caution and scrutiny. In my judgment no skull hitherto discovered can be regarded as that of a predecessor of man. In the course of the last fifteen years we have had opportunity to examine skulls of all the various races of mankind—even of the most savage tribes—and among them all no group has been observed differing in its essential characters from the general human type. So that I must say that an anthropological teacher has not occasion to speak of a pro-anthropos except as a matter of speculation. But speculation in general is unprofitable. The day before I gave the address in Munich to which I have referred, Haeckel had gone so far as to propose to introduce into our schools a new system of religious instruction, based upon the doctrine of the "Descent of Man;" and I still think it necessary to guard against the danger of constructing systems of doctrine out of possibilities, and making these the basis of general education. Lastly, I have to refer to the geological aspect of the question. This is the most important aspect of it as treated by Darwin himself; and here we must recognise that the most important advance has been made in consequence of his ideas in our understanding of the progressive development of organs in the different classes of animals. From the earliest period the organisation of man has been regarded, and can only be regarded, as an animal organisation; and, therefore, from a zoological point of view, the body of a man must be regarded as belonging to the animal kingdom. That I do not wish to deny. This day ten years ago Liebig died. I recall his memory at this moment to repeat one of his memorable sayings—"Natural science is modest." He meant that science should be confined within the limits of observation. Every man who goes beyond that sphere becomes a transcendentalist, and transcendentalism has always been dangerous to science.

DR. ROGERS AND THE WESTMINSTER GUARDIANS.

IN our issue of October 31st, 1883, we drew attention to the suspension of Dr. Joseph Rogers, the Medical Officer of the Westminster Union Workhouse, who, as we then pointed out, had exerted himself for a long series of years in advocating the interests of the sick poor and of the Poor-law Medical Service, not in England alone, but in Ireland and Scotland, to which portions of the United Kingdom he had made repeated visits with the object of pressing forward their claims for larger consideration. Dr. Rogers, so we learn, some two and a-half years ago, was compelled to report the misconduct of the Matron. On investigation his allegation against her was sustained, and the woman was ordered to be admonished. From that time until October 1882, Dr. Rogers was exposed to a continuous system of annoyance, and refusals on the part of the Master and Matron to carry out his orders for the sick, accompanied on the part of the Master by the use of

blasphemous language. Dr. Rogers thereupon appealed to the Inspector, Mr. Robert Hedley, for his intervention, but only to meet from that official the most supercilious and objectionable treatment. Ultimately he placed documentary evidence in the hands of Mr. W. J. Fraser, solicitor, of Soho Square, one of the members of the Board, showing how he was prevented from doing his duty. Mr. Fraser brought the facts before the Board of Guardians, and asked for an inquiry, when he was absolutely hooted down; not being discouraged thereby, he, in conjunction with two of his colleagues, who supported him, drew up a presentment against the Master, and forwarded the same to the Local Government Board. Following the course always adopted by the department, a copy of their letter was sent to the Guardians, who immediately turned on their colleagues and passed a resolution "that they were unfit to associate with gentlemen," that is, the gentlemen of that Board. But as they had been asked to inquire into the truth of the charges they were compelled so to do. The inquiries were entered upon, when, as might have been expected, the Master was acquitted, and his accusers, from Dr. Rogers down to the humblest inmate, were stigmatised as slanderers. Notwithstanding this, the three insisted on an official inquiry, and Mr. Robert Hedley and an assessor were appointed to conduct it. The inquiry lasted ten and a-half days, and in the course of it evidence was adduced of continuous use of blasphemous language, personal violence to, and general maltreatment of, the aged and other inmates, by the Master, and of fraudulent entries of wines and spirits by the Matron and Master's clerk, in the medical officer's portion of the relief book, never ordered by the Doctor nor supplied to the sick.

The charges were clearly established, and the discharge of the Master appeared inevitable, when, to the surprise of all, it came out that Mr. R. Hedley, the Government Inspector, had recommended Sir C. Dilke, the President of the Local Government Board, to allow the Master to remain, to which, so we understand, the President very reluctantly acceded. Emboldened by this, the majority of the guardians at once commenced a system of reprisals against the medical officer; at first they called on him peremptorily to resign: on Dr. Rogers declining to do this, they, after an interval, suspended him from his office on charges as frivolous as they were malicious. The majority evidently relied on the fact that as Mr. Hedley had advised the retention of the Master that he would support their desire to get rid of the doctor, and there can be no doubt that with any ordinary medical officer such would have been the fate meted out to him, but they reckoned wrongly.

Dr. Rogers has made, during a public life of nearly forty years, many powerful political friends, and he was not to be disposed of so easily. He invoked the aid of those friends, and the malice of the majority of the guardians and the sympathy of Mr. R. Hedley with the views of the said majority were unavailing. Dr. Rogers was reinstated, but his reinstatement was accompanied by a most insulting letter, which we have good reason to believe was written by the baffled inspector. This, we learn, will yet be inquired into.

During his suspension Dr. Rogers used the spare time afforded him in working up an opposition to the majority of the guardians who had so unjustly suspended and insulted him. In that action he was supported, not only by the strength of his own cause, but by the fact that the Master of the workhouse had so acted in his position as to evoke antagonism from lady and other visitors, subordinate officers, and many inmates. This, coupled with his proved delinquencies, at the official inquiry, caused such a feeling of indignation as led to several gentlemen of position agreeing to stand as guardians. Their candidature was supported by the nobility, leading tradesmen, and clergy in St. James's, and by the leading tradesmen, clergy of all denominations, and others in St. Anne's. This uprising eventuated in the ignominious expulsion from office of the thirteen guardians who had supported the Master and persecuted the doctor, and their replacement by a new Board.

It is not the least of the triumphs achieved by Dr. Rogers that he has succeeded, not only in vindicating his own position, but of inflicting condign punishment on his opponents. It is, however, melancholy to reflect that our Central Government control should be so ineffective that one official, to wit, Mr. Robert Hedley, should through his partiality and perversity have rendered such an indignant uprising necessary; but *magna est veritas et prevalebit*.

Medical News.

The Royal Institution.—The following are the lecture arrangements for April and May:—Dr. Klein, two lectures on the Anatomy of Nerve and Muscle, on Tuesdays, April 22nd and 29th; Professor Gamgee, five lectures on the Physiology of Nerve and Muscle, on Tuesdays, May 6th to June 3rd; Professor Dewar, seven lectures on Flame and Oxidation, on Thursdays, April 24th to June 5th; Mr. Hodder M. Westropp, three lectures on Recent Discoveries in Roman Archaeology, on Saturdays, April 26th to May 10th; and Professor I. G. Bonney, four lectures on the Bearing of Microscopical Research upon some large Geological Problems, on Saturdays, May 17th to June 7th. The Friday evening meetings begin on April 25th, when Mr. Walter Besant is to give a discourse on the Art of Fiction.

The Parkes Museum of Hygiene.—At a meeting of the Council, held on the 9th inst., Dr. G. V. Poore in the chair, the following gentlemen were elected members:—Right Hon. Sir Charles Dilke, Bart., M.P.; Sir Spencer Wells, Bart.; Sir Thomas H. Farrer; Sir Henry Thring, K.C.B.; Mr. W. Cornwallis Cartwright, M.P.; Mr. Francis Galton, F.R.S.; Dr. W. Rath, Surgeon-General, Saxon Army; Mr. Octavius Hansard, F.R.I.B.A.; Mr. Arthur Cates, F.R.I.B.A.; Mr. Charles Barrey, F.S.A.; Dr. Hubert Airy; Dr. C. S. Paget, M.O.H.; Mr. J. Douglas Matthews, F.R.I.B.A.; Mr. Ernest Turner, F.R.I.B.A.; Dr. G. D'Arcy Adams; Mr. Benjamin Baker, C.E.; Mr. Charles Hancock; Mr. Shadworth H. Hodgson; Mr. A. McMarren; Mr. Monier Williams. During the past month there have been 51 new members elected.

Ledwich School of Medicine, Dublin.—The following students at this College were awarded prizes at the termination of the winter session:—Practice of Medicine: John Donaldson, 1st; A. Digges La Touche, 2nd. Surgery: G. Woods, 1st; H. Morrison, 2nd. Senior Anatomy: Shirley Roberts, 1st; J. W. Patrick, 2nd. Junior Anatomy: R. J. Hewitt and T. O. Williams, equal. Physiology: H. Morrison, 1st; Shirley Roberts, 2nd. Chemistry: Henry Breen, 1st; T. S. Siles and Thomas Browning, equal. Midwifery: John Donaldson, 1st; W. E. Lambert, 2nd.

South London School of Pharmacy, 325 Kennington Road.—The following prizes were presented to the successful competitors on Saturday, the 19th April, 1884:—Senior Chemistry:—*Medal*: F. Armstrong; *Certificate*: F. W. Ashton. Junior Chemistry:—*Medal*: Thos. B. Blyton; *Certificates (equal)*: F. W. Taylor, W. Holme. Botany:—*Medal*: R. M. Stewart; *Certificate*: G. D. Cooper. Materia Medica:—*Medal*: R. M. Stewart; *Certificate*: T. J. Clark. Practical Pharmacy and Dispensing:—*Medal*: T. A. Moss; *Certificate*: R. M. Stewart. *Extra Certificates*: Messrs. Atherton, Buxton, French, Hall, and Worfolk.

Pass Lists.

University of Glasgow.—*Degrees of M.B. and C.M.*—The following candidates have passed the first professional examination (Natural History, Botany, and Chemistry):—

Frederick Ashurst, Charles Banks, James A. Brown, James Bruce, Alexander Butler, Saxon S. Dale, Thomas T. Downie, David Elliot, William R. Forrester, William Gemmell, Andrew Gray, Harry Gray, Archibald Gunn, Edward O. Harrison, E. C. Hight, G. F. Hillard, Robert Hogg, Arthur D. Hughes, George J. Imrie, John A. Jackson, Thomas Kirkland, James Marshall, William Marshall, Thomas L. Macfarlane, Robert M'Ghie, George M'Intyre, C. A. Mackenzie, William T. Nicholson, Hugh Rhodes, Henry W. Robinson, William P. Sandilands, Charles E. Scanlan, Henry W. Sinclair, J. W. H. Stell, Robert Stevenson, Edward B. Tant, James A. Ure, and Andrew S. Wotherpoon.

The following candidates have passed the second professional examination (Anatomy and Physiology):—

William M. Alexander, M.A., John Allan, W. Carrick Allan, Samuel J. Baird, Charles William Bell, H. Duncan Brown, Alexander Bryce, William Butchart, M.A., Archibald T. Campbell, Robert Craik, William C. Crichton, John Currie, George W. Davis, J. L. Downs, William J. Giblin, John R. Gibson, John D. Gordon, Charles Gray, Yousof Hamis, Walter Hay, Herbert Hickie, John Hogg, James E. Hunter, William Huntly, M.A., George Marshall, J. G. Marshall, Alfred E. Miller, George Miller, Donald S. MacColl, J. R. R. M'Crindle, Tom Macdonald, John M'Keith, Archibald Macleachlan, William M'Millan, Charles M'Taggart, M.A., Andrew H. Richmond, John Ritchie, John Rowat, Thomas Rutherford, B.A., David Stiel, James Watson, Leonard Williams, James Wilson, M.A., William Yorke, and Robert R. Young. J. W. Shane passed the Second Examination, old Regulations Anatomy, Physiology, and Zoology).

The following candidates have passed the third professional examination (Regional Anatomy, Materia Medica and Pharmacy, and Pathology):—

Archibald S. Alexander, Samuel P. Alexander, William Allan, Alex. M. Bankier, John Broom, Hugh D. Buchanan, John Buchanan, J. Wilson Cameron, William D. Campbell, Quintia Chalmers, Robert Cook, Charles Court, B. S. Cowen, David K. Cross, William Cullen, Henry E. N. Doble, John Doid, James Dunlop, M.A., Robert Eaglesham, Robert M. Fleming, Robert O. Gilroy, John Graham, Ernest W. Haydon, Wm. J. Holme, John Hughes, Hugh Kelly, John A. Kerr, William Kirkland, Trafford Mitchell, Wm. C. C. Muir, James I. Macarthur, Thomas C. M'Culloch, John A. Macdonald, Roderick Macdonald, Digby M. Macphail, Alexander M. Macrae, Henry J. Neilson, James Parker, W. Whiteside Paterson, Andrew Richmond, David Roxburgh, Walter Sandeman, Wm. M. Sample, William Seright, Robert M. Service, William Shand, Walter W. Spence, Charles D. Temple, Allan Watt, Charles Whish, John White, Andrew Wilson, James Wilson, John S. Wright.

University of Aberdeen.—The following candidates having passed the necessary examinations, received their degrees at the late graduation ceremonial. The degree of M.D.:—

Alexander Theodore Brand, M.B., C.B., Driffield; William Carnegie, M.B., C.M., Penang; Sylvester William Pinclater, M.B., C.M., Dufftown; Timothy Siddall Jones, M.B., C.M., Swansea; James Millar, M.B., C.M., Arbroath; John Hay Moir, M.B., C.M., Burton-on-Trent; Charles Lloyd Tuckey, M.B., C.M., London; James Hutchison Walker, M.A., M.B., C.M., North Borneo.

The following candidates received the degrees of M.B. and C.M.:—

Henry M'Kenzie Adamson, Morphis, Montrose; George Henry Allden, Southampton; John Hector Anderson, Aberdeen; Joseph Anderson, Preston; Albert Henry Barrett, Wallingford, Berks; Christopher George Battiscombe, Blackheath; Francis Alexander Bennett, M.A., Cullen; William R. Donaldson Clark, M.A., Edinburgh; James Will Cook, Alnsea; Alexander Mitchell Cowie, Mortlach; James Forsyth Craig, M.A., Leslie, Inch; George Burnett Currie, M.A., Aberdeen; Henry Moxor Cyril Dalton, Newcastle, New South Wales; George Duffus, Cullen; Walter Angus Elmie, Beattot; Charles Albert Faulkner, Rajahmundry; John Andrew Fearn, Graaf Reinet, South Africa; William Revelly Forster, Blyth, Northumberland; John Gordon, Keith; Thomas Bell Graham, Ecclefechan; Andrew Grant, Balmoral; John William Harrison, Sandwich; Charles Robert Lyall, Aberdeen; Stuart Macdonald, Elgin; Frank James Mackintosh, M.A., Deskford; Alexander Maclean, F.R.C.S. Ed., Thurso; George Milne, Methlic; James Mitchell, Aberdeen; James Mitchell Munro, Inverurie; Alexander Murchison, Lochearn; Eneas Poonan, B.A., India; Robert Dowell Presslie, Aberdeen; Alfred Ernest Roberts, London; William Robertson, M.A., Rathen; William Ledingham Ruston, Wakefield; James Savage, Montrose; William Leith Irel and Sutherland, Aberdeen; Herman Thiele, Bermuda; Leslie Pyfe Walker, Aberdeen; John Eustace Webb, Windsor; James Will, Elton; John Thomas Windle, Banaley. Received their degrees with honourable distinction.

The John Murray Medal and Scholarship was awarded to Arthur Greatorex Smith. At the same time, the following candidate was certified as having passed all the examinations, but did not graduate:—Arthur Stephen Inglis.

Notices to Correspondents.

CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular*, may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

THE APPOINTMENT OF HOUSE SURGEON TO AN HOSPITAL: WHAT IS ITS PRACTICAL VALUE?

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—So frequently have I been asked by the hospital students as to the course that they should pursue immediately after obtaining their diplomas, and so often have I recommended them to try and obtain a house surgeoncy in preference to anything else, that I shall feel obliged by your giving insertion to the following table of accidents, injuries, and diseases, with their necessary operations, occurring in a period of a little over eighteen months. It illustrates well the amount of experience that any young surgeon may gain, if fortunate enough to obtain such an appointment. To the late resident surgeon of the City of Dublin Hospital I am indebted for its compilation, and for permission to forward it to you for publication in the *Medical Press*. The cases and operations therein set down came under his immediate care during a portion only of his period of duty, and I believe that any young surgeon will allow (after reading the details given) how fully it

has borne out my views, and justified me in recommending a house surgery as a field of study, if, by any possibility, the student can obtain an appointment of the kind.

Yours, &c.

JOLLIFFE TUFFELL,

Consulting Surgeon to the City of Dublin Hospital.

[We regret we cannot give space for the extended list sent us. It includes: Amputations, 66; excisions, 138; fractures, 412; dislocations, 22; other operations, many of them capital, 1,070—total, 1,708. These were operations performed, not merely in the hospital, but in the presence of the house surgeon, and there can be no question that such experience would be simply invaluable in after-life.—ED.]

STRUMA.—Recent publications on the subject of acrofula are few in number. The chief is Mr. Treves' work, entitled "Scrofula and its Gland Disease." This gentleman is also author of the operation on the spine about which you make inquiry.

R. F. G.—The office is an annual one, but it is usual for the holder to obtain re-election in each of the three or four years succeeding his first appointment.

THE BOYCOTTING OF MEDICAL ASSISTANTS.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I have read with care and some astonishment the replies and comments which my letter has elicited. Some of your correspondents dispute the accuracy of my statements, others impute motives. The latter I think I need not notice, especially when I note the *animus* of the writers. With regard to the former, let me at once say that I should be very glad to have my statements shown to be erroneous, but letters now lying before me testify to the unfortunate accuracy of my views; and the members of my *locum tenens* staff, on returning from duties in all parts of the country, confirm what is stated in letters. If the contrary position be true, then the demand for Irish gentlemen ought to give a great impetus to the business arrangements referred to by one of your correspondents, whose applications from English employers ought to be in excess of the supply which he can command. I do my utmost to remove the stupid prejudice to which I refer, and in many cases I succeed.

I think that I need not point out the illogical inference that because a few men are assassins therefore their nation is murderous. As a personal friend of the late Daniel O'Connell, Smith O'Brien, and others, I need scarcely say in which direction my sympathies go.

50 Lincoln's Inn Fields,

April 16, 1884.

Yours, &c.

J. BAXTER LANGLEY.

DR. FRANCIS.—The literature of tuberculosis is of so voluminous a character that it would be useless to give you any special references. If you could spend an hour or two in a good medical library, you would obtain a far better and more suggestive idea of the appropriate volumes for your purpose than we could give you without further details of your particular requirements.

PROFESSIONAL MEN IN AUSTRALIA.

WE are often asked our opinion by correspondents anxious to try their fortune in the antipodes. For these the following information, supplied us by the New South Wales Government Agency, will be of interest: "It can never be too strongly insisted upon that professional men, as a rule, cannot get on so well in Australia as in Europe. Members of the legal profession are numerous in New South Wales, and it is necessary to success that they should have some knowledge of the land system of the Colony. For hard-working medical men, content to bide their time, there are plenty of openings in the country districts, and surgeons accustomed to practice in the mining or rural districts would have no difficulty in forming a connection. Schoolmasters possessing the requisite qualifications can readily obtain employment under the Department of Public Instruction, but there are comparatively few chances for those accustomed only to the work of classical education."

DR. MURPHY.—Surgical ulcers, that prove intractable to ordinary forms of treatment have been cured by the application of a strong solution of chromic acid to them; this mode of treatment was suggested by Mr. H. T. Butlin, F.R.C.S., who got good results from it in several obstinate cases.

B. O. U.—The clinical history of the case is very suggestive of lupus. Unless you are quite convinced it is not an instance of this disease, it might be desirable to proceed on the supposition that it is. Has a microscopic examination of the morbid growth been made?

MR. TRUEMAN.—We are much obliged for the offer your letter contains. At present, however, we have no need for such a representative; but should occasion arise we shall be glad to claim your services.

DR. COLBURN.—The subject has frequently been treated, and always with special reference to the points you insist upon.

MR. E. C. B. (Stafford).—We can only hope, for your sake, the result will equal your enthusiasm.

DR. JOHN MOORE (Belfast).—Your letter, with editorial reply, was crowded out at press; it will appear in our next.

DR. A. J. BLAIR.—Case received; will appear in an early number.

EXAMINERSHIPS IN THE ROYAL COLLEGE OF SURGEONS, IRELAND.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I would be glad to know whether it is not a fact that Fellows of the College are precluded by by-law or resolution of Council from holding Examinerships for more than seven years consecutively.

Yours, &c.

April 19, 1884.

JUSTICE.

DR. MARTIN (Sheffield).—Thanks; the paper has not been forgotten: it has simply been delayed for want of space, which we hope to supply in a week or two.

MR. FOSTER (Bradford).—We have no knowledge of such a publication. Try the German houses in London: Messrs. Trübner, Williams and Norgate, or Asher and Co.

DR. R. M. (Frankfort).—We have handed your letter of inquiry to our publisher, who will reply to you fully.

Meetings of the Societies.

WEDNESDAY, APRIL 23RD.

HUNTERIAN SOCIETY.—At 8 p.m., Dr. Hughlings-Jackson, On a Case of Charcot's Joint-disease in Locomotor Ataxy.—Dr. Fletcher Beach, On Atrophy of the Brain.

HOSPITALS ASSOCIATION.—At 8 p.m. (in the rooms of the Medical Society of London), Papers by Dr. Bristowe, F.R.S., and Miss Lückes, On Hospitals as Training Schools for Nurses.

THURSDAY, APRIL 24TH.

ROYAL INSTITUTION.—At 8 p.m., Professor Dewar, On Flame, &c.

FRIDAY, APRIL 25TH.

CLINICAL SOCIETY OF LONDON.—At 8.30 p.m. (Agenda paper not yet to hand).

ACADEMY OF MEDICINE IN IRELAND (Obstetrical Section).—Exhibitions: Dr. Macan, Vesical Calculus from a Patient with Vesico-Vaginal Fistula.—Dr. Neville (for Dr. H. M. Jones), New Instrument for Vaginal Irrigation. Papers: Dr. Macan, Report of the Rotunda Hospital for Twelve Months.—Dr. Neville, On the Prophylaxis of Puerperal Fever.—Dr. Purfoy, On Secondary Hemorrhage.

SOCIETY FOR THE STUDY OF INEBRIETY.—At 8.30 p.m. (in the rooms of the Medical Society of London), Inaugural Address by the President, Dr. Norman Kerr.

TUESDAY, APRIL 29TH.

ROYAL INSTITUTION.—At 8 p.m., Dr. Klein, Nerve and Muscle.

Vacancies.

Birmingham General Hospital.—Resident Surgical Officer and Resident Registrar and Pathologist. Salary attached to the former, £130 per annum, with board and residence; and to the latter, £100 per annum, with board and residence. Applications to the House Governor by April 26.

Chatham, St. Bartholomew's Hospital.—Assistant House Surgeon. Salary, £100, with board, &c. Endorsed applications to be sent in by May 1.

Coombe Hospital, Dublin.—Assistant Master. Applications to Master, or at Coombe Hospital.

Cheshire County Asylum, Macclesfield.—Medical Superintendent. Salary, £500, with furnished house, &c. Applications to Mr. A. C. Procter by May 3.

Royal London Ophthalmic Hospital.—Clinical Assistants will be appointed for one year from May 1. Applications to the Secretary before April 28. (See advt.)

Royal College of Surgeons, England.—Conservator of the Museum. Salary, £500, with residence. Applications to the Secretary of the College by May 3. (See advt.)

Whitechapel Union, London.—Infirmary Medical Officer. Salary, £150, with furnished apartments, &c. Applications to the Clerk of the Union on or before April 28.

Appointments.

ASHMEAD, G., L.R.C.P. Ed., L.R.C.S. Ed., Medical Officer for the Kingwinford No. 4 District of the Stourbridge Union.

COLL, A., Medical Officer to Knoeknolower Dispensary, Belmullet Union.

DONALD, A., M.B. C.M. Ed., M.R.C.S., House Surgeon to the Edinburgh Royal Maternity Hospital.

DRUITT, L., M.D., C.M. Ed., L.R.C.P. Ed., Medical Officer for the South Lambeth District.

FRASER, T. A., M.B., C.M. Ed., M.R.C.S., House Surgeon to the Edinburgh Royal Maternity Hospital.

HUNT, G. A., L.R.C.P. Ed., M.R.C.S., Medical Officer for the South Hornsey District.

MCLAUCHLAN, T. G., M.B., C.M. Ed., Medical Officer to the Hales Owen District of the Stourbridge Union.

TAYLOR, R. W. G., B.A., M.B., M.Ch. T. C. D., Medical Officer of Health to the Framham District of the Mitford and Launditch Union, Norfolk.

Births.

AUCHINCLOSS.—April 18, at 35 York Street, Dublin, the wife of Hugh A. Auchincloss, F.R.C.S.I., of a daughter.

KYLE.—April 18, at Measham, Derbyshire, the wife of T. W. Kyle, M.D., of a daughter.

PURVES.—April 17, at 20 Stratford Place, London, W., the wife of W. Laidlaw Purves, M.D., of a daughter.

Deaths.

BOND.—April 7, at Teignmouth, South Devon, Harman Reed Bond, Surgeon-Major (retired), Bengal Army, aged 72.

HENTSON.—April 12, at St. George's Cross, Southwark, S.E., William Hentsch, Resident Medical Officer of the Royal South London Dispensary, aged 75.

JOSEPH.—April 8, at Oaklands, Builth, South Wales, Thomas Morgan Joseph, M.R.C.S., L.R.C.P., aged 40.

PARSONS.—April 15, at his residence, Ivanhoe House, Newhaven, Sussex, Charles Parsons, M.D., L.R.C.S.I.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 30, 1884.

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Clinical Lectures

ON

METASTATIC PHLEGMON OF THE HAND.

By PROFESSOR THEODOR BILLROTH, Vienna.

THE patient was confined four weeks ago, and suffered from some febrile symptoms in childhood; there was, therefore, something about the genital organs not quite in order, but the symptoms never became of marked importance. Probably there was some parametritis present. A fortnight later an inflammation of the carpal bones came on. This must not be taken as accidental; we must rather look upon it as a metastasis of the original inflammation in the parametrium. With the ostitis of the carpal bones was associated suppuration of the sheath of the tendons; later on the inflammation progressed upwards, in part in the subcutaneous cellular tissue, and in part underneath the muscles. It frequently happens in puerperia that a comparatively small focus of inflammation brings in its train very grave conditions, such even as threaten life itself. Upon the whole, we may say that these metastases, when, as in this case, they find their way towards external parts, to the subcutaneous cellular tissue, or a little deeper, generally make their way out, whilst those that are transported internally bring about a lethal termination. The parametritis has here apparently died away, but the inflammatory process still exists; it is not easy to get rid of, as it lies deep, not only in the subcutaneous cellular tissue, but in the joint, in the bones, and in the sheaths of the tendons. The causes from which suppurations of the subcutaneous connective tissue take their origin are most frequently injuries, and especially crushes; but purulent inflammations do make their appearance, which apparently arise without the slightest external injury, and in which the question as to their cause cannot be answered. In some of the suppurations of this kind the spontaneous origin is only apparent—not real—as in most cases they originate in previously exist-

ing centres of inflammation, only the primary focus is not known, or quite overlooked. It is frequently the case that quite insignificant irritations are the cause of such conditions, and this is especially so in phlegmons that form at the tip of the fingers, in panaritias, and in those that form on the foot and especially around the bones.

Panaritias are especially frequent in cooks, and in individuals who have to handle substances of doubtful cleanliness; in cooks the epidermis is swollen, easily permeable to infective material, which may be furnished by meat which is not used fresh, but must be kept for some time before being cooked. Phlegmons of the foot came on in people who go about barefooted, or from chafing by hard boots, or from a nail penetrating the foot—such sores forming places of entrance for the infective material.

All these processes, when they have reached a certain degree of intensity, become more or less quickly and widely diffused, and act more or less upon the system generally. This is dependant on the intensity of the poison which the micrococci either introduce with themselves, or which is first generated by their growth, for the mechanical entrance of a foreign body alone would not be sufficient to lead to such consequences. Such inflammations only are called metastatic as make their appearance whilst another inflammation is in progress, and which, as observation teaches, has a certain relation to the preceding inflammation. If a person either spontaneously, or after an injury, has a phlegmon on the arm, and at the same time during its course develops another on the foot, or inflammations in the lungs, we have to do with metastatic processes. The explanation lies in the word itself that a connection exists between the two processes—that the process has shifted itself to a certain extent from the one locality to the other. Our predecessors thought that the first process must cease, and that by the suppression of it the second centre originated. But it is not correct that the first process must cease for the second to originate. According to the present view, we can say that the infective material passes from the primary centre through the

lymphatic channels into the blood, and is deposited—it may be here, it may be there—and after the micrococcus vegetation has once become established, a metastatic inflammation is originated at the spot. Fortunately, a barricade against the further spread of infective material is generally erected in cases where strong inflammatory infiltrations are present. The lymph channels are occluded, and it is characteristic of these inflammations that they are generally enclosed in a very short time; the centre of inflammation becomes encircled and encapsuled; the lymph passages, and the cellular interspaces become blocked up by fibrine; later on new tissue; and the infection cannot pass farther. When such an abscess is opened sufficiently early, the therapeutical results are favourable; when the pus has escaped healing takes place with rapidity. Only when the inflammation passes downwards the mechanical conditions are exceedingly unfavourable, as between the bones many lacunæ exist, in which the pus collects and cannot empty itself; and it is this wherein the great difficulty of healing lies. In the case of our patient, notwithstanding the depth of the centre by means of numerous incisions giving free exit, the process is so far got under control that an anchylosis of the wrist-joint only will result. She has no longer any fever; if she should, however, have rigors, high temperature, and dry tongue, then we should have to consider whether amputation would not be necessary.

We will still go on with the question, "In what way can we explain those inflammations without existing injuries of the skin?" Cannot infective material, diphtheria and decomposition bacteria penetrate the uninjured cuticle, enter and set up inflammations? We must answer with a decided—Yes; and more especially there are diphtheritic poisons that can penetrate into the skin through the hair follicles. But how is inflammation of the sheaths of tendons to be explained, and acute osteomyelitis? It appears to be proved beyond a doubt that the pus from these processes contains micrococci in great numbers, and that suppuration of this kind has its origin from the micrococci, but the pathway of infection is completely unknown—it is problematical whether the immigration of the micrococci takes place through the lungs, or through the intestinal tract or some other way. I have at one time defended the following explanation:—It is scarcely conceivable that the body does not always contain within itself a number of bacteria germs; a healthy organism is, however, proof against the ordinary bacteria of decomposition, or the conditions for their development are not present. The mucous membranes have such a powerful action that the bacteria germs cannot develop on them. If small particles of carbon can be taken up and transported to the axillary glands, why should not the minute micrococci find entrance into the blood? I have, therefore, assumed that a certain number of micrococci are always present within the body, but that in the case of healthy strong individuals they cannot arrive at development. But if the liquid become stagnant at any particular spot, the germs gain the upper hand in the unhealthy locality, and then it is not this diseased centre that is the cause of the inflammatory process, but the micrococci which have here obtained an opportunity to develop. I have prepared a glass with boiling oil and melted paraffin, have then very quickly removed the skin from the extremity of a rabbit, excartulated, thrust the parts into the boiling oil, and thence in a moment into the paraffin. In a short time the flesh was crowded with bacteria. From this I have drawn the conclusion that the bacteria were there before, and that a number of bacteria are present in every animal organism, but that they do not develop for the reason that for development no suitable soil is present.

The experiments upon which I have relied are incomplete conclusions, however, and more recently Meissner, of Göttingen, has succeeded in showing that it is improbable that micrococci exist in the normal living organism. He has succeeded in preparing portions of

the liver and spleen of rabbits, the extremities of frogs, in part in serum, in part dried, in such a manner that they have remained unchanged after the lapse of two or three years. This has been achieved solely by means of the most scrupulous cleanliness in manipulation, and entirely without chemical aid. Unfortunately, the results are not yet published, they are of great importance, for they prove that exceedingly careful exclusion of bacteria germs suffices to prevent decomposition. It is (not) necessary to make use of chemical agents that destroy them. According to this, one must say that it is improbable that the living organism contains bacteria germs, but they gain entrance as agents of disease as in the cases of inflammations of the spinal cord, and of the sheaths of tendons. But in what way the micrococci gain admission in these affections we do not know at present. In quite recent times the question has been raised whether any productive suppuration can arise without the agency of micrococci. Klebs has been of the opinion that when the entrance of micrococci is prevented, as, for example, in the case of gunshot wounds no suppuration will follow; Hueter has also said the same thing. In opposition to these views, work in part from the laboratory of Cohnheim has shown that other material also can produce suppuration—croton oil, for instance, that sets up suppuration under all conditions. The material that excites suppuration must be a chemical agent, a material of very labile equipoise (Gleichgewicht), and it is not clear why this chemical action should not be the property of other substances. It is, indeed, possible that in addition to fermentative agents already known, we shall yet discover a non-living agent capable of initiating fermentative processes.

A Course of Lectures

Delivered at the London Hospital during February, 1884.

By JONATHAN HUTCHINSON, F.R.C.S., F.R.S.,

Emeritus Professor of Clinical Surgery at the London Hospital; Consulting Surgeon to the London Hospital, and to the Royal London Ophthalmic Hospital.

LECTURE VI.—*Concluded from page 372.*

DISEASES OF THE NERVOUS SYSTEM OF SYPHILITIC ORIGIN.

Inflammation of Central Nerve Tracts.—Of this variety of the lesions produced in the nervous system by syphilis, the most striking example is that in which evidence of mischief is afforded by ophthalmoplegia; and under the name *ophthalmoplegia externa* Mr. Hutchinson, some time since, described certain cases in which the external muscles of the eye became the seat of affection, through their innervations. In these instances the eyeball assumes a fixed position, the extent of which varies to greater or less degree according to circumstances; and, as a rule, both organs are usually involved; the paralysis, however is restricted to the motor muscles of the eye. In six or seven cases of this description Mr. Hutchinson removed the affected organ, and the influence of syphilis could be traced in all but one, concerning which only a doubtful history could be obtained pointing to this complication as an originating cause. In those cases, where, as here, many nerves are so affected, the seat of the lesion to which their condition is attributable is most probably situated far back in the central nuclei, an assumption justified by the result of post-mortem examinations, which have demonstrated that injuries in this situation did exist in subjects who had exhibited the particular form of paralysis above mentioned during their lifetime. That which is true of ophthalmoplegia externa, moreover, may fairly be presumed to be true also in respect of other nerve nuclei, so that the information that is obtained respecting it may be extended to an explanation of

almost all forms of paralysis. It must further be said, too, that ophthalmoplegia externa itself occasionally is followed by extension of the injury it implies, and may even be implicated by the existence of locomotor ataxy and other diseases associated with nerve lesions. As showing the influence exercised by syphilis in this class of cases, and the difficulty which may be found in sometimes ascertaining without doubt in what relation it stands to the conditions observed, Mr. Hutchinson narrated a case which had been under his care at the Moorfields Hospital. The patient, a gardener, was admitted on account of paralysis of the sixth nerve, and denied that he had ever suffered from syphilis. He came of a very healthy stock, and was seemingly desirous of stating all that could assist a diagnosis of his ailment, with truthfulness. Notwithstanding his declaration, however, mercury and iodide of potassium were prescribed as medicines; and the case progressed for five or six years, by which time the eye became quite fixed. Next, atrophy of the optic nerve ensued; and later, weakness was manifested in the lower extremities, the assemblage of symptoms necessitating confinement entirely to bed for the last year preceding death, when general paralysis and blindness were present. During this latter period of twelve months Mr. Hutchinson had not had the patient under observation, and, being near his residence, he called, with the object of seeing how the case was progressing; only, however, to find that the patient had died the day before his arrival. It was then discovered that the nerve centres were disorganised by unmistakable inflammatory growths of syphilitic origin. Several of the children had been seen from time to time by Mr. Hutchinson, and in none had he been able to trace any signs whereby the validity of the father's claim to be free from syphilitic infection could be disproved; but a surgeon in practice at Wandsworth, and who numbered among his patients the *eldest* daughter of Mr. Hutchinson's patient, subsequently communicated to Mr. Hutchinson that this girl was the subject of well-marked inherited syphilis, possessing the characteristic notched incisors, and being, as well, affected with interstitial keratitis. Thus, and accidentally, the most certain proof of specific infection was obtained, and in a way which could hardly have been anticipated, but none the less satisfactory when once made clear.

Inflammations of Peripheral Organs.—The eye and the ear are the peripheral sense organs which most frequently become the seats of injury; and in the case of the former the changes that occur are capable of being easily observed: Different parts of the organ become seats of inflammation at varying times; the retina, for instance, may be so affected during the secondary stage of disease, and under the influence of mercury the inflammation may very possibly be found to clear up, leaving the structure so far in a healthy state that the power of vision will be retained. This, however, cannot be regarded as a common termination. Sometimes the retina and choroid are simultaneously, or concurrently, affected; while at others inflammation attacks the choroid alone, giving rise to choroiditis disseminata, or that condition known as tiger-skin choroid. The visible indications observed in these cases possess a value above and beyond that of demonstrating the actual condition of the parts observed, for they become important aids in determining what changes may be anticipated to be in progress in structures altogether removed from view, *e.g.*, the pia mater, and which are subjected to such influences as promote the visible alterations in regions accessible to direct examination.

Inflammation of the optic nerve itself, as a consequence of constitutional syphilis is of well recognised occurrence, and it may be observed sometimes at comparatively early stages of the disease in the secondary period; but the cases possessing well-marked features are those which present later in the course of illness, and nearer the tertiary stage.

It was observed by A. Fournier that not uncommonly in secondary syphilis an anæsthetic condition of the skin could be demonstrated; and Mr. Hutchinson is able to corroborate the truth of the observation. The actual condition, however, is rather one of analgesia than of anæsthesia, and the cases in which it has been noticed have been almost all in women, about whom, moreover, the suspicion of hysteria or of feigned symptoms could not be entertained. Another, and convincing proof of the reality of the symptoms observed in such cases is, that under anti-syphilitic treatment they disappear. Mr. Hutchinson said that he had never seen many examples of this form of affection, and in most the part affected was the posterior surface of the hand. His cases include also many—mostly, however, among men—in whom diminished sensation was present in the lower limb; and the suggestion occurs that they imply an affection of the end organs situated in the skin. The area of distribution followed by the anæsthesia renders it impossible to associate it with that covered by the filaments and branches of any known nerve.

Ophthalmoplegia interna constitutes a paralysis of the internal muscles of the eye, *e.g.*, the iris and ciliary. All these structures are supplied by branches through the ciliary ganglion, and Mr. Hutchinson suggests that this ganglion is the probable seat of degeneration in those cases where the internal or intrinsic muscles of the eye are the only parts of which the function is impaired. It must be remembered, however, that the disease may very possibly originate in the central organs; and it is useful to bear in mind that it often precedes the development of those changes associated under the title *ophthalmoplegia externa*.

Meningeal Inflammations.—These forms of injury may be either of a spreading or diffuse kind, or may assume the shape of gummata. The symptoms induced by these assume a considerable variety, and when large gummata exist the amount of compression set up by them may be of very serious importance. Respecting the diffuse variety of inflammation our knowledge is only limited, and much more information concerning it is a desideratum. Its existence, however, need not be doubted; nor that it may lead to very tangible effects.

Inflammations of Bone.—These injuries in syphilitic subjects have long been fully recognised, and present no difficulty that interferes with their character being fully understood.

Arterial Disease.—The lesions of the arterial system resulting from syphilis form a very important class of diseases, from the existence of which grave dangers to the patient must be apprehended. In syphilitic apoplexy, which occurs in this connection, the exciting cause is always thrombosis, and not rupture of the vessel. The mode of onset of the attack is peculiar, and is generally preceded for one or two days by threatening paralysis, the symptom having its origin in the diminution of the blood current through the affected vessels.

Syphilitic hemiplegia is a tolerably common affection from which recovery generally takes place, but not completely. The power of syphilis to imitate other diseases is of the most extraordinary character, and in this association almost all the systems of the body may be implicated. In the case of the skin there is no known form of disease peculiar to it, which may not find imitation in changes produced by the action of syphilitic poison on the regions correspondingly affected. Thus any part of the structure may be selected as a site, and every variety of rash, hitherto described, may be developed through the action of the poison.

Almost the same sweeping statements might be uttered in respect of the nervous system also, and that, every disease described in books as affections of the nervous system, may find imitation as a result of syphilitic affection. Thus, there is a *syphilitic epilepsy* caused by irritation of the brain through the pressure of gummata, and in this disease exactly the same

symptoms are observed as characterise ordinary attacks of epilepsy. Often, however, the degree of imitation is less absolutely complete.

Respecting locomotor ataxy, Mr. Hutchinson does not consider that all cases of the disease originate through syphilis; but he fully concurs in believing that a large number of syphilitic persons suffer from the disease, the course of which may in them be modified by treatment directed to the specific disease, though they will not result in cure. Ophthalmoplegia, also, is not always of syphilitic origin.

General Paralysis of the Insane has been clearly shown to depend on a spreading inflammation of the pia mater, and such an occurrence may readily take place in subjects affected by syphilis.

Under paraplegia several forms are noticed as being syphilitic in type, and facial paralysis comes under a like heading. Mania is due to acute or sub-acute inflammations of the pia mater, and follows from syphilitic infection; and also a class of vague hysterical and allied affections, often of an aggravated kind. Menière's disease, idiocy of the congenital syphilitic variety, and other diseases which might be mentioned, may one and all be traceable to the action of the virus of syphilis on the constitution, and to subsequent invasion of various organs.

Treatment in all cases of syphilitic disease is of paramount importance, and prognosis is most often of a hopeful nature. Reliance, however, must never be placed in a single remedy only, as demonstrated in a previous lecture; but, whenever occasion seems to call for them, both recognised specifics in treating syphilitic diseases should be called into requisition.

THE COMPARATIVE MORTALITY FROM PHTHISIS IN LONDON AND DUBLIN FOR THE PAST SIX YEARS.

By EDWARD SPENCER, M.A.

THE mortality from phthisis in Dublin having latterly increased, and being apparently over the normal death-rate from that disease, it occurred to me that it would be useful to investigate as far as possible the fatality from this cause in Dublin during the past six years, and compare it with that in London for the same period.

Tables are appended, giving the results for the six years ending 1883; the mortality has been calculated for every 10,000 living and the recorded or estimated increase of population allowed for.

The increase in the mortality in Dublin has been chiefly in the municipal district, the rate in the suburbs having somewhat diminished.

TABLE I.

	City.		Suburbs.		Registration Dist.	
	No. of Deaths.	Rate.	No. of Deaths.	Rate.	No. of Deaths.	Rate.
1878	785	31.9	160	23.2	945	30.1
1879	895	36.5	197	28.4	1,092	34.7
1880	938	38.2	199	28.7	1,137	36.1
1881	916	36.7	235	23.7	1,151	33.0
1882	956	33.2	226	23.0	1,182	33.9
Average ...	898	36.3	203	25.4	1,101	33.5
1883	1,086	42.5	244	24.6	1,330	38.0

It will be seen from Table I. that the death-rate in the city proper has risen from 31.9 per 10,000 in 1878 to 42.5 per 10,000 in 1883 (the average rate for the five years ending 1882 being 36.4); in the suburbs, although the rate for 1883 (24.6) is slightly above that for 1878 (23.2), it is nevertheless lower than the average for the

previous five years (25.2); and in the registration district, which includes both city and suburbs, the rate has increased from 30.1 in 1878 to 38.0 in 1883 (the average for the five years ending 1882 being 33.5).

Comparing the mortality in Dublin and London, it will be found from Table II. that the average rate in Dublin for the past five years is more than 45 per cent. higher than in London, and seems to be steadily increasing, while in London the mortality appears to be slightly diminishing (the rate for 1883 being 22.5, as compared with 22.9, the average for the previous five years).

TABLE II.

Rate of Mortality per 10,000.

	London.	Dublin.
1878	24.8	30.1
1879	24.5	34.7
1880	21.9	36.1
1881	21.7	33.0
1882	21.6	33.9
Average	22.9	33.5
1883	22.5	38.0

The question of the incidence of the mortality has next been considered, and is found both in London and Dublin to have been fairly constant during the six years in question. Investigation, however, on this point has revealed some interesting facts. It will be observed from Table III. that the mortality at the age period 5—20 is much greater in Dublin than in London. In Dublin 18 per cent. of the deaths registered were between the ages 5 and 20, as compared with a percentage of 9.7 at the same age period in London. On the other hand, it seems that there is a considerable excess in the mortality in London at the age period 0—5 (4.3 per cent. of the deaths registered) as compared with Dublin (2.0 per cent. of the deaths registered). This excess is, however, in part accounted for by the fact that the proportion of children living at the ages 0—5 is much greater in London than in Dublin. Taking the population at the two age period (0—5 and 5—20) it is found that in London the average death rate at the period 0—5 is 7.3 as compared with 6.1 in Dublin; while at the age period 5—20 the rate in London is only 7.1 as compared with 20.5 in Dublin.

It will also be seen that in London 14 per cent. of the entire mortality from phthisis, equal to a rate of 7.2 per 10,000, occurs among persons under 20 years of age; but that in Dublin 20 per cent. of the entire mortality, equal to a rate of 16.5 per 10,000, takes place within the same limits of age. Contrariwise, after passing 20 years, it is

TABLE III.

Showing the Percentage of Mortality from Phthisis at the various Age Periods in London and Dublin.

LONDON.						
	0 5	5-20	20-40	40-60	60-	Total.
1878 ...	4.9	9.7	48.3	31.4	5.7	100
1879 ...	4.1	10.2	48.8	31.6	5.3	100
1880 ...	4.1	10.1	49.6	30.8	5.4	100
1881 ...	3.7	9.9	50.0	31.4	5.0	100
1882 ...	4.4	9.1	49.0	31.3	6.2	100
1883 ...	4.4	9.5	49.0	31.9	5.2	100
Average ...	4.3	9.7	49.1	31.4	5.5	100

found that the percentage of mortality is higher in London than in Dublin, 86 per cent. of the deaths in London occurring in that period, equal to a rate of 34.0,

while in Dublin the percentage is 80, equal to a mortality of 43·1.

DUBLIN.

	0-5	5-20	20-40	40-60	60-	Total.
1878 ...	1·3	18·6	51·4	23·2	5·5	100
1879 ...	2·4	17·5	53·1	22·8	4·2	100
1880 ...	2·4	18·6	52·7	23·0	3·3	100
1881 ...	1·1	19·2	50·9	23·4	5·4	100
1882 ...	2·0	17·4	49·7	26·8	4·1	100
1883 ...	2·7	18·6	52·0	24·3	4·4	100
Average ...	2·0	18·0	51·6	24·0	4·4	100

This last table seems to show that children in London are born under less favourable conditions than those in Dublin, and succumb more rapidly to phthisis at the ages 0—5; that those who survive make a much harder struggle against the disease than the corresponding class in Dublin; and that, in short, consumptive people in London live much longer than those in Dublin.

On the general question it may be observed that we have an insidious disease making strong way among us, while in London it appears to yield to some influences. What these influences are, and whether consumption is a disease which, as the late Dr. Farr says, "is to a considerable extent under control, gives way to hygienic measures, and has decreased step by step within the past 27 years," are questions for sanitarians, but they are questions which, as far as Dublin is concerned, should be answered as soon as possible.

Clinical Records.

LIVERPOOL FEVER HOSPITAL.

A Case of Empyema, complicating Post-Scarlatinal Nephritis. (a)

By ROBERT S. AITKEN, B.A., M.B., M.Ch. Dub.,
Physician, Netherfield Fever Hospital, Liverpool.

EFFUSION into the pleura as a sequela of scarlatina, whether in consequence of scarlatinal rheumatism (so-called) or ensuing during the course of nephritis, is (as far as personal experience is concerned) of much less frequent occurrence than the analogous condition of the peritoneum, which not uncommonly complicates the latter affection. Of a large number of cases of scarlatina that from time to time have come under the observer's notice, this is the only one of empyema I recollect having met with. I cannot find another amongst my clinical records. The comparative rarity of pus in the pleura under these conditions is the only reason for bringing a case of this description under the notice of the profession. This affection would appear to be of as great, or even greater, rarity in small-pox, as in over one thousand cases of this disease observed during a recent epidemic in this city, I met with but one example of empyema. This occurred in a young female, who succumbed from hectic after a free incision had been made into the chest. *A priori* it may be predicated that when effusion does take place into the large serous cavities in the course of the acute eruptive or specific fevers, there would be reasonable suspicion of such effusion becoming rapidly purulent, and, as a matter of fact, I believe that this is the case, especially when the pleura is so affected. In considering these cases the probable existence of a strumous diathesis must be borne in mind. The boy whose case is about to be related was one of those ill-fed, ill-clothed, badly-housed children, which, too commonly in our great cities, are most likely to become the victims of struma.

I have to thank Mr. Blore, late Resident Medical Officer of Netherfield Fever Hospital for keeping the clinical records, from which the following account is abstracted:—

Pat. M., æt. 10, was admitted to Hospital on Dec. 1st,

(a) Read before the Liverpool Medical Institution.

1882, in the evening. The patient was apparently of the class known as "street Arabs," and consequently an accurate history of his previous condition could not be obtained. However, it was ascertained that a fortnight before admission he was suffering from "lumps under the jaws," and when he came under observation the skin was found to be generally disquamating. He was suffering from urgent and distressing dyspnoea; he could not assume the recumbent position; respirations were 60 in the minute; temp. 99°; pulse 100; and his urine contained a half of albumen and blood. There was slight cough. Feet oedematous, and there was a small amount of fluid in the peritoneum. The entire of the left chest was of resistant, woody dullness from top to bottom, with an absence of tactile vocal fremitus, and only distant breath-sounds were audible. The intercostal spaces were flattened, and the upper ones bulging. Cardiac impulse was situated in the right side of the epigastrium. Mr. Blore, after having confirmed his diagnosis of empyema by the withdrawal of some fluid by a hypodermic syringe, and microscopic examination showing pus cells in abundance, sent for me. The circumstances of the case being as related, and the boy being in imminent danger of dying from suffocation, it was determined to make a free incision into the chest. An attempt to borrow a spray apparatus being fruitless, the operation had to be performed without antiseptic precautions. Accordingly, a point was selected in the seventh interspace, a short distance in front of, and slightly below, the level of the inferior angle of the scapula, as being the most convenient to make the incision, and also as being favourably situated for drainage, as the boy lay on his left side. With some little difficulty, owing to the mobility of the soft parts, and the narrow space between the ribs in children, the pleural cavity was opened into, and purulent fluid began to flow in a full stream. When the flow began to slacken, some air was drawn in with a hissing sound. About 30 ozs. of semi-purulent matter escaped. A drainage-tube formed of a French elastic catheter, with the end cut off, and the sides perforated, was inserted down to the diaphragm, cut flush off with the skin, and retained by a thread passed through it by a needle. A large, soft sponge, wrung out of warm solution of carbolic acid, was placed over the side, covered with waterproof cloth, and the whole held in position by a bandage. It was interesting to notice how, as the intra-thoracic pressure became lessened, the respiration became more placid, and finally, after the operation was completed, settled down to 36 per minute. The patient was much relieved by the operation, and was enabled to lie comfortably down.

Dec. 2nd, 11.30 a.m.—Coughing a little. There was free drainage, the dressings being saturated. Air was entering the upper part of left lung, mingled with moist râles. Percussion note was resonant over anterior superior portion of the side. The heart was now beating in the left side of the epigastrium, instead of in the right, as before the operation. Bowels moved once. Moderate thirst; complaints of hunger. No rigors; no sweating; no fœtor. The pleural cavity was washed out with a solution of carbolic acid (1 in 40), and dressed as before. Pulse in forenoon, 118; in evening, 120. Resp. in forenoon, 36; in evening, 58. Temp. did not rise above 99·4°. He was put on milk diet, and a mixture containing liq. ammon. acet., spts. actis nit., tinct. ferri perch. and tinct. digitalis ordered.

3rd.—At 1.40 a.m. pulse was 100; resp. 36. He was perspiring. The side was dressed again. Ascites somewhat increased. 12 noon—Pulse 96; resp. 36; and temp. inclined to rise. The discharge having come through the dressing, the side was again dressed, this time with carbolicised lint and tow. The discharge was perfectly sweet. No change in condition of lung. Not much distress. At 7 p.m. the thermometer registered 101·6° F. At 11.30 p.m. dressing was again changed.

4th.—Discharge from the right ear. Respiratory sounds were heard all over the left side, mingled with râles. Percussion notes considerably improved. Discharge slight, and quite sweet. Temp. rose to 99·6° at 11 p.m. Urine still contained a considerable quantity of blood, but the albumen had decreased to $\frac{1}{4}$. The next day he was put on two eggs. Temp. rose at 11 p.m. to 101·6°.

6th.—Pulse 126; resp. 60. Temp. did not rise above normal, except at 3 a.m., when it was 99·8°. A peculiar kind of tubular breathing, having a metallic character, was audible in upper part of left chest. Discharge less purulent; no fœtor.

7th.—Pulse 120; resp. 40; temp. 100.2° in the evening. Urine contained blood and $\frac{1}{2}$ of albumen.

8th.—Percussion note over left side still rather dull. Plenty of râles to be heard over the entire chest, but especially over the anterior superior portion of the left side. The tubular respiration having a metallic character had vanished. Heart has not regained its normal position. Complained of pain in "his belly," across the epigastrium, where he placed his hands. Ascites seems to be somewhat less. Pulse—morning 130, evening 138; resp.—morning 40, evening 43. Thermometer indicated 101° in the evening. Urine still contains blood, but the albumen has fallen to $\frac{1}{2}$.

9th.—Very little discharge; cavity washed out with a solution of carbolic acid (1 in 40), and the drainage-tube removed. Pulse 130; resp. 38; temp. ranged between 99° in the morning and 101.2° in the evening.

10th.—Discharge moderate and quite sweet; a number of small pustules around the wound. Respiration and percussion note fairly good over left side, except at the lowest third posteriorly, where there is dulness and a few râles, but not nearly so many as there were a couple of days ago. Respiration and percussion note very good over right side, and hardly any râles. Pulse 130; respiration 30; temp. ranged between 99.2° in the morning, and 100.6° in the evening. Albumen reduced to $\frac{1}{2}$, but still some blood in the urine.

For the next three days the pulse averaged 120; resp. 30, and the temp. on two occasions rose to 100.6° and 100° on the evenings of the 11th and 13th respectively.

14th.—Pulse 120; temp. 99° in the morning, 99.4° in the evening. Percussion elicits a comparatively dull sound all over the left chest. Cardiac impulse in fourth interspace about one inch inside the nipple line. Fair respiratory sounds all over left side of chest. Some râles in the lower part of lung behind, and suspicious gurgling sounds below the left clavicle. During this and the two following days the urine contained about $\frac{1}{2}$ of albumen; still some blood. The temp. rose on the afternoon of Dec. 16th to 100.2° F.

17th.—Rather feeble respiration over the entire left lung, whilst on the right side it was somewhat exaggerated. Percussion note high-pitched in left infra-clavicular region; in other parts of this side there was comparative dulness, probably due to thickening of the pleura. A few moist râles were audible in left supra-spinous region. The temp. for this and the following days ranged between 100° and 101°.

19th.—The urine contained much blood. The temp. ranged between 97.2° at 3 a.m. and 102° at 7 p.m. Yesterday he was ordered grs. 2 of quinine and 5ma. each of tinct. ferri perchl. and tinct. digitalis, every four hours.

21st.—Dulness, tubular breathing, occasional friction rub, and pectorilquy over the left base posteriorly, indicating the existence of some pleuro-pneumonia. High-pitched percussion note and fair respiration, mingled with râles under left clavicle. More or less comparative dulness over other portions of left chest. On right side puerile breathing, with occasional râles. Percussion note clear. Cod-liver oil. During the next four days the temperature assumed deep curves, ranging from normal to 103°; at 3 p.m. on 22nd to 102°; at 3 p.m. on 23rd to 101.4°; and to 101.6° at 3 p.m. on 25th. This hectic type of temperature was coincident with the retention of some pus in the pleura, owing to the gradual closing of the opening. However, it was readily evacuated by the introduction of a director and by irrigation.

25th.—Purulent discharge from opening rather copious. The urine still contained blood and albumen.

28th.—Discharge from opening scanty. Percussion note clearer, and respiratory murmur fairly good all over left side. Some falling in of left chest, with deviation of the spine. Good breath-sounds on right side.

29th.—Discharge somewhat more abundant; does not escape readily. During this and the three preceding days the temp. did not rise above 99.4°, but on the next two days the thermometer registered 102° in the evening, and on Jan. 1st the temp. was 100° at 7 p.m. From this time the boy rapidly convalesced as far as the empyema was concerned; the temp. did not rise above normal, except in the forenoon of Jan 4th, when it was 101.2°. The albumen and blood disappeared from the urine, and he gained flesh.

Jan. 19th.—The patient was discharged, the condition of affairs being as follows:—Comparative dulness over left side as compared with right. Respiration fairly good, except

in the axillary region, where some suspicious gurgling râles (probably the precursors of phthisis) were heard.

Measurements of Chest.—Nipple line: Right side, 14 inches; left side, 12 $\frac{1}{2}$ inches. Xiphoid cartilage: Right side, 13 inches; left side, 12 $\frac{1}{2}$ inches.

Transactions of Societies.

ACADEMY OF MEDICINE IN IRELAND.

MEDICAL SECTION.

A MEETING of the Medical Section was held on Friday evening, March 14, at the College of Physicians, Dr. WILLIAM MOORE, President, in the Chair.

Dr. A. N. MONTGOMERY, hon. sec., read the minutes of the preceding meeting, which were confirmed.

LIVING SPECIMENS.

Dr. M. A. BOYD—A case of congenital cardiac disease, with intra-ventricular communication.

Dr. WALLACE BEATTY—A rare form of skin disease.

SPECIMENS EXHIBITED BY CARD.

Dr. C. J. NIXON—Cirrhosis of the kidney and its effects.

In reply to Dr. WRIGHT,

Dr. BOYD described the case he exhibited as one of congenital communication between the ventricles in a child 10 years old. The child had been delicate from birth, and as an infant had been very near dying. Recognising the case as one of cardiac disease, on examination he found a systolic murmur localised between the nipple of the left breast and the middle of the sternum, on a line with the nipple, extending upwards to the cartilage of the third rib on the left side. Within this boundary the murmur was loudest. There was more or less hypertrophy of both ventricles. The left ventricle acting stronger in its contraction than the right, caused, in his opinion, the hypertrophy of the right, which in this is greatest. There is a possibility of some congenital obstruction at the pulmonic orifice to help to produce this, as the murmur is propagated towards this opening.

A RARE FORM OF SKIN DISEASE.

Dr. WALLACE BEATTY read a paper describing two cases affected with a peculiar form of skin disease, resembling in some of its features urticaria pigmentosa. The patients were two brothers, aged respectively 15 and 12 years. The disease first appeared at the age of 12 in the elder brother's case, and at the age of 11 in the younger. The course of the affection appeared to be as follows:—An itchy spot manifests itself without any appearance of eruption. The patient scratches it. Redness, and sometimes, according to the elder brother's statement, an appearance like tubes is seen. This subsides, and in a few hours a slight raised pimple is observed, pin-head size or a little larger. This soon flattens, enlarges, and becomes dull, brown pigmented, forming a circular spot about $\frac{1}{2}$ -inch in diameter, presenting to the finger passed over it either the feel of normal skin, or of skin rather tougher than normal. This pigmented skin spot is unaltered by pressure. After a little the centre becomes whitish, the pimpling remaining brown, and finally the brown colour disappears, leaving white spots of different sizes, some very small, others large, but the greater number smaller than the brown macules. Some of these white spots are on a level with the surface of the skin and firm to feel, while others present minute depression somewhat thimble, or minute grooves radiating from the centre, appearing like scars. All these varieties, pimples, brown macules, macules with a brown pimpling, and whitish centre and white spots are present on various parts of the body, the front and back of the chest being most affected. A mottled appearance is thus produced, which is specially evident on the back. The abdomen and genitals are spared. The face is only a little affected, and the flexor aspect of the limbs but slightly affected. Dr. Beatty could not developae factitious wheals. There is no reason to suspect syphilitic taint. The disease, while it resembles urticaria pigmentosa in the presence of some itchiness, wheals produced by scratching, and subsequent pigmentary changes, is distinguished from all the cases of that disease formerly described in the following points:—(1) The disease commenced several years after birth. (2) The spots are at first chiefly papular, and rapidly

flatten; they are not, as in most of the cases of urticaria pigmentosa, in the form of vesicles, tubercles, or nodules, and localised infiltrations. (3) The final stage, the formation of white spots, is peculiar.

Dr. WALTER SMITH said there could be no question that the disease described was one of great rarity, and of considerable practical importance, on account of the possibility of confounding it in younger patients with erysipelas, and in the older with stains left by secondary rash. He saw both boys some weeks ago, and was struck by the peculiar features of the disease as described by Dr. Beatty—the trophic changes and the production of soars without any vesication, pustulation, or breach of surface. It was not easy to give the disease a name other than that mentioned by Dr. Beatty—urticaria pigmentosa. Of the ordinary form of urticaria the usual features were suddenness of onset and rapid evanescence. The eruption here began early in life, persisted for months and years, and went through cycles of aggravation and decline, and in these respects presented marked features of contrast with ordinary urticaria. It was a question whether it should be put under the same heading at all. Anyone who looked at the picture of Dr. W. Morant Baker's cases in the Clinical Society's Transactions would say the eruption approximated nearer to Dr. Beatty's case than the illustration in Dr. Tilbury Fox's Atlas. Dr. Beatty had laid stress on the difference observed in his own case as compared with those already recorded. As there had been only nineteen cases recorded, the natural history of the disease, if it had any, was not exhausted, and therefore it was obvious Dr. Beatty might have an opportunity of recording features in the disease hitherto not met with by other observers. As to what could be done for patients suffering from the disease, there was little to be said beyond the fact that they must be content to await the will of the healer of all diseases.

Dr. FINNEY said it was usual to find pigmentation following a great many eruptive diseases. There was a red or blood spot where there had been scratching, and it was quite possible the rash of the itching spot might be pruritis, but there were also spots on the back. The case was a great puzzle, and the chief point of interest was the importance of distinguishing it from the congenital and acquired forms of specific disease.

Dr. BEATTY, in reply, pointed out that the spots developed spontaneously, and that, at all events, it was obvious all of them could not have been produced by artificial scratches.

CASE OF PARALYSIS IN A CHILD.

Dr. MACSWINEY reported the particulars of a case of temporary spinal paralysis in a boy, *æt.* 6, and exhibited the patient, quite recovered. The boy had whooping-cough for three months. After this he was exposed to rain and cold for hours on an outside car, and got an attack of tonsillitis. This was treated with local application of caustic solution, and was cured in a week. About this time, also, he commenced to cut up four permanent molar teeth, which caused much pain. Now it began to be noticed that he was unsteady on his legs in walking. This feebleness of gait increased rapidly, extending upwards through the trunk to the arms. The muscular feebleness became daily worse, and finally, in a very short time, he was universally and completely paralysed. He could not stand, was not able to use his hands to bring food to his mouth, had to be fed, lay in the bed quite helpless, and was lifted out and in as occasion required. All this time his general health was good. He ate and slept well, looked healthy and intelligent, his muscles were not in the least atrophied, his voice was natural, he protruded his tongue in mid-line, his sphincters were unaffected, he had no fever. The electrical contractility of his muscles was unimpaired. The "sole of the foot" reflex was present. The "patellar tendon" reflex could not be demonstrated. Regarding this latter, Dr. MacSwiney found experimentally that it was not manifested in several young boys, and he raised the question, Was it present in such subjects at all? Mobility rapidly returned to the muscles, and in three weeks' time he was as well as ever. The case closely resembled Landry's disease in all important particulars. There was motor paralysis spreading rapidly from below upwards, unaccompanied by fever, not involving sensibility, the bladder or the rectum, without atrophy or change in the electrical excitability of themselves. There were also the salient points in paralysis *acuta ascendens*. As to its etiology, it was not anemia of the antero-lateral columns of the cord from exhaustion consequent on the pertussis. His good condition and health were inconsistent with

this. It was not the result of exposure to cold. This had expended itself in the attack of tonsillitis. It was not due to intestinal worms. Anthelmintics brought none away. It was not chorea paralysis, in which there are clonic spasms, where the paralysis is never universal, and where the general health is always impaired. It was not diphtheria paralysis, because this begins in the soft palate and pharynx, and is incomplete, is denoted by loss of Faradaic contractility, anæsthesia, dysphagia, nasal voice, defective eye accommodation, amaurosis, accompanied with a fatuous, idiotic expression of face. There remained reflex paralysis from dentition. To this Dr. MacSwiney attributed the initiation of the symptoms. He lanced the gums. Coincidentally with this the patient got better, and soon became well. His view of the series of pathological events was—exalted reflex irritability excited by difficult dentition, producing a dynamic lesion of the cord, unaccompanied, he assumed, by any structural alteration, and culminating in this attack of transitory spinal paralysis.

Dr. HENRY KENNEDY considered the extraordinary feature of the paralysis was its short duration. Having seen the case, he regarded it as presenting the appearance of a modification of chorea. No doubt the state of the mouth had a good deal to say to its development. He had seen a good many cases where purging sufficed to cure the disease.

Dr. GUNN having observed the case from the admission of the little sufferer into hospital until he left, said he felt puzzled at first as to the prognosis, because the child was going from bad to worse, and becoming completely paralysed. He would have given an opinion that the case was one of paralysis pure and simple. Dr. MacSwiney had not laid sufficient stress on the choreic symptoms which at first developed. The rapid cure was entirely owing to the removal of the exciting cause, by Dr. MacSwiney having lanced the gums.

Dr. NIXON was chiefly interested in deciding what the case was originally. From the observations at the end of his paper, Dr. MacSwiney would regard the case as one of reflex paralysis, probably tracing the origin of the paralysis to an irritating process going on in the gums. But he was himself disposed to think that, as their knowledge of nervous diseases progressed, the less inclined they would be to attribute traces of paralysis to reflex causes, and the term reflex paralysis would become more and more rare. The occurrence of paralysis from peripheral irritation, such as worms in the intestines, or the irritation going on in the development of teeth, was very unusual. As the result of the investigations of Brown-Séquard, it was shown that in those cases where paralysis occurred from peripheral irritation, what was dealt with was not a reflex process, but an ascending neuritis. In children peripheral irritation connected with the teeth and transmitted to the nervous system would not result in paralysis, but in convulsions; and consequently, he would not regard Dr. MacSwiney's case as one of reflex paralysis. Then what was it? Dr. MacSwiney had given a clear history that at the starting-point of the disease the patient had had sore-throat with a number of white patches on the throat, and he would regard the case as one starting in diphtheria, and the paralysis that ran such a rapid course as diphtheritic paralysis. He did not think there was the special type so well marked as usually in Landry's paralysis. There was a typical case of this affection at present in Dundrum Lunatic Asylum.

The PRESIDENT regarded Dr. MacSwiney's case as of great practical interest. It recalled a case in his own experience, a young girl, *æt.* 15, who had nasal utterance and difficulty of swallowing. She became ataxic. Previously to coming under his care she had suffered from sore-throat. In some respects his case differed from Dr. MacSwiney's. There was albumen in the urine, and recovery, though perfect, was not so rapid. He held with Dr. Nixon, that the sore-throat in Dr. MacSwiney's case was the beginning of the formidable lesion to which he had referred, and had the patient been twenty years older, the paralysis would have been of longer duration.

Dr. MACSWINEY, in reply, said the President's case was no doubt one of true diphtheritic paralysis, but he found it utterly impossible to regard his own as due to diphtheritic affection, and there was absolutely no chorea present in any portion of the history of the case. Chorea was manifested mainly by chronic convulsions, but at no time were such convulsions present. Authorities the most eminent had placed upon record cases in which extremely well-marked ataxic paralysis was referred to dentition. Dr. West had recorded a valuable case of paralysis due to the extrusion of molar teeth. Therefore, in urging that the case was probably due to the reflex irritability or excitability consequent on dentition he was doing

that which appeared to be likely from the history of the case and of similar cases recorded in great numbers.

ETIOLOGY OF CLIMATIC FEVERS IN INDIA.

Dr. S. N. MONTGOMERY, at the request of Surgeon-Major Gore, A.M.D., read, by permission of the Council, a paper on the etiology of the common climatic fevers of the Kumaon Hill Ranges.

The discussion on this paper was postponed till next meeting, owing to the lateness of the hour.

The Section then adjourned.

THE SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

THURSDAY, MARCH 20TH.

The President, Dr. BANHAM, in the Chair.

TUMOUR IN THE MIDDLE FOSSA OF THE SKULL.

Dr. BANHAM introduced to the Society a patient that he considered was suffering from a tumour in the middle fossa of the skull. He also showed sections under the microscope taken from a case of glioma of the pons varolii, which had been under his care in the Sheffield General Infirmary, the clinical features of which had already been brought under the notice of the Society at an earlier meeting during the life of the patient.

HYSTERECTOMY.

Dr. KEELING related the particulars of a case of hysterectomy in which a large uterine tumour was removed, along with the body of the uterus and its appendages, by abdominal section. The broad ligaments containing large vessels running up into the mass above were tied in two portions with catgut ligature, and the stump of the tumour secured by means of Koeberle's serre-neud in the lower angle of the womb. A smart hæmorrhage which occurred twenty-seven hours after the operation was stayed by tightening the wire ligature. With this exception the patient made an excellent recovery, and at the end of seven weeks was about to leave the hospital.

Dr. WHITE on a

CASE OF TRANSVERSE FRACTURE OF PATELLA.

John G., æt. 46, a labourer, admitted into the hospital under the care of Dr. Keeling on the 20th Oct., 1883. Had a transverse fracture of the left patella produced by muscular violence. There was not very much separation of the fragments. The knee was extended, and a back splint with a foot-piece adjusted; the hip was flexed, and the foot raised about 18 inches. A piece of strapping broad enough to encircle half the limb, was put on the front of the thigh, from its inferior angles two pieces of calico bandage stitched to it passed down over the foot-piece and were drawn firmly downwards so as to counteract the action of the extensor muscles of the thigh. Ligamentous union with $\frac{1}{2}$ of an inch of separation took place. Ten years previously he had fractured the opposite patella. The treatment then adopted seems to have been almost *nil*. The fragments are now 3 inches apart, but the movements of the joint are very good, and the power of the limb almost unimpaired. Points of interest: Fracture of one patella following that of its fellow not unusual; the very useful limb with 3 inches of separation of the fragments.

DOUBLE OVARIOTOMY.

Mr. W. BANHAM related the notes of a case of double ovariectomy which had been successfully performed by Mr. G. Shaw, of Attercliffe, on a woman, æt. 44. The first operation was performed on September 12, 1883, and the second on January 7th, 1884, a period of less than four months having elapsed between the two operations. The right (first removed) cyst was found to be a multilocular one, which had undergone sarcomatous changes. At the time of operation the left ovary was examined and found apparently healthy. When removed later, the left was ascertained to be a cystic sarcoma, and the cyst wall had ruptured before the operation, its contents escaping into the peritoneum. A smart attack of acute peritonitis followed, although the temperature was persistently below 98°4'; the patient was, however, able to leave her bed in less than a month. The disease had since recurred in the uterus.

A QUARTER OF A CENTURY'S SURGERY, ETC.

Mr. ARTHUR JACKSON read a paper entitled "A Quarter of

a Century's Surgery, its lessons, its failures, its disappointments, its prophecies." This will be published *in extenso* in a later number.

LIVERPOOL MEDICAL INSTITUTION.

THE Twelfth Ordinary Meeting of the Session was held on Thursday, March 27th,

DR. GEE, President, in the Chair.

TUBERCULOSIS OF THE URINARY ORGANS.

Dr. RICH showed a specimen of tuberculosis of the urinary organs, taken from a man who died in the Liverpool Royal Infirmary on March 8th. He was a baker by occupation, æt. 19, and was admitted into hospital on February 8th. There was a strong tuberculous history. He had had scarlatina at 4 years, and rheumatic fever at 9. From this time he had enjoyed good health up to twelve months ago, when cough began and then emaciation. He afterwards complained of pain in the lumbar region and tenderness, the urine contained pus and there was frequent micturition. He died twenty-nine days after admission. The lungs on post-mortem examination were found studded with miliary tubercle, but no cavities existed. Both kidneys were the seat of large caseous masses, and the bladder of tuberculous ulcers. The prostate was almost wholly destroyed.

Dr. HYL GREVES showed a liver from

A CASE OF ACUTE YELLOW ATROPHY OF THE LIVER IN A CHILD æt. 1 year, 8 months. Admitted into Children's Infirmary, Mar. 6, 1884. *History*.—Had always been a healthy boy from birth till Christmas last, when he had a slight attack of jaundice from which he recovered in four days. He had no constitutional disturbance. He remained well till the 23rd of February, he then again became jaundiced and seemed feverish, as he continued to get worse he was brought to the Children's Infirmary, and admitted on March 9th. The family history threw no light on the case and was unimportant. There was no other case of illness in the house. *State on Admission*.—He is a well-nourished strongly made child, much jaundiced all over the conjunctiva, other mucous membranes being similarly affected, there were a few subcutaneous ecchymoses on the flanks and abdomen, but no œdema. He seemed fairly well and free from pain, and he took his food well (milk diet). He was, however, very fretful and irritable at times. The liver was distinctly enlarged, the lower margin which was firm and somewhat resistant being clearly felt about 1½ inches beyond the lower margin of the ribs, it did not then seem to cause pain when pressed upon. His bowels were open regularly once or twice daily, the motions being very pale and smelling offensively. He passed urine in fair quantity, it contained bile, but no albumen or leucin or tyrosin throughout the course of the case, though it was carefully looked for. He had no vomiting, nor diarrhoea, his temperature was normal, and, excepting the slight irritability, there were no nervous symptoms. The case was thought to be one of simple catarrhal jaundice and was treated accordingly. He remained in very much the same condition till March 11th, when he became somewhat drowsy and more irritable. In other respects he was no worse. March 15th he was very restless, constantly tossing about in bed and screaming out in evident pain, he lay on his abdomen with his legs drawn up. He had slight convulsive movements also in the right arm. The liver was found to have diminished considerably in size, and the lower margin had lost its previously well defined margin, indeed, it could not be at all clearly defined, there was increased tenderness on pressure, this, in addition to the other symptoms lead us to suspect that the case might be one of acute yellow atrophy. Next day, the breathing was somewhat stertorous, the convulsive movements of the arm continued with occasional intermissions. He cried out when disturbed, but apparently did not recognise anyone. Pupils dilated and acted sluggishly to light. Temperature 100°2° F. On the 17th he was much worse, quite unconscious, breathing stertorous, pulse over 140 and very feeble. His temperature began to rise rapidly, reaching to 104° F. at night. He was strongly convulsed at times both in arms and legs. He vomited yellowish fluid. Passed urine freely. Bowels opened by injection, motions still white. Cold sponging failed to prevent the temperature from rising, and he died on the 18th at 8 a.m., the thermometer having risen to 108°2° F. *Post-mortem Notes*.—

Liver weighed 12½ ozs., less firm than normally, of a dirty yellow ochre colour throughout, all trace of lobulation lost. About ½ an oz. of yellow bile in gall-bladder which flowed freely along bile ducts into duodenum. Slight ecchymoses beneath peritoneal covering of gall-bladder, and another larger one had taken place in the substance of the right supra-renal capsule. No ecchymoses were found elsewhere. On microscopic examination the liver cells were found to be greatly disorganised, a few normal cells were present, all, however, contained irregular masses of bright organic yellow coloured pigment, which also existed free between the cells, many of the latter became almost black when treated with osmic acid, showing the presence of a large amount, no crystals of leucine or tyrosine were found. There was no increase in the connective tissues, and no evidence of catarrh of the bile ducts. The kidneys were pale, considerably enlarged, and extremely fatty, being of a uniform opaque yellow colour. The other organs with the exception of being bile-stained were normal.

Mr. PAUL showed a specimen of

CONGENITAL SARCOMA OF THE KIDNEY.

The growth occurred in a female child, and was first noticed at the age of six months. It grew very rapidly, associated with extreme emaciation, and ended fatally at the age of one year. When admitted, under Dr. W. Williams, one month before death, the tumour was much too large to admit of any question of operation. It sprang from the left lumbar region, and filled almost the whole abdomen. The upper part was cystic, and about a pint of thin brown fluid was drawn off with the aspirator. The lower part was all solid, but so soft as to communicate a sensation of fluctuation. At the post-mortem the tumour weighed six pounds, the rest of the body weighing ten pounds. It had probably commenced in the region of the hilus as normal kidney encapsuled the lower part of the tumour. Its chief vascular supply was the renal artery, enlarged and elongated. On section, the growth was of brain-like consistence and appearance, and externally soft and homogeneous, in older parts rather more dense, and showing tracts of large soft-walled vessels, hæmorrhages, degenerated, but not necrosed, looking patches, and other irregularities of structure. The large cyst at the upper part appeared to have originated from softening of a clot. It had no intra-cystic growth, nor proper cyst wall. Under the microscope the young growth consisted of a vascular embryonic connective tissue, resembling the embryonic subcutaneous tissue of an early embryo, and it very clearly, in the other parts, passed through the various stages of development of cellular tissue, showing an inter-cellular fibrous stroma, and ultimately a perfect areolar tissue, in which were well grown yellow elastic fibres. Mr. Paul said that this specimen strongly supported the advantage of classifying these distinctly congenital growths by themselves. He believed that when carefully examined throughout, they would all be found to be of a complex character, and resembling the ultimate evolution of that portion of the protovertebral somite from which they took their origin. To place a tumour containing (accidentally) striated muscular fibres in a class by itself, and to regard the above specimen as a variety of round celled sarcoma, was to neglect what was perhaps the clearest indication that we had in the whole series of tumours for a sound basis of classification.

Mr. C. G. LEE then read a note on the "Vitreous," which will appear in our next.

Dr. CATON read a paper founded on

NOTES OF EIGHTY-FOUR CASES OF ACUTE PNEUMONIA AND PLEURO-PNEUMONIA, WITH SOME REMARKS ON SEPTIC PNEUMONIA.

He remarked at the outset that pneumonia varied in type. It was generally sporadic and mild, but at times it was of a malignant type. It was almost universally regarded as non-infectious. He compared it to pleuro-pneumonia in cattle, which had long been known as a sporadic disease, but which became epizootic in 1842. He alluded to some of the numerous epidemics mentioned in medical history, that of Belgium in the 16th century, those of Chester, Christiania, and in later times to the Mediterranean epidemic of 1860, in which the fleet was attacked. The sick were landed at Malta, and communicated the disease to the inmates of the hospital. Still later was the epidemic in Ireland in 1863, in which the mortality was excessive, that in Hanover in 1878, in which pericarditis occurred in one-fourth of the cases, and mening-

itis in one-ninth, whilst fatty degeneration of the heart and nephritis were observed. The discovery of the micrococcus of Friedländer was interesting as possibly explaining the occasional epidemic character of the disease. A description of the micrococcus and of experiments made with it on animals was given, the micrococcus itself being shown through the kindness of Dr. Dreschfeld, of Manchester. The 84 cases tabulated included acute pneumonia and pleuro-pneumonia, catarrhal pneumonia was, as a rule, excluded. The deaths were 29 in number, the rate of mortality was high, but this was partly owing to the class of patients treated at the Northern Hospital, in which all the cases were observed. These were generally sailors and dock labourers, many of whom were intemperate. As an illustration, he mentioned the case of one man who acknowledged that he was in the habit of drinking 3 quarts of rum daily. There was also a large number (12) of drowning cases. The disease had shown itself of a malignant form at times. Thus in 1879 there were 13 cases of pleuro-pneumonia, with 7 deaths. In 1880 the type was mild, but towards the end of the year, and through the year 1881, 17 cases occurred, 10 of them being cases of pleuro-pneumonia, and out of the 17 no less than 13 died. In the beginning of 1882 the pleuro-pneumonia disappeared, and since then only 2 deaths had occurred. He considered that his views as to the occasional malignancy of type were confirmed by the hospital statistics and medical officers' returns for the period. In 1876 the deaths from pneumonia in hospital and in the city generally were respectively 63 and 597; in 1877, 79 and 593; in 1878, 118 and 670; in 1879, 134 and 803; in 1880, no returns; in 1881, 172 and 930; and in 1882, 135 and 850. On inquiring into the locality of the city that furnished the greater number of cases, he found that there were two principal centres that had furnished a considerable proportion of the cases. The treatment had been on the same line throughout. At the commencement of the disease large jacket poultices were applied, first of mustard and then of linseed, and changed every four hours. Great care was taken to avoid exposure of the patient's body to cold and draughts. At first the diet was of milk, and a more nutritious diet was given as the patient was able to benefit by it. Brandy was given if the heart sounds became feeble. The drugs administered were carbonate of ammonia, 5 grains every four hours; with senega or sweet spirits of nitre. If the cough was irritating, opium was given in small doses; aconite if the pulse was full and bounding; if resolution was slow, counter irritants (croton oil liniment) were applied.

Dr. CAMERON wished to make some remarks on the pathology of the disease. As regarded the micro-organisms found in the disease, he did not think the evidence forthcoming was strong enough to show the relations of cause and effect between the organisms in question and the disease. He could not recall a single instance in which the disease showed an infectious character. He had seen epidemic pneumonia but not infectious pneumonia. Every now and then an epidemic type prevailed, in which the cases occurring were of a much lower type. The reader of the paper had made no mention of the influence of the seasons. The mortality depended on so many causes—age, the time at which the cases came under treatment, if in the first stage they recovered, but if in the third stage they did not. The intemperate habit of patients had a good deal to do in determining the issue. Those cases were very fatal that resulted from falling into the water in a state of intoxication.

On the motion of Dr. DICKINSON the discussion was adjourned to the next meeting.

The Royal Free Hospital, London.—The annual dinner in support of this institution was held at Willis's Rooms, on Wednesday last, under the presidency of the Lord Mayor. After the usual loyal toasts his lordship made an earnest appeal to the company on behalf of the Hospital, which, since its foundation in 1828 up to the end of last year, had received no fewer than 1,794,515 patients within its walls. The number of in-patients admitted during the past year was 1,772, being the largest number ever received in the like period; whilst the number of out-patients during the year was 21,142. The total ordinary expenditure for the year amounted to £10,600 odd. In reply to the toast of "The Medical Staff" Mr. Gant, as the Senior, was called on to reply, after which the Secretary announced donations and subscriptions for the evening to the amount of about £1,600.

France.

[FROM OUR SPECIAL CORRESPONDENT.]

THE LOCOMOBILITY OF THE BRAIN.—At the Académie de Médecine M. Bécларd opposed the opinion pronounced by M. Luys in a preceding *séance* on the locomobility of the brain, under certain circumstances and positions. He thought that the word "movement" was badly chosen to represent what passes in the cranium, he would prefer "commotion" or a change in the volume of the cerebral mass which, after all, was very limited, and to be explained by the number of vessels it contained. For him, he could not accept the idea of total displacements as entertained by M. Luys, for there did not exist in the cranial cavity any space that was not occupied either by the brain itself, the venous plexus or the cephalo-rachidian liquid. M. Luys, in replying, maintained what he had already advanced, and was followed by M. Jules Guérin and M. Collin, who were both in favour of the theory of cerebral displacement under the conditions already mentioned. M. Dechambre drew the attention of the meeting to a case of chromodrosis or coloured perspiration. It was observed in a young woman, æt. 28, who, four days after delivery noticed bluish stains on her neck, back, chest, and abdomen. Four months afterwards these stains were of three colours, blue, green and yellow. Her linen was deeply stained, but the colouring matter was easily dissolved in hot water. M. Collin thought that the phenomenon was due in some way to the bile which contained a yellow matter easily converted into blue under the influences of certain acids.

THE QUACK ZOUAVE JACOB.—A celebrity of no small renown, especially in Parisian circles, has just appeared in a rather ignominious position before the police magistrate and heard himself condemned to six days' imprisonment and a fine for illegally practising medicine. The hero, who is popularly known as Jacob, the Zouave, was, in times gone by, a simple soldier in a regiment of Zouaves doing duty in the garden of France, known as Algeria. Was it there that he acquired the power of mesmerising, fascinating, or to speak vulgarly of throwing dust in the eyes of his patients, I know not, but in any case as soon as his service was finished in the colony, he returned to Paris, where, in no less a quarter than the Champs Elysée he commenced to practice his "art." The French people are not a whit behind ourselves in their admiration for all that is mysterious and absurd, and soon the "Cabinet" of our friend Jacob was invaded by a crowd of maimed, half blind, deaf and dumb, with a good mixture of all that was hysterical and hypochondriacal, and I am ashamed to relate, that amongst the latter might have been found persons of very high and honourable positions; a general or two not disdaining to consult the celebrated Zouave. As mystery was the *sine quâ non* in the success of the business Jacob did not fail to envelope all his movements and tactics in that convenient shroud. He presented himself before his patients wrapped in a cloak of oriental design, and walking with majestic step up and down before the *malades*—they were all seated in a row—he made certain passes in front of each patient, and by these outward and visible signs an invisible and magnetic power was pretended to be communicated to the patient, which, of course, was to effect a radical cure. He never asked for money knowing that it would have been illegal, but he sold his own portrait to each patient, so that at the end of his day's work he often made £10 or more. For some reason he left the aristocratic quarter of the

Champs Elysée for the democratic neighbourhood of the famous Rue de la Roquette, and there a "patient" of his assured me, the police had to be told off specially to keep the entry to his residence, so great was the crowd which flocked to consult him. My informant, who was suffering from locomotor ataxy, went to the Zouave to prove his powers of healing, and offered him a good round sum if he would promise to cure him, the "doctor" got into a rage at the idea of doubting his capacities, and remarking that he was grievously wanting in what he considered the most essential quality, faith, he bade him begone! When his game was fully played out he disappeared from the scene and for some years no more was heard of him. Probably he was quietly enjoying the proceeds of his work. Lately he installed himself in the Avenue de Clichy, and, although he had lost most of his former renown, he had yet been able to dupe many of those whose admiration for absurdities has no equal. It is highly probable that the prosecution on the part of the authorities will be regarded as *persecution* by the over-confiding public, and consequently the popularity of Jacob, the Zouave, will be in no small measure increased.

Special Articles.

DR. KOCH'S SEVENTH CHOLERA REPORT.

THIS report issued by Dr. Koch from Calcutta, under date of April 4th, is of more than usual interest. After describing the water tanks and their surroundings, and the quality of the contained water, and mentioning the fact that medical men practising in India have often observed localised epidemics of cholera in the immediate vicinity of such tanks, at periods when the disease was not unusually rampant in localities more remote, he goes on to say that he has long had a desire to be informed of such an outbreak in the immediate neighbourhood of a tank. At last (the week before the date of the report), such an epidemic was reported to him in one of the suburbs of Calcutta, in which the cases of the disease were limited to a collection of some hundreds of huts in the immediate neighbourhood of a tank. In a short time seventeen persons died of cholera in this locality, whilst the disease was not prevalent in places remote from this centre. The same spot was repeatedly visited by cholera last year. The Commission at once began its investigations, and it was ascertained that the tank was used by the inhabitants for bathing, washing, and drinking, and that the clothes of the first person that died of cholera were washed in it. Samples of water were then taken from various parts of the tank, and at various times, and were examined by the aid of nutrient gelatine cultivation with the result that in the first samples a tolerably large number of cholera bacilli were discovered, of the later samples that were taken at the close of the epidemic, only one contained cholera bacilli, and this was taken from a very foul part of the tank. When it is borne in mind that so many kinds of water have been examined for cholera bacilli without result, and that they have at last been found in a tank the centre of a cholera epidemic, "this result" he says, "must be looked upon as one of great importance. It is certain that the water in the tank was infected by cholera linen, which according to earlier observations generally contains cholera bacilli in great numbers; it is further ascertained that the inhabitants used the water for domestic and especially drinking purposes. Thus we have here to a certain extent an accidental

experiment on man, which takes the place of the omitted experiments on animals in this instance, and which can be taken as a further confirmation of the assumption that the cholera bacilli are really the causes of the disease."

He then goes on to say that a total of forty-two cholera bodies have been examined and twenty-eight patients, and that the later investigations have afforded nothing new, but that they have throughout confirmed the earlier observations.

The effects of various disinfectants have been studied. Attempts to discover a permanent or resisting form of bacillus have so far failed. "The only possibility," he says, "of keeping the cholera bacilli capable of development, consists in preventing their drying up. In fluids they remain for weeks viable, and everything appears to go to prove that it is only in a moist state that they can be transported and enter the system in an active condition."

No mention, whatever, is made of the successful inoculation of any animal with cholera bacilli by any other investigator.

Owing to the hot season now coming on, and the consequent impossibility of carrying on laboratory work from the great heat, the labours of the Commission will cease for the present.

THE SOCIETY FOR THE CURE AND STUDY OF INEBRIETY.

ON Friday last a new society, having for its object the cure and study of inebriety, was inaugurated at the rooms of the Medical Society of London; and the occasion was signalled by the delivery of an opening address from Dr. Norman Kerr, the President of the Association. Previously to the meeting, a luncheon was served in the large room in which the meetings of the Medical Society are held, and among the hundred and thirty guests attending were a large number of well-known members of the medical profession, including Sir Spencer Wells, Dr. W. B. Carpenter, Dr. Farquharson, M.P., Dr. Hare, Dr. Danford Thomas, Surgeon-General Francis, Surgeon-Major Evatt, &c., &c. Following the luncheon, speeches were delivered in proposing and responding to various toasts, by Lord Shaftesbury, Sir Lyon Playfair, Dr. Kerr, Lord Claude Hamilton, &c., and all the speakers concurred in approving the objects with which the Society had been founded. These were further dwelt upon at greater length by the President, Dr. Kerr, whose address was devoted to recapitulating the conditions under which inebriety exists in this country, and the possible methods for advancing measures for its cure among those suffering under the disease which creates the passion for drink. As to whether any need for such a society can be said to have arisen, especially since the number of medical societies, all more or less supposed to deal with inebriety as part of their work, Dr. Kerr is emphatically of opinion that no mistake on this point is possible; and he believes and insists that a large and beneficent work lies ready to be performed in this direction by such as will bring earnestness and intelligence to assist in prosecuting it. To some extent he explained the nature of drunkenness, regarding it as the outcome of natural law, and drew the distinction between sin, vice, crime, and disease in this connection, the genesis of inebriety forming a special subject of the address. Throughout it was of a nature to appeal to the sympathies of everyone who possesses a desire to lessen as much as possible the vast evils arising from intemperance in our midst; and though evidently designed as an appeal to non-professional hearers, it did not fail also to impress

those medical men who were present as a forcible and eloquent denunciation of drink indulgence, and as an argumentative apology for the creation of a society with the objects described.

Of the prospects before the Association thus floated into existence it would be premature as yet to speak. A good many members will doubtless enrol themselves at first; but inasmuch as solidity of work done rather than numerical magnitude of meetings, must be the test by which it will be tried, there cannot yet be any just criterion of its future success. Such a society may do a very considerable amount of useful, though humble, work if it will consent to occupy the humble position of a handmaid as regards its greater cousins; and there is good reason for assuming that such a position will be not refused by it. Tending to a common end with kindred temperance societies also, its addition to their forces will strengthen the impression made on the national sin of drunkenness; and in every way the new Association is a welcome one.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 30, 1884.

THE FUTURE OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.—IV.

THERE is an obvious method of determining whom among the members of the Council are at any time most qualified to assume the presidential functions, but which, in mere suggestion, will doubtless be regarded as ultra revolutionary. We refer to the plan of publishing accurate and detailed reports of the periodical meetings of the Council, and of the part taken therein by

individual members of the body. There is really no reason why such reports should be of the meagre nature of those submitted under official sanction at the present time. These afford no evidence of capacity or incapacity for administration on the part of separate councillors, and hence, too, they are useless as a means of aiding the choice of electors under the popular *régime* that will eventually be adopted at the College. It should, therefore, be insisted on that a public record of its history in this connection shall be made part and parcel of imminent reform, and if any sort of inducement beyond the justice and reasonableness of the request is required to commend its adoption, there is one argument which should prove irresistible to ambitious present and future councillors. As it is, these are debarred from enforcing on general notice the great talents they may possess for official life; and are dependent on the chances of permanent tenure of their posts for the reward to which, in secret at least, the most junior of them look forward. In the character of senators deliberating with the knowledge that their speeches will be immediately criticised by the whole body of their possible constituents, renewed stimulus will be given to incite them to acquire a distinguished position among their *confrères*; and not only this, but more permanent and material advantages may also accrue to them from such publicity. The acme of social success, the desiderated baronetcy, will be brought much more nearly within reach; and the life of a councillor will be, under the conditions sketched out, a perpetual struggle, under vastly improved auspices, for the attainment of that which every surgeon figures in his own mind as the goal of his strivings.

But there is another, and possibly a higher ground for the claim we have advanced on behalf of the College as a whole. The actions of the Council are of the greatest interest to those whom its decisions and discussions directly affect, and no kind of excuse can be offered for withholding from the latter immediate and complete accounts of the proceedings taken ostensibly with a view to guarding their concerns. As matters stand at present the Fellows and Members are subjected to indignities which might appropriately be named by a harsher term, in being served with a bare statement of what has been done, in place of a full report of how, and why, and by whom, proposals affecting them have been brought forward. Only under a system the like of which no other similar institution in the world will tolerate, is it possible that the faults complained of could be allowed to exist; and that no voluntary effort from within has ever been made to terminate them is an unanswerable reason why they should be speedily and for ever made impossible of occurrence again.

Among the numerous letters we have received in relation to these articles, a good many ask the question, How in the future is it proposed to differentiate between Fellows and Members as respecting the privileges each class shall specially enjoy? As regards Fellows, it has already been declared by the meeting convened at the College, that to them alone shall be entrusted the election of President; but that they shall, in common with the general body of Members, assemble in annual

meeting to receive the Council's report, and confirm or reject, as may be, the suggestions of that body. To this it seems desirable to add that the election of the Council itself should be confided to the Fellows alone; and thought at first such a limitation seems unjust, yet a little consideration removes the feeling. The attainment of the Fellowship of the College is sought by those who, whether already members or not, aim at a surgical distinction above and beyond that which is a licence to practise merely; and while freely admitting the claim of holders of the latter to share in their own government, it seems clear that the welfare of the institution and its priceless treasures are even more nearly a concern to those who have sacrificed much in time and money to obtain the senior title. Moreover, it always remains open to Members to qualify for participation in the full privileges of Fellows, by taking steps to rank among their numbers; and the injustice, therefore, in withholding from them a power to elect Council and President, is less real than seeming. But were this not the case, there is one other difficulty which is of a practical kind, and is insuperable, to prevent the conferring of this privilege on Members as well as Fellows, that, viz., of recording the votes. It would be manifestly unfair to the majority of the electorate, who by reason of professional engagements could not personally attend even an annual meeting, to refuse them the right of voting by proxy. The labour involved in distributing and collecting some eighteen thousand or more of these documents could not possibly be performed satisfactorily; whereas, if the numbers are reduced within the limits that include Fellows only, the task, though still of great magnitude, becomes at least of possible performance.

We have now to describe the means whereby the objects aimed at may be secured. It has already been said that the smallest amount of sympathy is to be expected from the Council now in office, the majority of its members being averse to admitting Fellows and Members to any share in the government of the College. Consequently it is useless to think of appealing for assistance to constituted authority, and trust must be had rather to those who take a broader view of the question at issue, and will consent to go to the Council under a pledge to advocate the claims formulated by the body of the College. But a few weeks intervene between this and the time when a fresh election to the Council will take place, and this interval should be utilised to find eligible candidates with views in consonance with the spirit of reform. The widespread desire for changes rendered necessary by the progress of events will render it an easy matter to find gentlemen in every way competent to obtain the suffrages of a sufficiently strong electorate to ensure their triumphant return; and in order to economise time it may be well to remember that any answer to the resolutions of the meeting of March 24 has been deferred by the Council till the end of May.

Recruited each year by a contingent of Fellows determined to carry out the unanimous wishes of a representative meeting of the College, the Council will in time become itself an agent in procuring its own reform, and in fulfilling the scheme for abolishing an illiberal and

antiquated oligarchical régime. Meanwhile the formation of a permanent association for reforming abuses, permanent, that is, until its end is achieved, is a first necessity of the moment; and no time is like the immediate present for its organisation.

THE INFLUENCE OF POLITICAL MOVEMENTS ON THE CHARACTER OF DELIRIUM.

IN his lecture at the Salpêtrière on the 23rd of March, 1884, referred to by our French correspondent April 16th, M. Legrand du Saulle discussed the influence of political movements or crises on the nature of delirium, illustrating his observations by the special intellectual and physical anomalies observed in infants born during the siege of Paris. He demonstrated that political and social outbursts influence in this regard only individuals predisposed to mental alienation. There was not, for instance, any increase in the number of lunatics, or cases of mental aberrations during the troubled period extending from 1847 to 1854, and the same holds good as to the period from 1870 to 1871. According to Legrand du Saulle it is rather commercial speculations and sudden reverses of social position which beget mental alienation. In estimating the relative frequency of mental alienation it was pointed out that the increasing vigilance of the authorities has brought to light, and thus considerably influences statistics, a large number of cases of mental alienation, for example, of imbecility, epilepsy, and senile dementia, which formerly remained ignored throughout the country. "This is a fact which falls to be discounted in estimating the relative frequency of mental alienation at the present time. If the political revolutions of 1870-71 have at all influenced the mental state, it is especially because they have modified the conditions of existence. Hence it was that after the declaration of war, when a large number of young men were called to the army, there existed a large number of cases of sub-acute alcoholism, in consequence of the excesses committed under the influence of pending departure to the scene of action. With the approach of the enemy of investiture the suburban population took refuge in Paris; and under the condition of constant agony and anxiety, insufficient nourishment, and bad hygienic conditions, furnished a large number of examples of melancholic delirium. Under the influence of the changed conditions of existence necessitated by the defence other troubles are seen to originate. The men passing their time at the fortifications became addicted to alcoholic excesses, and a great number of them were affected with sub-acute alcoholism; the females insufficiently fed became the victims of psychical troubles due to inanition, such as hallucinations, melancholic delirium, &c. Meantime pure madness seemed on the decrease, the "inventors" alone appeared to multiply. During the period of the bombardment the people of Montrouge demoralised sought refuge in other quarters of Paris, of these a great number were affected with *panophobia*, and of perplexing melancholia. A certain number of the females presented, without any period of incubation, phenomena of melancholia with stupor, of which, after

being cured, they were able to give a succinct account. During all that period the epileptics at the "Aunexé" of the Salpêtrière suffered from no increased number of attacks. In short but one category of the insane seems to have been notably augmented, viz., the "inventors," who became markedly more numerous up to the period of the Commune. In the presence of evidence on the hereditary and personal antecedents of persons at that time affected with psychical aberrations the existence of *obsessional madness* could not be admitted.

The pathogenic influences of the state of siege were not experienced alone by adults; they were very marked in the development of infants begotten during that period. Under the term "infants of the siege," among the working population, was expressed a recognition of the numerous defects in the development of children born during the latter months of 1871, and likewise the exceptional mortality observed among them. With a view to scientifically verifying this popular opinion, M. Legrand du Saulle's examination resulted in the following:—Thus, in the case of 92 children born during the siege, he found in 64 cases physical, intellectual, or affective anomalies, the remaining 28 were ill developed and sickly. Of these 64, 35 presented physical anomalies, malformations, or perversions of nutrition, 21 intellectual aberrations (imbeciles, idiots, &c.), and 8 were affected with troubles of the affective or moral order. The personal observations of M. Legrand du Saulle are based upon notes furnished by M. Bourneville and Ladreit de la Charrière. It being, therefore, an established fact that a certain proportion of infants begotten during the condition of siege, present certain physical, moral, and intellectual aberrations, it becomes a question to what special pathogenic cause are these to be ascribed. A complex pathology of which the principal elements are alcoholism, inanition, and a psychical state determined by moral shock under the peculiarly distressing conditions. If the popular opinion as to "children of siege" has found a scientific basis in the researches of M. Legrand du Saulle, the question is still not exhausted. It remains to determine, after due consideration and discounting of the hereditary tendency, to what extent as isolated factors in the causation of the morbid phenomena, inanition and alcoholism enter. Again, at what time do these agencies come into activity; is it at the moment of conception, during gestation, or at what period? It is presumable, indeed, that each morbid perversion can only be called into existence at a given period of the evolution of the embryo. It must be admitted that in the case of subjects observed at the hospitals it is difficult to establish these distinctions. We are concerned with the progeny, especially of poor classes, exposed at times to inadequate nourishment, alcoholic excesses, and a special psychical condition begotten of peculiarly depressing conditions. This psychical influence is undoubtedly the least understood, and the most interesting to study.

We have recently had occasion to observe, remarks M. Ch. Péré, in another environment, an important fact in this relationship. A girl of 12 years of age, tolerably well developed, and with regular cranial

outline, came recently under our notice. She had been operated on for left lateral hare-lip. She complains of tic of the eye-lids. She speaks with much difficulty, and indeed, it was not until the age of six that she was able to make herself understood. From time to time she is troubled with incontinence of urine. She reads badly, and writes with difficulty, notwithstanding that great pains have been taken with her education. She is always somnolent, taciturn, and appears from time to time to have fits of vertigo, during which anything which she holds in her hands is allowed to drop. Her father is healthy and sober, and without any nervous antecedents; an uncle and aunt possess an equally good medical history; the grandfather was gouty. Her mother is somewhat romanesque in disposition, but never suffered from pronounced nervous disease. A maternal aunt suffered from chorea without rheumatism. There is no other nervous history. Three children born before this one have been perfectly healthy. The father, who is an advocate, is familiar with the question of heredity in this bearing, and has suffered from a good deal of consequent anxiety. He states as follows:—Everything leads him to infer that the conception of this infant took place on the 2nd May, 1871, about 7 o'clock in the morning; and half an hour afterwards a troop of national guards presented themselves in the sleeping apartment to make a search. The mother became extremely alarmed, was immediately seized with vomiting, and several days elapsed before her excitement had subsided. The household was able to quit Paris, and her pregnancy advanced and was accomplished in a normal manner. In this case there was neither inanition nor alcoholism; and the disturbing element seems alone to have been of a psychical nature. The fact of an aunt being choreic serves to demonstrate a nervopathic tendency on the part of the mother, and explains to some extent the excessive "emotive" which so unfortunately influenced the development of this "infant of the Commune."

Notes on Current Topics.

Exclusiveness in Medical Appointments.

In a letter recently addressed to the *Times*, Dr. MacNaughton Jones calls attention to the existence of a rule in many English hospitals which excludes from their medical staff all practitioners save those who hold some specified English qualifications. Dr. Jones asks:

"Is it not time that such a questionable regulation should no longer be permitted to exclude from fair competition for these public offices graduates of the English, Scotch, and Irish Universities, and Fellows of the Royal Colleges of Ireland and Edinburgh? Such a condition (he says) is contrary to the spirit of the present Medical Amendment Act. It is contrary also to the spirit of modern open and fair competition in all public offices and State appointments." He asks that "a clause might be inserted into the Medical Bill providing that all public and official medical appointments in the United Kingdom shall be open to all duly qualified medical men without any reference to the source from which their degrees or diplomas are obtained."

The complaint uttered by Dr. Jones is perfectly reasonable, and he speaks justly when he represents this ex-

clusiveness as a relic of barbarous times, when there was no security that a practitioner should know his business unless he held degrees from certain institutions; but this unreasoning exclusiveness of which he complains finds an exponent in the person of Dr. Marmaduke Shield, of St. George's Hospital, who writes to the *Times* to defend the system:—

"It is a notable truth," he says, "that the higher examinations of the London Medical Examining Boards are so stringent that no man passes to the goal they guard unless he has worked hard and spent much time and money. It is only natural, therefore, that hospital teachers should be elected from their ranks."

"I am not aware that graduates of the Universities are excluded from the higher posts in the profession. A Government would indeed be 'Liberal' that would interfere with the privileges and decisions of a voluntary society of medical men!"

If Dr. Shield had prepared himself to express an opinion on the subject by examining into the nature of the exclusiveness of which Dr. Jones complains, he would have found that not a few institutions; still insist that their medical officers shall be licentiates of "the College and Hall;" while other institutions insist on membership of Colleges of Physicians and Surgeons. By such institutions the highest degrees of the Universities are rejected in common with licences granted outside London; but it is not wonderful that lay governors—ignorant of the merits of particular degrees—should impose such a limitation when a practitioner of Dr. Shield's standing appears in their defence.

His assumption of the superiority of the examinations of the "London Medical Examining Boards," and as defender of the claim that these Boards should have a monopoly of all hospital teachers, is an amusing display of local self-sufficiency, considering that Dr. Shield has the means at hand—in the reports of the Medical Council Visitors—to satisfy himself that some of these examinations are immeasurably inferior to the examinations of bodies outside Ireland. But assuming, for the sake of argument, that at present no guarantee of sufficient education is to be had outside London, it will be seen that Dr. Shield's position is entirely illogical, because Dr. MacNaughton Jones proposes simply that the exclusiveness of which he complains shall cease with the passing of the Medical Bill, and that none but public and official institutions shall be legally limited as to the qualifications which they demand from their medical staff. The existing condition of affairs will be altogether at an end if the Medical Bill passes, for then the Divisional Board examination will guarantee the competency of the practitioner. This exclusiveness has been most stupidly exercised, because, in many instances, the qualification insisted on by the hospital rule is obviously inferior to those which are tabooed, and so far has this exclusion been pursued that certain Colleges of Physicians have been obliged to institute a new order of members in order to meet the rule which excludes licentiates but recognises members.

THE opening of the new wing of St. Mary's Hospital, Paddington, by the Princess Louise, which was fixed to take place on the 6th prox., has been postponed until the beginning of July, in consequence of the death of the Duke of Albany.

Wanted—a Beverage.

EVEN staunch advocates of temperance are not slow to admit the serious drawbacks from which the cause suffers by reason of their inability to offer any kind of substitute for beer possessing the qualities, less intoxication, for which that beverage is so universally popular. Attempts innumerable have been made to overcome this difficulty; but hitherto all the liquors invented for the replacement of alcoholics have failed to commend themselves to the palate accustomed to the variety of taste and flavour offered in the long list of wines, &c., in general use. With the knowledge of these facts before us, therefore, we could not help but regard with a feeling of anxious interest the goodly array of seductive-looking bottles ranged at the luncheon of the Society for the Study and Cure of Intemperance on Friday last. As far as externals could guide belief, these at least promised to be no unworthy representatives of the clarets, sauternes, sherries, and hocks customarily found at such entertainments; and expectation in this direction was increased by the announcement that these unintoxicating wines had been "imported from their native vineyards" "by the maker," who, moreover, had cruelly subscribed each high-sounding name on the menu by an appetising description of the qualities of each particular beverage. But, alas! for the realisation; and equally for the appreciation meted out to the wines, as shown by the very modest impression made upon the supply. Not a "dead man" could be seen, and our own representative, on returning from the lunch, expressed his opinion of the new "non-intoxicants" in a way that created no kind of desire to become acquainted with them on the part of those who have not as yet accomplished this. In every other respect the meeting and the lunch were exceptionally successful; but the problem to discover a palatable substitute for alcoholic beverages remains still as ever, unsolved. It must be more to the taste than flavoured syrup and water; the so-called "wines" provided on the occasion in question can claim no higher distinction.

Dr. Homans as an Ovariologist.

As a successful operator in cases of ovariectomy, Dr. John Homans, of Harvard University, and the Massachusetts General Hospital, U.S.A., is tolerably well known to British specialists. It may therefore be of interest to state the following facts in connection with his practice, and which formed the preface to a lecture delivered by Dr. Homans at the Harvard Medical School, a report appearing subsequently in the *Boston Medical and Surgical Journal*. Dr. Homans asserted that he had opened the abdomen for various purposes 203 times, and had operated for excision of diseased ovaries 159 times. The first five cases of ovariectomy were done without antiseptic precautions, and they all terminated fatally. The next 100 were performed antiseptically: 87 recovered, 13 died. Since then he has done 54 ovariectomies, with only 4 deaths, the last 30 having all recovered. Operation was declined in only one case that offered, and in this 2,270 pounds of fluid have already been removed by tapping within five years. After describing the preparations to be made for, and the mode of carrying out the operation, Dr. Homans concludes with this warning as to after-

treatment: "The cardinal principle in taking care of a patient after ovariectomy is to give all opiates and stimulants by the rectum until flatus passes the bowels, or until all symptoms of nausea or vomiting have been absent for many hours."

The Micrococcus of Pneumonia.

DR. RUDOLF EMMERICH, assistant in the Hygienic Institution, Munich, some time ago discovered the encapsuled micrococci (Friedländer's) which are characteristic of pneumonia under the flooring of a prison at Amberg. He subjected them to pure cultivation experiments, which gave the result that they really were Friedländer's cocci. He considers that the cause of an epidemic of pneumonia that ravaged the prison in 1880, and from which 46 out of 161 inmates succumbed, is now made plain. He examined the corresponding parts of houses that were free from disease, and in these failed to find a fungus similar to that discovered in the prison.

Hospitals as Nursing Institutions.

At the second meeting of the Hospitals Association, held last Wednesday, the question of utilising hospitals as training-schools for nurses was under discussion. Papers were read by Dr. Bristowe and by the Matron of the London Hospital. The former communicated some interesting experiences of his long connection with St. Thomas's Hospital, and referred to the special facilities there enjoyed for nurse-training through the Nightingale endowment. The views of the lady who succeeded Dr. Bristowe very naturally inclined to raise her special department into importance; and it is not very difficult to perceive that, in spite of protestations as to subservience, Miss Lückes would not be unwilling to have nurse-training regarded as a superior business to either doctoring or doctor-educating. The tendency with modern matrons and the system of sisterdom that attends them is to subordinate efficiency to the demand for "training" of probationers; and none can so well tell the painful shortcomings of those to whom ward work is entrusted under this system, as those who have medical charge of patients in those hospitals where almost daily changes are made in the attendant. It is satisfactory that the tone of the discussion after the papers referred to had been read was very evidently against the aspirations indulged in by Miss Lückes. Naturally, practical physicians and surgeons will think more of the needs of patients, and less of abstract qualities of the ideal nurse, than a lady who, however efficient she may be in an administrative capacity, cannot possibly appreciate the motives which influence the medical mind in its decision as to the requirements of a good nurse. One other point arises too. As at present carried out at the London and elsewhere, women are taught to be nurses on a principle which is held to be economical in the interests of the charity. As probationers, and while paying a certain weekly sum to the hospital, they are taught in the wards at the expense, not rarely, of annoyance to house-surgeon and dressers, whose functions are interfered with by the ignorance of these untrained learners. They replace the old, efficient nurses; and at the caprice apparently of any senior ad-

ministrative official they are hurried about from place to place in the hospital, so that it sometimes happens that within a week three or four different nurses will be on duty in the same ward. Such deficiencies are too great a price to pay for the paltry saving effected; nor can it be said that the vaunted superiority in educational matters possessed by the new order over the old is exhibited in any marked degree that can be noticed. The question, however, is a large and important one, and will probably occupy the attention of the Association yet again.

Osmic Acid Treatment of Peripheral Neuralgia.

DR. EULENBERG, of Berlin, has employed subcutaneous injection of osmic acid in 29 cases of peripheral neuralgia. The dose employed was 7 minims of a 1 per cent. aqueous solution. The treatment was persisted in for periods of from 1 to 6 weeks, and the number of injections made varied from 3 to 14. Of the 29 cases only 7 are reported as cured, viz., 4 of sciatic, 11 of lumbar, 1 of brachial, and 1 of intercostal neuralgia. The success has not been as great as previous trials would lead us to hope for; but supposing that the whole 29 cases had resisted all other methods of treatment, success in 25 per cent. of the cases must have been gratifying—at least to those who were benefited.

Volunteer Medical Association Lectures.

At a meeting of Volunteer medical officers and others, held last week, a proposal was carried to change the title of the Volunteer Medical Organisation, founded by the exertions of Surgeon-Major Evatt, to that of "The Volunteer Medical Association," under which name it will henceforth be known. At the same time it was resolved that a series of lectures should be given in London, at intervals, on subjects connected with Volunteer medical work; and there was expressed a well-founded hope that the theatre of the United Service Institution might be available for this purpose. In conformity with this arrangement, three lectures will probably be delivered during the months of May and June, and invitations to undertake this duty have already been addressed to certain eminent officers connected with the medical military service. In a few days, it is hoped, full particulars will be published of the scheme; but meanwhile it is possible to express sympathy with it, and to predict from it a beneficent result in developing the efficiency of the Volunteer medical service, the condition of which is such as to render such a stimulus very desirable indeed.

IN the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follow:—Calcutta 26, Bombay 25, Madras 76, Paris 28, Geneva 38, Brussels 24, Amsterdam 27, Rotterdam 29, The Hague 22, Copenhagen 17, Stockholm 20, Christiania 16, St. Petersburg 42, Berlin 24, Hamburg 28, Dresden 25, Breslau 28, Munich 31, Vienna 33, Prague 39, Rome 36, Turin 33, Venice 22, Lisbon 27, New York 26, Brooklyn 20, Philadelphia 23, and Baltimore 20.

Total Transposition of Organs.

DR. P. GUTTMANN, of Berlin, demonstrated a preparation from a case of complete transposition of viscera before the Berlin Society for Medicine (Junere Medizin) on March 17th. The case was that of a man, 62 years of age, who died of tuberculosis. The diagnosis was made during life, and completely verified by the preparation shown. Even to the most minute details the transposition was complete. Attention was first drawn to the irregularity by observing that the heart pulsed on the right side, percussion then showed that the liver was on the left, and the spleen on the right. Œsophageal auscultation demonstrated that the cardiac orifice of the stomach was on the right, and the stethoscope showed that the lungs were also transposed. Dr. Guttman had met with records of fifteen similar cases, and in all of them except two the individuals that were the subjects of the abnormality were right-handed, showing that the view held by some that such were generally left-handed was not borne out by facts.

The Separation of Consumptive Persons in the German Army.

A CIRCULAR, dated 13th August, 1882, issued to the Prussian Army respecting the spread of consumption, recommends the military doctors to redouble their vigilance in keeping out soldiers either threatened or attacked with this disease. An immediate return to their homes, or a short holiday to recruit the strength of those showing the symptoms would do much to prevent infection. The circular also states that great care should be taken, especially in the infirmaries and hospitals, not to let those suffering from tuberculosis be with other patients, especially those who are attacked by bronchitis or pneumonia. This order, says the *Revue d'Hygiène*, is very necessary and useful, but we regret not finding among its rules one relating to the disinfecting of the hospitals by burning 30 grs. of sulphur per square yard every autumn, and having a general cleaning out before the winter sets in.

Fermentation Processes in the Human Mouth and their Relation to Caries of the Teeth.

HERR MILLER read a paper on the above subject before the Hygienic Society of Berlin, on the 4th inst., in which he followed up the view first promulgated by him, that the first stage of dental caries was a decalcification of the dental structure produced by acids, which were mainly formed in the mouth as the product of fermentation processes, and that the second stage was a destruction of the softened osseous structure by micro-organisms. The paper detailed his attempts to determine the nature of the ferment present and to isolate it; to ascertain the conditions of its activity as well as the products of it, and the best means of checking it, and finally his attempts to ascertain the influence of the various forms of bacteria that originate in the oral cavity, on certain special and general diseases. He has found that the ferment exists in the saliva, and that it results from the growth of two kinds

of organisms which he has named *a* *Milchsäurepilz* and *b* *Milchsäurepilz*. He thinks these forms may really be one organism, but he has not yet succeeded in developing the one from the other. The acid produced he has ascertained to be a lactate of zinc. He has succeeded in producing rapid caries of the teeth, through the action of the acid generated by the artificially cultivated *leptothrix*. He then sought for a germicide that would check or entirely prevent the growth of the acid forming organism. He found that the following substances possessed such a power:—Corrosive sublimate 1 in 500,000 checked the formation of acid, 1 in 100,000 completely destroyed it. Permanganate of potash 1 in 2,000 checked, 1 in 1,000 completely destroyed it. Carbolic acid 1 in 1,000 checked, 1 in 500 completely destroyed it. Salicylic acid 1 in 125 checked, 1 in 75 completely destroyed it. He thinks a solution of corrosive sublimate of the strength of 1 part to 5 or 10,000 would be a very effective mouth wash and one entirely free from danger. Of the other fungi appearing in the mouth, the author mentioned that of vinegar, and the hay bacillus. The latter was easily isolated and was of interest from the rôle it was suspected of playing in typhoid fever. The spores of the fungus remained capable of development after one hour's cooking in solution of meat extract, and also after longer retention in a .3 per cent. solution of lactic acid. It was not impossible therefore that spores capable of development might find their way through the mouth and into the intestines. He had also met with scattered bacilli of the butyric acid fungus in the oral secretions, and many times a sarcina like alga of great resisting power. Bearing in mind the great number of intestinal affections in which fermentation played a part, he considered that the fungi originating such processes should be attacked in their place of origin.

MR. ANDREW CARNEGIE, the Scotch-American iron-master, has given fifty thousand dollars to the Bellevue Hospital Medical School, New York, to encourage medical discovery especially in connection with the germ theory, with a view to the prevention of disease.

THE deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 22.5 per 1,000 of their aggregate population. The death-rates in the several towns were:—Derby 13; Brighton 14; Leicester 16; Huddersfield 17; Hull 19; Plymouth, Birmingham, Blackburn, Birkenhead 20; Edinburgh, Newcastle-on-Tyne, Bristol, Salford, London, Sunderland 21; Halifax, Bradford 22; Sheffield 23; Norwich, Liverpool, Glasgow, Portsmouth, Preston 25; Nottingham, Cardiff 26; Leeds, Oldham, Wolverhampton, Manchester, Bolton, Dublin 28.

THE highest annual death-rates last week in the large towns from diseases of the zymotic class were:—From whooping-cough, 2.4 in Bolton, and 1.7 in London, in Liverpool, and in Manchester; from measles, 4.7 in Wolverhampton, 3.1 in Portsmouth, and 2.8 in Nottingham; from scarlet fever, 3.1 in Sheffield, 2.1 in Preston,

1.7 in Cardiff, and 1.6 in Leeds; and from "fever," 1.2 in Bradford. The 30 deaths from diphtheria included 18 in London, 4 in Glasgow, and 2 in Dublin. Small-pox caused 11 deaths in London, 2 in Liverpool, 2 in Newcastle-upon-Tyne, 1 in Wolverhampton, and 1 in Sheffield.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

A COLLEGE OF SURGEONS FOR SCOTLAND.—There is every probability of a union taking place between the College of Surgeons of Edinburgh and the Glasgow Faculty of Physicians and Surgeons, the result being one College of Surgeons for Scotland. Such a consummation is devoutly to be hoped for, and we trust before long to be able to announce that the union has taken place.

LEGACIES TO GLASGOW MEDICAL CHARITIES.—By the will of Miss Hunter, of Hunterston, the following sums have been bequeathed:—To the Glasgow Royal Infirmary, £100; to the Glasgow Blind Asylum, £100; to the Glasgow Deaf and Dumb Asylum, £100.

MORTALITY IN GLASGOW.—The deaths in Glasgow during the week ending with Saturday, the 19th inst., were at the rate of 25 per 1,000 per annum of the population, as compared with 29 in the previous week, and 34, 27, and 27 in the corresponding periods of 1883, 1882, and 1881.

HEALTH OF EDINBURGH.—The mortality in Edinburgh for the week ending with Saturday, the 19th inst., was 98, and the death-rate 20 per 1,000. Diseases of the chest accounted for at least 50 deaths, and zymotic causes for 14, of which 1 was due to fever, 3 to scarlatina, and 3 to measles, the intimations of these diseases for the week being 16, 23, and 47 respectively.

THE OUTBREAK OF SMALL-POX AT GLASGOW.—Dr. Russell's last fortnightly report states that there had been four deaths from small-pox registered, all of which took place in the hospital, two belonging to the Northern District, one to the Eastern, and one to the Southern. Three of the four cases were unvaccinated. There had been 21 cases of small-pox registered, as compared with 24 in the preceding fortnight. Of these 12 were from the Eastern district, four in the Northern, three in the Southern, one in the Western, and one in the Central. All were removed to the hospital excepting two.

THE LATE TERCENTENARY.

THE Edinburgh University Tercentenary has come and gone, and we cannot help thinking, while we are in some respects hostile to the Scotch University system, that it furnishes a hopeful augury for the future, apart from the pomp and self-gratulation begotten of the occasion. It has brought together almost from "China to Peru" representatives of various nations and professions, the noble utterances of many of whom showing that there are higher interests and federations than those of country—the claims of science and the federation of humanity. A sour people, inhabiting a damp climate "contiguous to the melancholy main," and only natural when three-fourths under the influence of their national beverage, the Scotch have done not a little to further the interests of humanity and the emancipation of intellect. James Watt, Robert Burns, John Knox, and Adam Smith have been powerful preachers in their day, of necessity in advance of the times in which they lived. On

the part of the distinguished foreigners who recently visited Edinburgh, their knowledge of our language, literature, and history were highly creditable to them, as it was flattering to us. Without intending any invidious distinction we may mention the names of Count Saffi of Bologna, Beets of Utrecht (for theologians even we have our meed of praise), Straszewski of Cracow, and, belonging to our own profession, Virchow, Helmholtz, and Pasteur. There can be no more effectual humanising agency than the assembling together of men of culture of all nations; such meetings are yet too infrequent; and not only is our profession, but Europe is under an obligation to the University of Edinburgh for the recent Tercentenary demonstration. It is by such means and such influence that the day-dream of all good men will come to be realised, when justice shall bind the nations together, and "man to man the world o'er shall brothers be and a' that."

In addition to the addresses from sister Universities which were presented by the delegates at the meeting in the Synod Hall, many more have been sent direct to the University. A large number of the Continental addresses are most beautifully and artistically illuminated, resembling in style the missals of the old monks. It has been suggested that before being laid aside, the addresses should be displayed for the inspection of the public; and there is a possibility of that being done by the University authorities.

THE Principal of the University has received the following letter from a gentleman who does not at present wish his name to be published:—"I cannot leave the city without personally tendering you, and those associated with you, my thanks for giving me an opportunity of joining in a celebration that I would have been most sorry to have missed. You have the strongest claims on the patriotism of all natives of Scotland, and more especially on those of Edinburgh. With every good wish for the future progress of the University, and as an earnest of that wish being sincere, I beg you will place my name as a donor of £500 on your next list of subscribers to the fund for completion of your hall, &c."

As a *souvenir* of the celebration, Dr. Maurice Straszewski, Professor of Philosophy in the University of Cracow, and delegate from that University on this occasion, has dedicated to the University of Edinburgh a work he has just published on the origin and development of pessimism in India. The book is in Polish, and is prefaced with a Latin address in which its scope and purport are explained. An English edition will, we understand, shortly be published. Professor Straszewski is also the author of works on the present state of philosophy and its relations to other sciences, and on the philosophy of Spinoza.

THE articles on the "Rise and Progress of the University of Edinburgh" which appeared a few weeks ago in the columns of our contemporary, the *Scotsman*, have been republished in a handsome volume by Messrs. Blackwood & Sons with the title of "Oure Townis Colledge." The articles are characterised by great breadth in the treatment of the subject, and the past dealings of the Senatus with the Town Council are shown in a light which certainly do not redound to the credit of the former.

UNDER the title of "Tercentenary Celebration—the Procession," Mr. G. P. Johnston has published a series of groupings of the Edinburgh professors, some of the extra-mural lecturers, and other eminent men taking part in the festival, accompanied with what purports to be a versified description. The letterpress is very poor, and as for the sketches, while some of the portraits are sufficiently recognisable, the identi-

fication of others will be found to require considerable ingenuity. The best of the series is certainly that of Professor Simpson in the garb of a monthly nurse wheeling in a perambulator two chubby babies—Dr. Berry Hart and Dr. Halliday Croom—the latter dangling from a stick a bladder, on the condition of which during parturition he has written so recently and so well.

Literary Notes and Gossip.

"The Urine in Health and in Disease, together with its Chemical Examination," by H. Aubrey Husband (Livingstone, Edinburgh), is a small volume which may be carried in the waistcoat pocket. The book is neatly got up, and is illustrated by several plates, giving the most usual deposits found in the urine.

"Selections from Essays on Health Culture and the Sanitary Woollen System," by Gustav Jaeger, M.D., is a collection of Essays written at various times by the author, and apparently with the object of advancing the sale of Dr. Jaeger's woollen manufactures, for it is published by the Doctor's Sanitary System Woollen Company, Limited. But apart from its evident object, the book contains many useful hints and suggestions which no one would be the worse for knowing and putting into practice.

THE following specimen of editorial courtesy is 'amusing, if nothing else. The *Medical Age* of New York says, *Le Moniteur de la Policlinique* calls the leading medical journal of this country a "red-skinned, Yankee cocoanut, without education, without wit, without intelligence." How truly is a prophet not without honour save in his own country! The *Medical Age* retorts with studious politeness that *Le Moniteur* is educated, witty, and intelligent—doubtless as education, wit, and intelligence go in France.

IN so extensive a fire as that which occurred a few days since in Paternoster Row—the centre of book-printing and book-selling London—it was not to be expected that medical authors would escape its effects more than others; but so far we are delighted to ascertain that but two instances, and these not of a serious nature, resulted. The MS. of the second volume of Dr. Morell Mackenzie's work on "Diseases of the Throat and Nose" was entirely consumed, but fortunately it had been put in type, and can be reset from proofs in the author's possession. The other case was that of Dr. MacNaughton Jones, who lost 300 out of 500 copies of his little work just issued on "Spinal Deformities."

THE announcements of new books for the coming month are principally confined to health treatises and pamphlets: these are legion, in anticipation of the coming exhibition to be inaugurated next week. The public ought certainly to stand in no need of doctors if they digest only one-tenth of what is promised. Of medical works proper we have volume III. of Roscoe and Schorlemmer's Chemistry, a Manual of Diseases of Women and Uterine Therapeutics by Dr. Macnaughton Jones, Physiological and Pathological Chemistry by Dr. Cranston Charles, Syphilis and Pseudo-Syphilis by Mr. Alfred Cooper, *Materia Medica* and Therapeutics by Dr. Bruce, and a new edition of Keetley's Index to Surgery.

TO amateur ornithologists, especially those having a *penchant* for parrots and birds of like species, "Parrots in Captivity," by Dr. W. T. Green (Bell and Sons), now appearing in monthly parts at a shilling, will possess great attractions. Such a work simply surprises us with the amazing variety of colour and species found in this gorgeously plumed favourite. Each monthly part of Dr. Green's venture contains three plates of rare beauty and exquisite workmanship, and we can only hope that its great cost will be more than met by the success it undoubtedly merits. Our *compatriots* contributions to ornithology are unique, and so far as we are aware more extensive than any other member of the profession, and it affords us much pleasure

to congratulate him that in the midst of a busy professional life he can find time to instruct a wider sphere in these interesting by-paths of science.

In a review of Dr. Ross's "Treatise on Diseases of the Nervous System" which recently appeared in the *Philadelphia Medical Times*, the author of the notice thus sarcastically alludes to the well-known weakness of American publishers:—"We are very glad to note, as an indication of growth of honesty among our American publishers, that, although the title-page bears the impress of a New York firm, the book was printed in Manchester, where its wretched muslin covers indicate that it was also bound." For ourselves, however, we fear the reviewer's congratulation on the improvement in his countrymen's morality towards English authors is very premature. Pirating a voluminous work like Dr. Ross's would mean an outlay that even New York publishers would fear to make, associated as it surely would be with the certain risk of retaliatory measures on the part of its legitimate owner.

We are glad to notice the controversy now going on in the United States on the subject of copyright law, for only by such discussion can we ever hope for a fair interchange of brain and money value between the two countries. Hitherto America has had it all her own way, she would allow no law or International courtesy to stand in her run of wholesale piracy, and labours of European authors have been seized and reprinted without fee or reward for the enrichment of American publishers. Lately some of the leading houses in that country, to their credit be it said, have voluntarily offered and paid compensatory sums to modern English authors, notably those in our own profession, for the right to reprint their works, although possessing the power under American law to do so without such permission. We regret, however, to meet with an exception to this honourable change of ideas in the person of Mr. H. C. Lea, one of the largest of Transatlantic publishers, who, in a leaflet to hand, advocates the narrow-minded and unjust principle of non-importation of English manufactured books, so that all copyright works shall be manufactured in the States.

This handy little volume, "Therapeutische Notizen der Deutschen Medizinischen-Zeitung, 1880-83," is somewhat of a novelty in journalism, inasmuch as it takes the place of one issue of the paper, that of April 14th, 1884, No. 30, and is furnished free to all subscribers. It contains in a very abbreviated form references to all the therapeutical notes that have appeared in the journal during the four years 1880 to 1883. In addition to this, in order to make the work as complete as possible, all the drugs of the German Pharmacopœia, second edition, are introduced with their single and maximal doses, as well as other drugs in ordinary use not included in either the *Zeitung* or *Pharmacopœia*. The notes are given under the headings both of drugs and diseases. We have no hesitation in saying that the notes will prove reliable and useful.

THE profusion of door-plates and coloured lamps at the residences of suburban practitioners in our day brings to one's thoughts the barber-surgeon's pole of a century ago, when over the surgeon's door or window was invariably seen the surgical stick of three colours; blue, to represent venous blood, red, arterial blood, and white, the bandage for use after bleeding. The coloured lamps of the present day, however, have no such significance, as various hues are requisitioned according to the taste of the owner, and the lamp is merely suggestive to the uninitiated at night of the presence of a medical man in case of need. The stick here referred to is of great antiquity, illuminations thereof being found in missals as far back as the reign of Edward the First. To lovers of folk-lore the papers of Mr. Cordy Jeafferson now appearing in the *Leisure Hour* on "Doctors out of Practice" will have an especial attraction.

ACCURACY of expression is generally regarded as much to be desired in all matters pertaining to medicine and medical institutions. It may very well be doubted, however, whether the medical officer of the Cathcart Parochial Board, if questioned on this subject, would be found an enthusiastic upholder of the ideal terminology, for, in the monthly report of the Board in question, the following unperiphrastic mode of communicating information as to the health of the district occurs:

"The Inspector then proceeded to read the medical officer's report for the month of March. There were, he said, 'nineteen cases on the roll. The doctor had cured five and killed one, leaving only thirteen on the roll.' He meant to say one had died." This inspector ought henceforth to be retained in the permanent service of the State, with a special office, adjacent to the Local Government Board's central bureau.

MR. JAMES CANTLIE, F.R.C.S., has printed for circulation a valuable little essay on "The Effects of Certain Anatomical Relations," which he lately delivered in the form of a lecture to the Medical Society of Charing Cross Hospital. It is full of interest, and is very usefully suggestive of reflections on certain points of common observation during dissection, but the *rationale* of which does not, as a rule, explain itself unsought to the mind of the student. Such, *e.g.*, as the relation in position of light-weighted and heavy viscera in the body, the constant parallelism of veins and arteries, and a peculiar coiled appearance of nerves in rest, which Mr. Cantlie has himself been the first to notice. The observations contained in the paper deserve a more prominent record than the fugitive publication they have received, and it is to be hoped Mr. Cantlie will redeem the promise with which he concludes, to continue the subject at greater detail on a subsequent occasion.

"Æsthetical Sanitation" (Stanford) is the title of a small brochure by Mr. William White, dedicated with permission to the Duchess of Teck. This book is a reprint of some papers contributed by the author to the columns of the *British Architect*, where they appear to have received such acceptance as to induce the writer to publish them in book form. They tell the "twice told tale" of the absurdity of many of our "daring" fashions, and show in plain and readable language the danger of many of the attempts at the so-called improvement of the human form divine. We commend this little book to those young ladies who are ignorant of the author's only safe rules as to the tightness of a dress, and would humbly request them to discard every dress which will "open in the smallest degree when the buttons, hooks and eyes, or laces are undone, and in which the arms cannot be at will raised, lowered, thrown backwards or forwards, turned in any direction, without perceptible drag on the dress."

"Universal Attraction and its Relation to the Chemical Elements, the Key to a Consistent Philosophy," by W. H. Sharp (Livingstone, Edinburgh), is an attempt to show that Newton did not know everything about the laws of Nature, and that Newton's law of attraction is not the law of universal attraction, but that there is a higher law, and that the different atomic weights of the elements are not due to different kinds of matter, but to the difference of the earth's attraction upon these atoms; that as all atoms are supposed to occupy unit space, logic suggests that the mass put into each will be unit mass, and therefore the atomic densities will be unit densities. To compare the mass of the atoms we are taught to do so by weighing, but *not directly*, but through the medium of the earth. But this weighing involves the assumption that the earth's attractive force acts in the same manner upon the different kinds of atoms. The author then suggests that each atom has its own atomic vibration, which gives character and weight to the atom, and as a result differences in chemical compounds. We hope that we have given the author's views correctly, and would commend the book to our readers who are interested in the study of ingenious theories.

IN a pleasantly gossiping article in the April number of the *Leisure Hour* we once more come across that celebrated but eccentric surgeon Dr. Monsey, who thrived during Sir Robert Walpole's time, one of whose special devotions was the drawing of teeth by the aid of catgut attached to a bullet. It is said he even drew several of his own bicusps by this method for practice. It was not, however, an easy matter to persuade patients to submit to this rough but speedy method. Once a gentleman, who had agreed to make trial of the novelty, and had even allowed the apparatus to be adjusted, turned craven at the last moment. "Stop! stop!" he exclaimed. "I've changed my mind." "But I haven't changed mine," answered the doctor, pulling the trigger, and the tooth flew out of the window. Even at this distance of time it is curious to discover that the patient of this comedy was his grace the Duke of Grafton, and that, to avenge himself for the loss of a place

in the Lord Chamberlain's gift, the operator attached the catgut to the wrong tooth. * *

NEW BOOKS AND NEW EDITIONS.—The following have been received for review since the publication of our last monthly list (March 26th):—*The Treatment of Spinal Curvatures*, by H. MacNaughton Jones, M.D. *The Influence of Heredity and Contagion on the Propagation of Tuberculosis*, by M.M. George Fleming, A. Lydlin, and Van Harten. *Diabetes Mellitus*, by H. J. Philpot, L.R.C.P. *A Year-book of Therapeutics for 1883*, edited by R. W. Amidon, M.D. *A Year-book of Surgery for 1883*, by C. J. Knight, M.D. *Corpulence and its Treatment*, by Dr. Ebstein; translated from the German by A. H. Keane, B.A. *Ambulance Handbook for Volunteers and others*, by J. A. Raye, L.R.C.P. *Memoirs of Life and Work*, by C. J. B. Williams, M.D., F.R.S. *Disease Prevention*, by Cornelius B. Fox, M.D. *A Treatise on Chemistry*, by H. E. Roscoe, F.R.S., and C. Schorlemmer, F.R.S., Vol. III. *Cremation*, by Sir Henry Thompson, F.R.C.S. *The Asclepiad*, edited by Dr. Richardson, F.R.S. *An Index to Surgery (2nd Edition)*, by C. B. Kestley, F.R.C.S.

THE DETAIL OF THE MEDICAL BILL.

THE form which the agitation in favour of the Bill has taken is extremely unsatisfactory to us, because it is obvious to us that some of the leaders of this agitation do not show any disposition to acquaint themselves with the contents of the Bill, as a precedent to suggesting reasonable improvements. What the origin of the detail of the measure may have been we cannot say, but it bears on it the imprint of the hand of someone who was acquainted with the London College of Surgeons, some other person who had the Scotch Universities in his eye, and of a technical bill-drawer who understood nothing, and probably cared nothing whatever how the Bill might work. Consequently we have a measure in which the third hand has combined the diverse views of the two advisers, and a muddle has necessarily resulted. As an example of this condition of things we may select the clause which deals with the distribution of the surplus funds in hands of the Divisional Board, which is clearly made to fit the Hunterian Museum, and is not only inapplicable, but totally incomprehensible, to all Colleges outside London. Again, the clause which accords special money privileges to University undergraduates is made suitable to such Universities as Oxford, Cambridge, London, and Dublin, but totally inapplicable to the Royal Irish and several of the Scotch Universities. And these are only examples of errors of detail with which the Bill bristles.

We do not in the least make this complaint as a reason against the passing of the Bill, for if faults of detail were to be taken as cause for throwing out a measure no Bill would ever get through Parliament. Every Bill is open to the same objection, and the course uniformly pursued is to assert the broad principles of the measure, as has been done in this case, and to proceed then to make it perfect in its parts, an object which is effected both by compromise and by fighting out the disputed points in committee. The more in the way of amendment has been done by previous compromise and conciliation, the less remains to be done by wrangling across the floor of the House of Commons, and every day's experience shows us that nothing is so fatal to the advancement of a Bill as the want of previous mutual understandings.

In the case of the Medical Bill it seems that every attempt to amend its many imperfections will be the subject of a bitter fight in the House, and that its passage through the Committee stage must therefore be stormy, turbulent, and slow. For this three parties are to blame, the licensing bodies which have asked too much concession, Mr. Mundella, who has refused to listen to any compromise

or change whatever, and lastly, the promoters of the Bill, who seem to have taken no steps to bring about a *rapprochement*, simply because they have never taken the trouble to examine carefully the contents of the Bill or the reasons urged for amendment. We go further and say that they have done immense harm to the cause of medical reform, and have thrown the most serious hindrances in the way of the measure by the line they have taken, because, instead of attempting to solve difficulties and remove stumbling-blocks, they have devoted themselves to dinning into the ears of the Minister the assurance that the profession is fully satisfied with the Bill as it stands, that the opinions of the licensing bodies should be wholly ignored in the settlement of the question, and that their opposition in Parliament is not worth considering. None of these assurances are justified by the facts. The profession, so far as they know the details of the Bill, are not satisfied, and the less meagre their information becomes, the more they recognise faults needing to be remedied, and, if it should pass as it stands, we believe that those who have kept them in ignorance will have a heavy reckoning to answer for. The licensing bodies, as a whole, are not deserving of the harsh treatment which the Bill would mete out to them, inasmuch as they have not all participated in the misdeeds which the Bill seeks to make impossible. Moreover, they are not by any means to be disregarded as political opponents, but, on the contrary, are very much to be feared, and, without doubt, could throw out the Bill if they acted together, and if the Government did not care to make it one of their primary measures.

The policy of the promoters has been, in our opinion, disastrous and most imprudent, but it is not too late to remedy it, and we hope it will be at once changed for one of conciliation and compromise with the licensing bodies. That it has been the outcome of an insufficient knowledge of the detail of the Bill is obvious from the misconceptions which find expression in journal articles inspired by those who have adopted this policy.

In one medical contemporary we noted, last week, an exposition of editorial opinion which clearly showed that the writer had not fathomed the depth of the University fee clause, and that his purview of the effect of that clause did not extend beyond the institutions with which he was personally connected; and in another journal of the same date we note that the effect of the anti-quack clauses of the Bill has been entirely misconceived.

The profession is, in fact, asked to "shut its eyes and open its mouth and see what the king will send," the licensing bodies are adjured to trust in Providence and be content, and the Government is entreated to do battle for medical reform without considering the strength of its opponents.

Few Bills were ever carried by such means as this; and none, if so carried, ever proved satisfactory as a final settlement of disputed questions. If the Medical Bill is to be carried in its present form, it can only be by the determination of Government to make it a primary question; and, if so passed, a year will not elapse before an agitation will arise for amendments which are now disregarded.

THE Queen has conferred a Companionship of the Bath on Mr. Arnold Royle, M.R.C.S., &c., who has been in medical attendance on the late Duke of Albany since 1875.

WE learn that the Harveian Society of London has unanimously conferred upon Dr. Banks, of Dublin, Physician to Her Majesty, President of the Irish Academy of Medicine,

and Regius Professor of Physic in the University of Dublin, the honour of electing him Corresponding Member of the Society, a distinction which does much credit, not only to Dr. Banks, but to the Society itself.

Correspondence.

HOPE AS A REMEDY AGAINST DISEASE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR.—The annotation in your journal of the 23rd inst. brings to my knowledge two facts: First, that an article entitled "Hopefulness in Prognosis and Professional Manner—a Remedial Measure" appeared in your columns on April 16th; and, second, that you half suspect me of plagiarism, because a letter of mine on "Hope as a Remedy against Disease" appeared in the *Times* of April 17th. I agree with you that the "almost simultaneous appearance" of the article and the letter is a very curious coincidence. You will, however, I am sure, acquit me of any literary theft, either of subject or matter, when I tell you that my letter was written and posted to the editor of the *Times* on the morning of the 15th inst., so that I could not possibly have stolen your ideas or arguments even had I been capable of so paltry an act of dishonesty.

As regards the "imputation of unworthy motives," to which you think I have laid myself open by addressing my remonstrance against hopelessness to a lay journal instead of to a professional periodical, I must ask you to remember that the despair I deprecate is something in the mind of the patient, not in that of the doctor! I will not, however, discuss the question of propriety, or try to defend myself. In the course of a somewhat long experience of public life I have always found it best to act on one's own inner sense of right and to leave the consequences. I have found that the phrase "the world is very censorious" simply means that the person using it desires to veil his own censoriousness under the imputation of that quality to an intangible entity indicated as "the world." I am, in a very exclusive sense, a consulting physician, and those of my professional brethren who disapprove of my conduct in the matter of my writings or in any other way have the remedy in their own hands. They can discontinue the practice of calling me in and they can refuse to meet me. I am neither careless of my own reputation nor envious of that enjoyed by any other physician. I have never said or written anything to the detriment of a brother practitioner; and in all my dealings with professional men I have tried to do as I would be done by. It is a consolation to me to know that there are *some*, at least, who do not think ill of me or impute "unworthy motives." I am sorry to have offended you, Mr. Editor, and the more so because this is the second occasion within a few weeks on which you have "alated" me. Do not judge me either insolent under rebuke or impatient of correction. I am sincerely grieved to have angered you. Life is too short for fruitless contentions.

I have not yet read your article, but I shall now do so with great interest; and it will give me much pleasure to find that we are agreed as to the monstrous folly—I could use a stronger word—of frightening patients to death with our pathological prognoses. No medical man who has had any considerable experience of consulting-room and bedside practice can fail to know that such poor *guesses* as we can, at the best, make with regard to the duration and issue of morbid states and even of organic diseases, are not of a nature to be treated as *knowledge*; and, as I have said elsewhere, I say here, patients are ill-advised to be depressed by them. There are, within my own knowledge, persons now living, and likely to live, whose lives I, in common with other practitioners, credited with a very brief expectancy twenty years ago. They had "tubercle," or "cancer," or "heart" or "kidney" disease, and doubtless, they have these mortal maladies still; but, despite our prognoses, they did not die twenty years ago, when disease appeared to be active as well as "incurable," and it is certainly quiescent now and matters nothing that it is still incurable. Moreover, they began to mend—and this is a point on which I wish to lay especial stress—when they got over the scare we gave them and ceased to take the precautions we enjoined. So far am I from thinking patients afflicted with organic disease are the better for being under treatment,

that I would infinitely prefer if I had any such malady myself not to be treated at all! This is the moral of the doctrine I am trying to teach, and I must hold to it even though it be so heretical that you feel bound to excommunicate

Yours faithfully,

16 Welbeck Street,
April 23, 1884.

J. MORTIMER GRANVILLE.

P.S.—Since writing the above I have seen your article, and I must ask leave to say that it is, in my judgment, one of the soundest and most useful I have ever read. I only wish I had seen it before I wrote my letter. You have written for the medical man the complement of what I wrote for the patient. There is only this difference: you seem to have been thinking of acute cases. These were in my mind too, but I wrote *chiefly* for those poor creatures who go about doomed and miserable with the brain-burden of an ever-present consciousness of carrying about in their bodies the poisoned barb of the last enemy. When I wrote it was under the pressure of some quite recent impressions of the mischievous effects of "opinions" expressed by consultants, after a very brief examination, which I found to be practically "sentences of death." Against the wickedness—yes, I will say *wickedness*—of such declarations I protest. They are the outcome of a pretentious spirit that ought to be exorcised. The public need to be warned against the men who, because they find a little dulness under the clavicle or prolonged expiration, prate of "consumption," or who, because they find a trace of albumen in the urine, dismally portend death from kidney disease. Why, Sir, there are medical men in good health who can show from fifteen to twenty per cent. of albumen in their own urine, and have been able to do so any time for fifteen years past and who are, nevertheless, well and hearty yet; and they do not either starve themselves by avoiding "brown meat," or lead the wretched life of your "patient with renal disease." Every step forward in science shows the folly of some old belief. Five-and-twenty years ago flattening of the sub-clavicular region was supposed to indicate active disease; we know now that it rather bespeaks an attempt at recovery. I might instance other proofs of our fallibility. Let us be more careful how we give bad prognoses; and let those who do not *feel* ill decline to think they must be so simply because "the doctor" talks of "organic disease" or an "incurable malady."

I leave the conversion of the profession, to a right way of thinking and speaking, to you. Meanwhile, leave me to put the patients on their guard, and to rescue the victims of "science" as best I may.

J. M. G.

THE COMING MEETING OF THE BRITISH MEDICAL ASSOCIATION AT BELFAST.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR.—Will you kindly permit me to correct some mistakes which appeared in your leading article on "The Coming Meeting of the British Medical Association" in your issue of the 2nd inst., and to endeavour to remove some misapprehensions that may have been created thereby. First, as to the statement "that the northern capital of Ireland had put itself in the post of honour to the exclusion of its own guests." I beg to state that all appointments of officers are made by the Council of the Association in London, and not by the local committee, so that it does not rest with that body to place itself in any post of honour. As to the appointments that have been made by the Council of the Association, out of eight Presidents of Sections only two have been selected from Belfast, of eighteen Vice-Presidents of Sections three have been selected from Belfast, and as regards Secretaries of Sections it has always been considered desirable that one for each section should be resident at the place of meeting, thus eight secretaries of sections have been appointed from Belfast, not because they desired to put themselves in the post of honour to the exclusion of their guests, but because they were willing to undertake a task of self-denying self-sacrificing toil to render the meeting of their guests as pleasant and as successful as they could. Again, as to the statement "the studied omission of Dublin from a place in the coming meeting is, we are aware, regarded as a deliberate intimation from Belfast that the presence and co-operation of the profession in Dublin is not desired." I take the liberty of assuring the profession in Dublin that nothing could be

more remote from the wish or desire of the profession in Belfast, or of the intention of the Council of the Association. No such omission has been made, and the selection from Dublin to one of the highest posts of honour the Council had to bestow—the Reader of the Address in Obstetrics—might have been accepted as proof of this; besides, the Presidency of one of the Sections, and the Vice-Presidency of another were offered to Dublin and declined. It will be thus seen from the appointments already made and those offered to Dublin that every desire existed to place it in the position which its eminence in the profession both merits and commands.

Yours, &c.,
Belfast, April 10th, 1884.

JOHN MOORE.

[We believe that though, technically, the selection of Presidents and Vice-Presidents of Sections rests with the Central Council of the Association, the recommendations of the local organisers of the meeting are almost always confirmed, and they are the virtual appointers. We, of course, accept the disclaimer of Dr. Moore with reference to the apparent snubbing of the profession in Dublin, and we are bound to believe that the exclusion of which we complained was an inadvertence. But that there was such an exclusion no one who looks at the list of officers of the coming meeting can doubt. Here is the list of officers selected from Dublin:—Medical Section, one Vice-President; Surgical do., none; Obstetric do., none; Public Medicine do., none; Ophthalmological do., none; Physiology and Pathology do., none; Therapeutical do., one Vice-President; Psychology do., one Vice-President. This list cannot be made sufficient by the fact that a Dublin obstetrician is asked to deliver the address in his own subject, but even this very limited recognition of the professional forwardness of the Irish metropolis is made the subject of attack by a party in Belfast, for whom we do not at all hold the local committee responsible, but who, no doubt, consider themselves the exponents of Belfast opinion. Without doubt the initial organisation of the Belfast meeting has been very unfortunate.—Ed.]

PAPER VOTING IN THE IRISH COLLEGE OF SURGEONS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The annual election of the Council of the College approaches, and I have reason to believe that in anticipation of it a letter will shortly be addressed to the Fellows in which the Council will be attacked for having neglected to give effect to the recommendation passed by the College that votes for Council election should henceforth be given by the Fellows by means of papers sent through the post, the Fellow who votes being absent. I understand that a voting list is in preparation, which omits the names of all councillors who are supposed to be hostile to this method of voting, and substitutes those of opposition candidates. Under these circumstances I think it well to anticipate the statements which may be made by explaining to the Fellows at large why it is that their recommendation has not yet been acted upon by the Council.

The substitution of *absentia* paper votes for personal suffrage requires a change of the Charter of the College, for which an application to the Secretary of State is necessary. As a first step the recommendation of the Fellows at large must be obtained (which is supposed, in this instance, to have been done), and, as a second step, the Council must consider the recommendation and approve. Thus a recommendation from the Fellows passed in the beginning of June cannot be considered in Council until some weeks later, and if details have to be settled by a committee and reconsidered by Council, perhaps more than once, it will be easily understood that considerable delay takes place in carrying the matter further, even if the Council is ever so anxious to make progress.

Now for forty years, from 1544 up to 1883, no change of Charter was asked for, but in the early part of last year the Council resolved to ask for a change which would alter the mode of electing professors, and that change having been

agreed to in March, received the approval of the College at large in June, at the same meeting at which the paper voting took its first step. Thus the change for paper voting was only first proposed at the moment when the change for professional election was finally approved, and it is, therefore, easy to understand that the latter change could be, and was, immediately proceeded with while the former had to be debated in Council, and its details worked out in committee. But, notwithstanding this, the change of method of professorial election did not obtain the sanction of the Secretary of State until nearly five months afterwards, and with that sanction came an account for £140 for fees to the Attorney General and other officials in carrying out the alteration of Charter. Naturally the Council considered it unwise to hurry forward a single further change without considering whether there might be other emendations necessary which might be obtained at the same time and without additional cost. Accordingly the Council remitted to a committee to examine the Charter and see in what respects it needs alteration, and that committee met several times and agreed on sundry proposals; but then came the Medical Bill, which unsettled everything, and it became obvious that it would be inadvisable to incur the heavy expense of further alterations until it was ascertained whether a new state of affairs would arise which would involve a recasting of the entire Charter. Thus it came about that the proceedings of the committee went no further, and I believe the Fellows will see that the Council acted properly in delaying action as they are accused of doing.

Though I am aware that I am myself the subject of special attack, I think it unnecessary to make any apology for my action. I opposed, in the presence of the Fellows, a change which would rob the provincial Fellows of their influence in the College. I resisted, in the Council, the confirmation of the recommendation made by the College at large because I believe that that recommendation was snatched by a chance vote of an insignificant minority, and does not express the deliberate opinion of the College. But when the Council decided against me I made no further opposition, nor did any member of the Council, and if it should be represented that the Council as a whole, or any of its members, have deliberately obstructed the arrangements for paper voting, that representation will be untrue.

I am, &c.,

ARCHIBALD H. JACOB, M.D. Dub. Univ., F.R.C.S.I.

Royal College of Physicians of London.—At the ordinary meeting of the Council of this College, on Thursday last, the President, Sir William Jenner, Bart., in the chair, Mr. J. Bland Sutton, of the Middlesex Hospital, was declared the successful competitor of the Murchison Scholarship on the recommendation of the examiners. There were fifteen competitors for the prize, and the success of Mr. Sutton is therefore the more pronounced. The name of Mr. R. F. Fox was also honourably mentioned in this connection. The other business transacted was of a routine character, and comprised a refusal of the request from the Trustees for Manufactures in Scotland for the loan of some of the College portraits. The by-laws approved at the last meeting were formally enacted; and a committee was appointed to superintend a banquet to be given in accordance with the testament of Harvey.

The Council of the Irish College of Surgeons.—In addition to the candidates for seats on the Council of whom we spoke last week, Mr. Stokes, Professor of Surgery in the College, and Dr. Carte, of the Royal Hospital, Kilmainham, Dr. W. A. Elliott, of the Whitworth Surgical Hospital, Dr. Meldon, of Jervis Street Hospital, and Dr. C. H. Robinson, will, we understand, present themselves for the suffrages of the Fellows. There are now eight candidates in addition to those members of the outgoing Council who propose offering themselves for re-election.

The Election of Examiners at the Irish College of Surgeons.—The annual election takes place on next Tuesday, and several competitors, in addition to the out-going Courts, present themselves. Dr. Kendal Franks, of the Adelaide Hospital, Mr. Ormsby, of the Meath, Dr. Richard Hayes, of Stevens's Hospital, and Drs. Kilgarriff and Boyd, of the Mater Misericordiae, have announced their intention to offer themselves. The election will be by the entire Council.

Society for Relief of Widows and Orphans of Medical Men.

—A quarterly court of the Directors of this society was held on Wednesday, April 9th, Sir James Paget, Bart., President, in the chair. A letter was read from Sir George Burrows, late President, in answer to resolution passed at the last court on his resignation of the Presidentship. The death of a widow receiving £50 per annum was reported. There were no fresh applications for relief. Four new members were elected, the deaths of two announced, and the resignation of another. The half-yearly applications from the widows and orphans on the funds were read, and it was resolved that a sum of £1,162 be granted at the next court to 57 widows, 5 orphans, and 3 recipients from the Copeland fund. It was also resolved that Mr. James T. Ware and Sir Erasmus Wilson be nominated Vice-Presidents in the place of Sir James Paget, elected President, and Mr. Charles Hawkins, resigned, and that Dr. Kempster, Mr. Stamford Feloe, Mr. Brodhurst, Mr. Lowne, jun., Dr. Herbert Davies, and Dr. Russell Reynolds be nominated Directors in the place of the six seniors who retire. Tuesday, the 13th of May, was fixed for the annual general meeting at 5 p.m.

Pass Lists.

Royal College of Physicians of London.—The following candidates, having passed the necessary examinations, were admitted Members on Thursday, April 24th :—

Coutts, John Alfred, M.B. Cambridge, Ladbroke Grove Road, W.
Murray, Hubert Montague, M.B. London, Canonbury, N.
Efringe, John James, M.B. Edinburgh, 36 Bruton Street, W.
Robinson, Luke, M.D. California, 48 Tavistock Square, W.C.
Squire, John Edward, M.D. London, 6 Orchard Street, W.
White, Ernest William, M.B. Lond., Kent Lunatic Asylum.

The following were admitted Licentiates of this College on Thursday, April 24th :—

Alsop, Clement, 5 Upper Chadwell Street, E.C.
Andrews, Alexander Gordon, 44A Colehill Street, S.W.
Bean, Charles Edward, Guy's Hospital, S.E.
Biggs, Charles Edward Forbes, 17 Beaulieu Road, W.
Brodie, Charles Gordon, 12 South Crescent, W.C.
Butler, Gilbert Edward, Westminster Hospital, S.W.
Carnelley, Matthew, Guy's Hospital, S.E.
Carroll, Edward Richard William Charles, Cancer Hospital, S.W.
Claremont, Louis Bennett, Millbrook House, Harrington Sq., N.W.
Clark, Arthur William, Guy's Hospital, S.E.
Clarke, James Macfarlane, Infirmary, Manchester.
Coe, Henry Clark, M.D. Harvard, Detroit, United States.
Colman, Henry, Cumberland House, Kew.
Cook, Augustus Henry, 25 Dunning Road, N.W.
Davis, Slewright Arthur, Llanelli.
Dodd, Arthur Herbert, 2 Petherton Road, N.
Elliott, William Augustine, Windsor.
Griggs, William Alfred, 11 Treasillan Crescent, S.E.
Hayes, James, Leigh, Lancashire.
Hear, Charles Desambler, 4 Campden Hill Gardens, W.
Jones, David Llewellyn, Charing Cross Hospital, W.C.
Kendall, George, 193 Clapham Road, S.E.
Lilly, Alfred Thomas Irvine, 2 Milner Street, S.W.
London, John Edward, Berblow, British Guiana.
Lyon, Thomas Glover, 83 Asylum Road, S.E.
McDonall, Herbert Crichton, 11 Philip Road, S.E.
Mande, Arthur, 5 Bishopwood Road, N.
Milligan, Robert Arthur, 174 Coldharbour Lane, S.E.
Milnes, John George, 67 Upper Tulse Hill, S.W.
Murray, Robert William, Guy's Hospital, S.E.
Mutis, Aurelio, M.D. Columbia, 90 Charlotte Street, W.
Plant, Charles, Sandbach.
Pring, Arthur, Barnes, S.W.
Randa, St. John Outlaw, 22 Merrick Square, S.E.
Rushworth, Frank, Walton-on-Thames.
Sawers, Frederick Hayes, M.B. Toronto, Ontario, Canada.
Stace, Arthur Frank, Middlesex Hospital, W.
Street, Charles Tidbury, Bethlem Hospital, S.E.
Sturges, Frank, Beckenham.
Tireman, Arthur Lamley, Guy's Hospital, S.E.
Topham, Albert Stocks, Guy's Hospital, S.E.
Torrey, Julio Zenon, M.D. Columbia, 90 Charlotte Street, W.
Tyrrell, Walter Guy Beauchamp, Great Malvern.
Wilson, Edward, 2 Cromartie Road, N.
Wright, Holland Hodgson, 3 Park Road Villas, S.E.

Royal College of Surgeons of England.—The following candidates, having passed the required examination for the diploma, were admitted Members of the College on Monday, April 21st :—

Andrews, Alex. G., L.R.C.P. Lond.
Bateson, John F., M.B. Ed.
Brown, Osmond Percy, L.S.A.
Burt, Thomas, L.S.A.
Davies, S. A., L.R.C.P. Lond.
Dent, Herbert C., L.S.A.
Evers, Charles John, L.S.A.
Fuller, Arthur, M.B. Ed.
Hardie, R., M.B. Durh.
Hunter, Robert R., M.B. Glas.
James, Henry D., L.S.A.
Marsden, H. H., L.K.Q.C.P.I.
Miller, William Francis, M.D.
Owen, William H., L.K.Q.C.P.I.
Plewmann, Sidney, L.S.A.
Satchell, Charles G., L.S.A.
Starr, William H., L.S.A.

The following were admitted Members on Tuesday, April 22nd :—

Anglin, William, M.D.
Coe, H. C., M.D. Harv. Univ.
Corkhill, J. G. G., L.R.C.P. Ed.
Fall, Edwin A., L.R.C.P. Ed.
Gemmel, Arch. B., L.R.C.P. Ed.
Hale, George Ernest, L.R.C.P. Ed.

The following were admitted Members on Wednesday, April 23rd :—

Anderson, G. E. Caldwell
Barrett, Gilbert Lacy
Bateson, Llewellyn Jones
Braddon, William Leonard
Dixon, J. R. Lucas, L.R.C.P. Ed.
Edwards, William Rice
Forester, Thomas Frederick, L.S.A.
Fletcher, G. W. Henry
Gordon, Frederick William
Gough, John Harley

Harris, John Henry, L.S.A.
Hepworth, Arthur, M.B. Durh.
Lilly, A. T. Irvine, L.R.C.P. Lond.
McVitie, John W., L.R.C.P. Ed.
Nunn, John Robert, L.S.A.
Turner, George, L.R.C.P. Ed.

Hugill, George Frederick, L.S.A.
Morris, E. G. Freeman
Pearson, Hoslop Laird
Pettifer, Edmund Cleaver
Shaw, William Ormerod
Thomas, David
Tomkins, Harding Henbest
Tupholme, John T., L.R.C.P. Ed.
Wells, George Lee
Winton, Alfred do.

The following were admitted Members on Thursday, the 24th :—

Bowes, W. Henry
Blomfield, J. Edward
Brookings, E. Lamley
Chambers, H. William
Comber, A. Wandesford
Garrod, A. Edward
Hutchinson, F. Selby
Jenkins, John
Jones, F. W. Caton
Jones, Thomas

Lamb, Hugh
Molesworth, Robert Everard
Murray, G. A. Everett
Parfitt, E. Browne
Peck, R. Holman
Reeks, John
Turner, A. Jefferis
Williams, J. Traherne
Woolbert, H. Robert
Wright, J. Lister.

The following were admitted Members on Friday, the 25th :—

Anderson, W. Dunlop.
De'Ath, G. Hanby
Fenwick, W. Cecil, L.R.C.P. Edin.
Jacobson, T. Brander
Johnson, Obadiah, L.S.A.
Kent, H. Arthur
Kirkhouse, George, L.S.A.
McDonall, H. C., L.R.C.P. Lond.

Milnes, J. George, L.R.C.P. Lond.
Morton, Frederick
Plant, Charles, L.R.C.P. Lond.
Slater, Charles
Thompson, Martland
Tyrrell, W. G. B., L.R.C.P.
Wilkinson, C. John, L.S.A.

The following were admitted Members on the 26th :—

Bryceson, Ebenezer, L.S.A.
Clayton, J. T., L.S.A.
Colyer, J. R.
Flach, R. Tanner
Head, E. A. D., L.S.A.
Humphrey, F. R., L.S.A.
Lane, F. Herbert, L.S.A.

Monks, G. Howard, M.D.
Pulkin, B. Gibbs, L.S.A.
Sworn, H. G., L.K.Q.C.P. Irel.
Syme, G. Adlington, M.B.
Urwick, William, L.S.A.
White, J. William, L.K.Q.C.P. Irel.

King and Queen's College of Physicians.—At the April examinations the following candidates obtained the licences in Medicine and Midwifery of the College :—

Medicine.

Drake, Thomas George
Dreaper, George Albert
Keating, Michael Edward
Murphy, Richard

O'Connor, William Edmund
Purdon, Joseph Arthur
Robinson, John
Stoney, Frederick J. W.

Midwifery.

Drake, Thomas George
Dreaper, George Albert
Keating, Michael Edward

McCrath, John E.
Murphy, Richard
Purdon, Joseph Arthur

Frederick J. W. Stoney.

At the same court William J. Smyly was elected a Fellow. At the same meeting the following gentlemen were elected to the Honorary Fellowship of the College :—

Henry W. Acland, C.B., President of the General Medical Council.
Thomas Crawford, Director-General of the Army Medical Department.

St. Andrews University.—The following registered medical practitioners, having passed the required examinations, received the degree of Doctor of Medicine at a graduation ceremony last week :—

Christholm, Kenneth, Manchester.
Clapperton, James, Broughton.
Farrar, Joseph, Morecambe.
Higgs, Thomas, Dudley.
Hollings, Edwin, London.

Lloyd, Samuel, London.
Pathhead, Porteous, Fife.
Smith, W., Eccles, Manchester.
Tomlinson, Edward D., A.M.D.
Wilkinson, Adam, Shaftesbury.

Faculty of Physicians and Surgeons, Glasgow.—At the April sittings of the examiners the following candidates passed the final examination for the licence of the Faculty :—

John C. Aldred, Dore, Sheffield; Frederick H. Davis, Dawley; Wm. Duncan, Larne; James Herron, M.D., London; Edward Hopkins, Glasgow; Thomas McIlroy, M.D., Newtownards; James Miller, London; Wm. S. Pratt, Weedon; Geo. C. Richardson, Glasgow; Thomas Russell, Glasgow; Robert W. Slater, Kirkwall.

The following passed the final examination for the double qualification granted conjointly by the Faculty and by the Royal College of Physicians, Edinburgh :—

Haggarth M. Addison, London; Wm. A. Algie, Glasgow; George B. Buttery, Govan; David P. Gage, Kilwinning; Henry A. Keegel, Ceylon; James McIlwraith, Glasgow; Rhys D. Morgan, Glasgow; Alexander A. Sutton, Glasgow; Edward Thomas, Glasgow; George D. Trevor-Roper, Maidenhead.

Notices to Correspondents.

MR. J. H. (London).—Thanks; we shall be glad to utilise the information sent in an early number.

MR. H. F. (Liverpool).—The subject possesses no special interest to medical men; and with the present demands upon our space for legitimate matter, we are unable to accept it for publication.

MR. ROGER WILLIAMS (Middlesex Hospital).—Our space has been all promised for the next few weeks; when these engagements are fulfilled it will afford us much pleasure to put your paper in type.

MR. LEE (Liverpool).—Your paper, On the Reproduction of the Vitreous, is marked for insertion in our next number.

A THIRD YEAR'S MAN will find Dr. Handael Griffiths' "Text-book of Materia Medica" best suited for his purpose.

A DISPENSARY HACK.—Your letter is unfortunately crowded out at the last moment.

SHELFANGER SPA.

ABOUT two years since we called attention to a new health resort, or to be more exact, to an ancient Roman spring re-discovered, and now rising in importance among the Spas of Great Britain. The resident medical officer of that establishment now sends us the following short note received, during the past few days, from the Marquis of Huntly, to which we are happy to afford space, as evidence of the correctness of our views formerly expressed, and of the valuable therapeutic agent the re-opening of this spring places within the reach of physicians at home:—

April 12th, 1884.

DEAR SIR,—My visit to England has, I am thankful to say, resulted in a remarkable improvement in my health, and I shall always feel indebted for it to the bracing air of Norfolk, the mineral swimming bath, and tonic table water of Shelfanger (near Diss). Any seeking a genial and good class home, will find it at the Shelfanger Spa; and they will further find that it possesses invaluable resources of health and recreation. As a matter of fact, I have in one month gained more than half a stone in weight.

I am, Sir, yours truly,

GORDON-HUNTLY.

A NORTHERN STUDENT.—It would be scarcely considerate to the author of the work to print your letter, although the repetition of the statement in successive editions implies censurable negligence in revision of proof-sheets. Your better course would be to write a private letter to the gentleman in question, calling his attention to the matter, and suggesting the necessary correction in future issues of the book.

DR. COLLINS.—As you narrate it, the case appears to be one of intra-thoracic tumour, most probably aneurismal in character. A sign relied on by Dr. Drummond, of Newcastle-on-Tyne, and said by him to be invariably present, is pain at the angle of the scapula. In several instances his diagnosis has been completely verified, even when the usual certain symptoms have failed to present during life.

FEES FOR INSPECTING LABOURERS' DWELLINGS.

R. B. writes: I (as also the other medical officer of my union) was summoned to attend at the Workhouse to give evidence at an inquiry about labourers' houses. We were also requested to attend at a preliminary inquiry held by the guardians some weeks ago. We attended both. Perhaps you would kindly let us know: (1) Are we entitled to remuneration? (2) If so, how much? (3) How are we to proceed in order to obtain it? (4) What unions may we quote as precedents in making our application?

[1. You are—we believe—entitled to payment by the guardians. Your fees for this evidence would be part of the expenses of the provisional order for the building of the dwellings, and would be paid as such. But, if the provisional order falls through, or if you have made inspections, your claim will be against the guardians. Whether they are or are not liable to pay will be decided within a couple of weeks by the issue of an action which the Irish Medical Association has instituted against the Youghal guardians on behalf of the medical officers of that union. 2. A reasonable fee for attending and giving evidence at the inquiry would be from £1 1s. to £3 3s., according to the detention from business which you suffered, and the distance you had to travel. 3. Your best course is to apply to the guardians for payment and await events. 4. A payment for inspections has been made by the South Dublin Union, which is the only precedent we can quote.—ED.]

DR. WAINWRIGHT.—A pill containing acid. carbol. gr. ss. will probably be found more serviceable than any of the remedies you have been employing. It is a powerful anti-ferment.

G. L. R.—The friends of the patient can prohibit post-mortem examination, which then, even in the absence of any certain cause of death, cannot be performed except under authority of an order issued by the Coroner. Should this official decide that such examination is unnecessary, there is no means of obtaining it legally.

MR. MENDOLA.—You are in error, and can only right yourself by acknowledging it.

DR. DONALDSON.—The Bill has still to pass through all its stages in the House of Commons before it has a chance of becoming law; and even then the Lords' assent to amendments introduced in the Commons will have to be given to it first. We do not prophesy.

MR. H. W. B. (Anerley).—The so-called legislation about which you ask our opinion is a snare. It is kept solely for the purpose of gain by an American adventurer, not a member of the medical profession; and the doctor's name given in the prospectus, is not to be found in the official Register of legally qualified men.

HOSPITAL AMBULANCES AND THE TELEPHONE.

THE following letter, taken from a Liverpool daily, needs no comment:—

SIR.—Our telephone was used this morning to call the Northern Hospital ambulance to this building, and in less than five minutes the waggon arrived, accompanied by a doctor. Such promptness, we think, deserves special mention and public recognition, and we would ask you, therefore, to kindly give this a space in your valued columns.

Drury Buildings, 21 Water Street,
April 23, 1884.

Yours, &c.,

ROBERT CROOKS & CO.

Meetings of the Societies.

THURSDAY, MAY 1ST.

HARVEIAN SOCIETY.—At 8.30 p.m., Casual Clinical Communications.
FRIDAY, MAY 2ND.

ACADEMY OF MEDICINE IN IRELAND (Pathological Section).—Mr. A. H. Benson, Orbital Sarcoma.—Mr. P. S. Abraham, Scapulo-humeral Dislocation in the Horse.—Dr. Purser, Malignant Disease of the Pancreas and Lung.—Mr. Story, Rare Tumour of the Orbit.—Dr. E. Hayes, New Microtome.—Mr. Lentaigue, Multiple Diverticula of Large Intestine.—Mr. Thomson, Fracture of the Head of Tibia.—Mr. W. Stoker, Spontaneous Fracture of the Tibia.—Mr. Abraham, Sections from a Case of Exophthalmic Goitre.

SATURDAY, MAY 3RD.

ROYAL INSTITUTION.—At 3 p.m., Mr. Westropp, On Roman Archaeology.

MONDAY, MAY 5TH.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.—At 8 p.m., Casual Communications by Messrs. Storor Bennett, E. G. Betts, and J. H. Mummery.—Paper by Mr. E. G. Betts, Observations on the Teeth of certain Rodents.

Vacancies.

Chatham, St. Bartholomew's Hospital.—Assistant House Surgeon. Salary, £100, with board, &c. Endorsed applications to be sent in by May 1.

Coombe Hospital, Dublin.—Assistant Master. Applications to Master, or at Coombe Hospital.

Cheshire County Asylum, Maclefield.—Medical Superintendent. Salary, £500, with furnished house, &c. Applications to Mr. A. C. Procter by May 3.

Royal College of Surgeons, England.—Conservator of the Museum. Salary, £800, with residence. Applications to the Secretary of the College by May 3. (See advt.)

Salop Infirmary, Shrewsbury.—House Surgeon. Salary, £100, with board. Applications to the Board of Directors before May 13.

South Dublin Union, Donnybrook Dispensary.—Apothecary or Pharmaceutical Chemist. Salary, £50. Election, May 6.

South Metropolitan School District.—Resident Medical Officer. Salary, £450, with a residence. Applications to the Clerk to the Managers, Vestry Hall, Walworth, S.E., before May 6.

West Norfolk Hospital, Lynn.—House Surgeon and Secretary. Salary, £100, with board. Applications to the Secretary before May 9.

Appointments.

BARRS, A. G., M.D. Edin., M.R.C.P. Lond., an Assistant Physician to the Leeds General Infirmary.

CLARKE, W. B., M.A., M.B. Oxon., F.R.C.S. Eng., a Surgeon to the West London Hospital.

DONNELLY, T., Medical Officer to Emerald Street Dispensary, North Dublin Union.

HAWKINS, F. H., M.B., Resident Physician to the Royal Infirmary of Edinburgh.

LUCKMAN, E. L., L.R.C.P., M.R.C.S., Surgeon to the Altrincham Hospital and Dispensary.

MACAULAY, S., M.D. Q.U.I., Medical Officer and Public Vaccinator to the Sixth District of the Maidstone Union.

MALCOLM, J. D., M.B., C.M., Surgeon to the Out-patient Department of the Samaritan Free Hospital.

SHIRTLEIFF, E. M., M.R.C.S., Medical Officer for the Ham District of the Kingston Union.

VEALE, H., M.D., Physician to the Colchester General Hospital.

WEISS, H. F., F.R.C.S. Eng., an Assistant Surgeon to the West London Hospital.

Births.

COTTON.—April 25, at 109 Sloane Street, London, S.W., the wife of Holland J. Cotton, M.D., of a son.

MARTIN.—April 19, at 20 Mark Street, Portrush, the wife of J. C. Martin, M.B., of a daughter.

O'DONOVAN.—April 23, at Mount Haigh, Kingstown, the wife of J. O'Donovan, F.R.C.S.I., of a daughter.

Deaths.

DAVIDSON.—April 27, at 44 Leamington Road Villas, W., Thos. Davidson, M.R.C.S., B.A. Oxon., aged 53.

FIELD.—April 21, at the Manor House, Southall, Octavius A. Field, F.R.C.S., late of Sussex Gardens, London, aged 72.

FREEBORN.—April 20, at Oxford, Richard Fernandez Freeborn, M.D., F.R.C.P., M.R.C.S., aged 60.

LOGAN.—March 31, at Suakin, on board H.M.S. *Sphinx*, John Smythe Logan, M.D., R.N., aged 23.

REYNOLDS.—April 9, at Lowestoft, John Swatman Reynolds, L.R.C.P., &c., aged 34.

STONEHAM.—April 16, at his residence, Ilfracombe, Philip Stoneham, M.R.C.S., aged 76.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 7, 1884.

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Clinical Lecture

ON

TUMOR ALBUS. (a)

By PROFESSOR THEODOR BILLROTH,
Vienna.

You see here two children, one of whom has been ill nine months, and for the last three has been confined to bed, from inflammation of the hip-joint. If we take in the clinical picture before us, we see that the child anxiously holds the affected limb in a definite position, namely, flexed, and a little adducted. I can, however, carry out abduction with the leg quite easily without perceiving any crepitation, from which it is probable that the cartilage and synovial membrane are not at present affected, that the disease rather has its seat in the bone itself, and the fact that the child cannot walk is also in favour of this supposition. The cases in which the synovial membrane is affected from the first are characterised by the fact that power of movement ceases earlier and that at the commencement movement is painful. In consequence of the constant position of the leg, shrinking of the ligaments is added; the disease does not lie in the ligamentous apparatus, for primary disease of the accessory ligaments and of the fascia is exceedingly rare. The primary disease lies in the bone, but the question, where is the situation of the original centre of inflammation? cannot be answered with certainty. It may be situated in the acetabulum, in the head of the thigh bone, in the neck, in the trochanter. We may always conclude, however, that a case that in the beginning brings about adduction and flexion must have its seat in the anterior part of the bone, and that an affection is present that so fixes the ligaments that abduction is prevented, and that therefore the ileo-pectineal ligament is especially drawn into sympathy.

In the case of the other child you observe a tolerably considerable swelling of the knee-joint. The disease is

said to have followed a fall. In the course of it an abscess appeared which broke externally. This child holds its knee in a flexed position, and experiences intense pain when I attempt to stretch it; the disease, therefore, probably resides in the joint itself. A yellow tuberculous pus flows from the abscess opening; this character of the pus, however, proves nothing as to the seat of the disease. Is the cartilage destroyed? We should verify this if we felt crepitation on movement, a symptom that shows the contact of two bone surfaces and their rubbing over each other. We feel no crepitation. This negative symptom does not permit us to exclude the hypothesis of destruction of the cartilage, for we must keep before our eyes the possibility that the cartilage is destroyed and replaced by masses of granulations, for in the latter case no crepitation would be perceptible. We should conclude that destruction of bone was present if any deviation of the bone from its normal direction, or any shortening, could be perceived. It is important in the determination of this question to ascertain whether the patients can bear pressure upon the articular surfaces without much pain, and whether they can walk. The child can walk, and it can bear even sudden pressure upon the surfaces of the joint without great pain: therefore, the bone is apparently not attacked, at any rate, not close to the articular surfaces, but perhaps at a short distance from them. Under narcosis I can distinctly cause lateral movement, whence we conclude that the capsule and ligaments are destroyed. We have therefore a case of fungous synovitis before us, or what is also called a *tumor albus*. As I now open the joint in order to remove the fungous mass of granulations, you see the capsule of the joint thickened, so as to resemble a fatty layer; the synovial membrane seen through the mass of granulation also appears considerably thickened, and the whole of the cartilage is covered by granulations. This is the reason why we felt no crepitation. It is a fungous synovitis, which in its spread has gradually destroyed the cartilage, but has not penetrated into the bone itself. As regards the commencement of *tumor albus*, there are two kinds: 1. It may have its origin in the synovial membrane, so that the case will be one of chronic parenchymatous synovitis; and 2. It may proceed from

(a) From the Wiener Allgem. Med. Zeitung.

the bone itself and begin either as diffuse, rarifying osteitis, which is very rarely the case, however, or in consequence of the deposition of tubercle-bacilli (as so-called circumscribed caseous osteitis, as it was formerly called), as tuberculosis with reactive processes around this primary centre. In regard to the synovitis, this is distinguished in its first commencement by reddening and swelling of the synovial membrane, which finally goes on to secretion; the exudation is at first rather muco-fibrinous, but later on becomes more purulent; the synovial membrane becomes thicker, redder, the villi grow and soon become granular in appearance. In this condition they grow on, and soon cover over the whole cartilage, just as pannus grows over the cornea and covers it like a veil, whence this form has been named pannous synovitis. These granular growths, however, shoot out processes into the substance of the cartilage itself, processes which I like best to liken to ivy roots, for the ivy not only twines itself around the foreign body standing near it, but sends down roots into the soil. In this way the cartilage is entirely destroyed by the spreading granulations. When at the same time similar granulations from the bone, or the granulations from the synovial membrane further develop at the margin between the cartilage and the bone, it may happen that the cartilage is completely undermined at certain spots, so that it may often be seen floating like an island between masses of granulations. I was formerly of opinion that the disease was most frequently originated by the processes above described, that it began as chronic synovitis, and subsequently led to caries of the bone by the granular masses penetrating into the bone, when suppuration or caseation took place, or caries developed. As has been shown in recent times, however, pure primary synovitis is a very rare occurrence; it is rather the consequence of another process; it must thus be looked upon as secondary. At one time our attention was only directed to the material we met with after autopeies and amputations; we found a panarthritis, but we could not decide accurately where the affection originated. But after Volkmann had given utterance to the opinion that in this disease we could not resect early enough, people began to resect the heads of joints in great numbers, whereby they gained the opportunity of beholding the disease in its various stages. From the great series of preparations thus obtained it was discovered that the osseous origin was the most frequent. Before this we had found in these cases that yellow caseous masses were present in bone, and the supposition was that these were simply caseations, the outcome of chronic inflammation; that this inflammation might eventuate in granular growths, in suppuration, in caseation, or in pure ossification. According to our present views we must say that the termination in caseation does not exist, but that, on the contrary, this caseation is primary, as in consequence of the immigration of tubercle bacilli a caseous clot is formed, and the clot, partly mechanically, and partly chemically, reacts on its surroundings. In the intestinal canal growths and ulcerations arise after the deposition of tubercle; the like is the case in the larynx. In other organs, in the lymphatic glands, for instance, swelling first takes place, then comes suppuration. In bone hyperæmia most frequently comes on around the tubercular mass, and osteitis, with a tendency to the formation of granulations, which gradually lead to resorption of the bone. We now come to the question, how near does this clot lie to the joint? If it does not lie far off, the cartilage and synovial membrane participate in the process, and thus we have the whole pannous-fungous synovitis as a consequence of the primary deposition of tubercle bacilli. Cannot the original caseous clot become encapsuled? We cannot indeed deny this, but at any rate it happens very rarely. If the tubercle acts only mechanically as a foreign body, then it can become encapsuled, but I do not place much importance on this mechanical action, and it is principally the chemical action that calls forth all the later changes.

NOTES ON THE REPRODUCTION OF THE VITREOUS. (a)

By CHAS. G. LEE, L.R.C.P. Lond., M.R.C.S.,
Assistant Surgeon to the Liverpool Eye and Ear Infirmary.

MR. LEE first remarked that although, owing to the introduction of the ophthalmoscope, any changes that may take place in the interior of the eyeball can be noted and defined with as much ease and precision as though they occurred on the exterior of the body, there yet remained a sufficient number of unsettled questions and unrecognised facts to prove interesting matter for further observation.

His next observation was, that of all the structures that go to form the globe of the eye, the vitreous has hitherto received the least attention, and, in support of this a late paper by Dr. Brailey, published in the last volume of the Guy's Hospital Reports, was quoted as follows:—"The condition of the vitreous body in different diseases appears to be a subject worthy of more consideration than has hitherto been bestowed upon it."

Attention was next drawn to the usual descriptions of the vitreous contained in ordinary text-books, which were summarised thus: "It is said to be a jelly-like fluid, held in suspension by thin filaments, prolongations from its investing capsule, the hyaloid."

Comparison was invited to the above by the following remarks:—Dr. John Alt, of Toronto, in his work entitled "Lectures on the Human Eye in its Normal and Pathological Conditions," published in 1880, denies the existence of this hyaloid membrane, as well as the fibrillæ; all that he has observed is that the jelly-like substance is somewhat denser and tougher at its periphery. The cellular structures (endothelial and epithelial) usually described on the membrana hyaloidea, he is convinced do not exist. The same author, speaking of cells in the vitreous, agrees with and quotes Schwalbe, who declares them to be lymph cells—that is, wandering cells, coming from the membranes surrounding the vitreous. If, then, the vitreous body has neither cells nor blood-vessels of its own, how can it, he asks, suffer from primary inflammation? Moreover, De Wecker, in his "Ocular Therapeutics," states that all cells found in a healthy adult vitreous are various forms of amoeboid cells, which change their appearance. They are all leucocytes, and he further denies the possession to the vitreous humour of any endothelium. It cannot, therefore, he argues, take any part in an inflammatory process.

It might be objected, and at first sight with much apparent cogency, and innumerable facts might be brought forward to substantiate such an argument, that far from being unable to take part in an inflammatory process, the vitreous is most easily irritated. Thus, the proneness of the vitreous to resent the presence of any foreign body in its substance has always been accepted as a surgical axiom, and there is no dearth of examples that, constantly recurring, have served to justify this conclusion—from the couched lens to the finest thread, all alike, with the same results of inflammation. On the other hand, however, we must observe that in all of these experiments the external tunics have, to a greater or less degree, and of necessity, shared in the traumatism.

It was next pointed out that, although it may be impossible for art to introduce a foreign body into the interior of a closed sac without first making an external opening for its admission, yet Nature may be able to accomplish this. The paper proceeded as follows:—Let us suppose that possibly a cisticercus has obtained a passage by means of a blood or lymph-vessel, and then to remain in the vitreous without setting up irritation, until by growth its bulk made it intolerable—we should then be furnished with an argument which would support these observations, that the vitreous itself is an almost inert body. This picture is not all imaginary, for I have myself had an opportunity of observing a patient who

(a) Read before the Liverpool Medical Institution, March 27th.

attended as one of Mr. Richard Williams' out-patients at the Eye and Ear Infirmary, and whose vitreous chamber had become the *habitat* for one of these unbidden guests; and for the time he was under observation, some two or three months, without causing the thinnest cloud or opacity that might indicate to the observer vitreous irritation.

Finally, this slow response of the vitreous to irritation is made more credible from what may be termed its functional inactivity; unlike the iris or retina, it is not constantly in requisition to perform some work which will necessitate loss and reproduction of structure, it has merely to passively permit light rays to traverse its substance, and to mechanically distend the eyeball. Consequently, it requires few or none of those cellular elements whose presence would afford it responsive inflammatory power.

My hope in bringing these observations under your attention is that, as they have suggested to my own mind a solution of at least one process that takes place in the eyeball after a loss of vitreous substance, they may when submitted to you prove equally convincing. The process to which I allude is that which takes place in cases of cataract extraction, complicated with a moderate loss of vitreous substance—cases which, though happily not common, nevertheless do occasionally occur, even when the operative measures have been conducted with the greatest skill and nicety.

The question, then, is—From what source and by what means does that reproduction of substance take place in the contents of the eyeball which we should presume to be an optical necessity, and which within certain limits we know to be a clinical fact, in order to ensure the amount of vision that some of these cases obtain? It might be supposed that this is already a settled question, but such is not the case. Text-books on eye diseases, speaking of this question, are for the most part characterised by an unanimity of vagueness. Thus, they say that "the loss is made up by fluid," or, again, by a "watery fluid," or, yet again, by a "serous fluid." The necessity for providing a source for this fluid does not appear to have occurred to them. Though I have no doubt that the source I am about to suggest as the most probable one may have frequently occurred to others, it has as yet, so far as I know, met with no distinct expression. We have already seen that the vitreous contains neither blood-vessels nor cells of its own—that, in short, it is a substance with but little tendency to molecular change, if we except that of a degenerative or atrophic one (e.g., fluid vitreous). Such being the case, it clearly has no provision for its own reproduction. What increase of bulk that does take place must of necessity be the product of neighbouring structures. These are, on the one hand, the vascular choroid with its proneness to inflammatory reaction, and, on the other, the structures whose normal function is the secretion of the aqueous humour. Is it unreasonable to presume that the aqueous itself replaces the lost vitreous? The lens having been removed, there now exists no barrier to interfere with a free communication between the aqueous chambers and the space lately occupied by the spilt vitreous. That the aqueous appears not ill-fitted as a substitute is evident when I remind you of the close similarity of both its chemical composition and its refractive index; and further, the neutrality, or rather stability, of its chemical composition would seem to ensure its non-irritating qualities.

These analyses were recently published in the *Ophthalmic Review*, and I append for comparison's sake that of serum, this last from Foster's "Physiology":—

	Vitreous. Per cent.	Aqueous. Per cent.	Serum. Per cent.
Albumen ...	0.74	0.082	8 to 9
Other organic matter ...	0.71	0.148	2 to 1
Ash ...	0.71	0.993	
Water ...	98.884	98.777	90
		Vitreous.	Aqueous.
Refractive Index ...	1.339	1.337	

If this be not accepted as the true source, we are necessitated to endow wandering choroidal leucocytes, or exuded serum, with qualities of stability and transparency—properties which are not usually characteristic of such structures. It would prove a matter of some difficulty to instance any conditions in which a morbid exudation is utilised for the fulfilment of a physiological function. We are all familiar with the disastrous effects of choroidal secretions in the vitreous in those cases of neglected myopia where the vision is reduced to almost nothing from the opaqueness of the exudative material.

Although the choroid has been spoken of as a neighbouring structure to the vitreous, we of course recollect that the retina itself intervenes, and this fact makes it more unlikely that the choroid should be the source of re-supply. Any choroidal secretion would have to pass through the retina by osmosis, and at the same time not interfere with its perceptive functions. Whether the retina is capable of permitting this movement through its structures without either functional or structural damage is questionable. That it (the retina) is capable of retaining or damming back, so to speak, to its own detriment fluid accumulations behind it, we all know too well.

These remarks will, I trust, prove sufficient to substantiate my proposition that the uveal tract, or rather those structures whatever they may be whose function is to secrete the aqueous humour, and not the choroidal coat, is the true source of re-supply to a damaged vitreous.

THE TREATMENT OF PHTHISIS PULMONARIS BY ANTISEPTICS. (a)

By C. NELSON GWYNNE, B.A., M.B.,
Honorary Medical Officer Sheffield Children's Hospital.

MR. PRESIDENT AND GENTLEMEN,—The remarks I have to make in this communication are less to give than to extract opinions and information. The subject, as you all must allow, is an important one; and though not new, yet, owing to the investigations and researches of the last two years, it has assumed a still further importance, as having at length gained some scientific standpoint to recommend it to thoughtful practitioners. In fact, to a large extent the treatment of phthisis pulmonaris by antiseptics is a corollary to the newly-arrived-at theory of the causation of that disease.

In treating of the use of antiseptics in this relation, I must be pardoned if I wander occasionally into some remarks on the micro-organic origin of the disease. In remote and minute pathological researches I fear the general practitioner must feel himself to a great extent out in the cold, and not likely to contribute much. Leisure and opportunity are wanting, and most of all adequate training; but in criticising new pathological and etiological theories and speculations he has a most important part to fill, and one eminently suited to his genius. How far these theories correspond to clinical features and the general history of disease he can from his large clinical experience afford no mean or unimportant elements to the discussion. His thoroughly practical knowledge is indeed not to be despised in an age when theoretical speculations are inclined occasionally to run mad.

For the last nine months I have treated a number of cases of phthisis (in all about a dozen) by antiseptic inhalations. I did not start with any favourable impressions of the probable value of the treatment; I was rather inclined to believe that, allowing Koch's experiments to have been conducted exhaustively, and allowing to the tubercle-bacillus the honour of being the prime cause of tubercular consumption; still I was, I say, inclined to believe that the afore-mentioned

(a) Read before the Sheffield Medico-Chirurgical Society on Feb. 21, 1884.

bacillus was reasonably safe from any fatal danger that could approach it through the medium of the strongest antiseptic or germicide inhalations that could be employed; and I may say that on this point I am very much of the same opinion still; but as a valuable adjunct to the general treatment I am convinced of their very great importance. The almost unanimous opinion regarding their value by the patients themselves confirms me in my opinion. That they "ease the breathing," "assist up the phlegm," "lessen the phlegm," are the expressions I daily hear regarding them; and the benefit derived is so great that many of my patients make use of the respirator-inhalers much more frequently than I have recommended, and after many months of experience still are as firmly convinced as ever of the benefit they receive from their use. The principal ingredients I have used are carbolic acid, creosote, thymol iodine, and turpentine; and all these my patients have had no difficulty in using, nor had any dislike to, with the exception of the iodine. The etherialised tincture is, I find, well recommended; but I could never induce my patients to make use of it for any length of time, nor did they speak favourably of the benefit derived from it.

At the present time I am treating four phthisical patients with antiseptic inhalations, and in all with markedly favourable results. It will be important for you to know in each case the condition of the lungs when inhalation of antiseptics was commenced, the length of time the inhalations have been in use, and the results attributable to their use.

NO. 1.—Mrs. H., *æt* 31; three children, youngest two years old; no family history of consumption. I made special inquiries on this point and got the entire family history from her mother. For two or three winters she had chronic cough, not by any means severe, and which departed on the approach of warm weather, until last spring, when it did not improve, but continued through the summer. In the autumn she occasionally saw some little blood in the expectoration. On the 1st of September, during a fit of coughing, a large quantity of blood was spat up, not much less than five or six ounces. I was called in, and under treatment the bleeding gradually ceased, though the expectoration was tinged for nearly a fortnight afterwards, and after about the same interval she had a return of the hæmoptysis, which yielded sooner to remedies and has not since returned. For nine months she has lost flesh progressively and had severe night sweats. The hæmorrhage proceeded from the right lung and apparently from the middle lobe. The physical signs are some dulness beneath the clavicles, tubular breathing in the same region, and bronchophony well marked on the right side. Now, this patient had abundant expectoration of yellow phlegm mixed with frothy mucus for nine months, and after the hæmoptysis the amount increased till, I should say, six or eight ounces a day was spat up. Her treatment has been generally tonic combined with antiseptic inhalations. The latter she has used without intermission for over four months with this result, that the amount of the phlegm has been reduced to, at most, an ounce a day and sometimes not half that amount; the night sweats have almost ceased; she has gained a little flesh, is able to do her housework, and laryngitis, which complicated her case for a couple of months, has almost disappeared. Now, this patient has ceased for the last month taking medicine, but persists with the inhalations regularly, finding, she says, marked and immediate relief from their use. The formula used in this case was very similar to that of Coghill's, viz., R. Acid carbolic, ʒij.; ol. creosoti, ʒjss.; glycerine, ʒj.; saturated solution of thymol, ʒjss. Occasionally a few drops of chloroform was added to the above. Turpentine was also used, and its effects were most satisfactory.

CASE II.—Wm. Jackson, *æt* 39, worked in the cellars of a brewery; never imbibed freely, but only to a

moderate amount. His father died of consumption, *æt* 47; his grandfather and grandmother lived to be 83 and 84 respectively. He is a muscular, well-built man, about 5 ft. 10 in. in height, and weighing, before he got ill, 12½ stone. About three years and a-half ago he suffered from occasional blood-spitting, and was apt to catch cold and suffer from a cough. The hæmoptysis was only once severe, and I attended him at the time. After that he regained his strength and seemed, for a year, to gain weight as well, as he attained to his maximum weight, viz., 12½ stone. Last summer his cough returned, and he began to lose flesh; his appetite failed him, his breathing became very short, and he complained of extreme debility. The physical signs in this case were not as bad as one would expect from his general appearance, for his legs and arms and face were very much emaciated, and his breathing short. Dry crepitations were audible in both lungs, but were few, and sometimes they quite disappeared; the breathing was inclined to be bronchial but not markedly so, and there was slight degree of dulness over the entire front of both lungs. He complained much of pain and tenderness in the abdomen, and it gave the sensation to the palm of the hand as if it were studded, especially around the umbilicus, with small, hard glandular bodies. Near the navel they were about the size of No. 5 shot, or half the size of a small pea. His temperature varies from 99° to 101°. I cannot say there is any improvement in his condition since the above notes were taken on the 7th December, 1883; but I am sure of this, that the disimprovement has been by no means so rapid, and reference to notes taken of his condition a few days since shows the only change to be slight increased vocal resonance. He finds inhalations of great service, and he invariably has recourse to them whenever his breathing is especially short, and is convinced that they "ease his breathing." Spt. terebinthine and the formula above mentioned were mainly adopted in this case. I find in the notes of this case that twice within the last two months he suffered from facial paralysis which lasted on each occasion about twenty-four hours; the last attack left his mouth slightly drawn to one side for many days after, but as well as I remember it had disappeared the last time I saw him.

CASE III.—Mrs. G., *æt* 29, has had four children in six years, the youngest, only four months old, taking the breast occasionally during the day. No history of phthisis in her family. I first saw her early in December, 1883, her condition then was: Slight dulness on percussion at left apex, some flattening and deficient expansion on that side, expiration prolonged, vocal fremitus increased, breathing coarse, and dry crepitations in the supra-clavicular region. On right side breathing was fairly normal, but dry crepitations could be heard above clavicle. She had night sweats, and a very troublesome cough, had lost flesh, spat up a lumpy dark phlegm, and had a very bad appetite. The treatment has been by inhalation, tonics internally, cod-liver oil. The latter she soon had to give up, and Kepler's extract of malt was substituted for it. At first she used in the inhaler the etheriated tincture of iodine, but she disliked it so much, and seemed to get so little relief from it, that I returned to the same formula as I used in the other cases. I saw her to-day and she told me that she has made progressive improvement during the past three weeks, the night sweats all leaving, her cough is not so hacking, her appetite is improved, and she thinks she has gained in weight. I did my best to induce her to give up nursing, but she does not like doing so, but she does not give the baby so much as formerly.

CASE IV.—Rylett, Wm., *æt* 35, unmarried, Scots guardsman. He is the third of the family affected with pulmonary phthisis. Two of his brothers have already died of that disease, one at the age of 14 years, and the other at the age of 19 years. Up to June 1882

he was strong and healthy, and weighed 12 st. 8 lbs. In the camp at Aldershot he contracted rheumatism from exposure and wet. In the October of that year I first attended him when home on sick leave, and he then seemed to recover rapidly, and no tubercular symptoms were recognised. After his leave was up he went back to service in London, where he commenced again to lose ground. His cough returned and expectoration increased. In June 1883 he returned home on sick leave, and I attended him again. He then weighed 8 st. 5 lbs., had unmistakable evidences of tubercle, and expectorated profusely. From that time up to the present he has been constantly using the respirator-inhaler with results equally satisfactory to himself as to me. His sputum from being as much as half a pint a day has not been for the last two or three months more than a couple of ounces daily. His appetite has improved, and up till quite lately was very good, his tongue being quite clean and natural in its appearance. Unfortunately in other respects he did not make similar improvement, for he continued to lose his strength and flesh in spite of his good appetite, and for the last six weeks he has not left his bed. His temperature has varied from normal to occasionally towards evening 101°. Lately I have been paying him only occasional visits, and about a fortnight ago he drew my attention to his feet being swollen. I desired him to send up a sample of his urine, which I found loaded with albumen. He did not complain of any pain in the back. Since then the dropsy and ascites have increased, and his temperature has been subnormal, registering often a degree below the normal standard. He has little or no cough now, and very little expectoration. His heart does not suggest anything abnormal.

I will give you but one more case, as a counterpoise to the others, where inhalation seemed to exercise no beneficial effect whatever, and where the patient, after using them for about two months at intervals, gave them up altogether. Miss Priscilla K., æt. 26. Well marked family history of phthisis. She was the third of that family that I attended throughout their final illness. She died in December last. I wish in connection with this case to relate the following facts: they have reference to the now much mooted question of the contagiousness of phthisis. Her step-mother, Mrs. K., a woman of fine physique, æt. 52, of kindly disposition and an indefatigable nurse, in the year 1878 nursed her stepson George, æt. 20, during his last fatal illness for one year, and attended on him night and day. He died of kidney disease complicating phthisis. In 1881 she attended her step-daughter Annie, for the fifteen months preceding her death from phthisis, and during all that time occupied the same bed as her patient. In 1882 and 1883 she nursed another step-daughter, Lizzie, for two years, until the time of her death early in the latter year from phthisis. In 1883 she nursed constantly, and slept in the same bed, with another step-daughter, Priscilla, æt. 26, up to the date of her death in 1883. So that she was for five years in almost constant attendance on phthisical patients, and for three years occupied the same bed with patients suffering from that disorder. I may say she has never experienced the slightest harm from this intimate and lengthened intercourse with patients who suffered all of them, from tubercular lung disease.

There are a great number of antiseptic respirators in use, but the one I generally adopt is Dr. Wm. Roberts's. It is of blackened metal, perforated with large holes at the front, shaped to the lips, and half or three-quarters of an inch in depth, with a hinged lid which opens outwards, and allows the introduction of some cotton wool saturated with the material intended to be inhaled. There can be little doubt that impregnating the air of the room with antiseptics will finally take the place of respirator-inhalers, and already many plans have been devised for doing this. If towels saturated in carbolic acid are hung in a room, it has been found that after a

few hours nearly all the carbolic acid will have disappeared from the towels, and will have been taken up by the air of the chamber. Of all the antiseptics, creosote perhaps holds the highest place for this purpose. There are well authenticated cases recorded of phthisical cases having quite recovered by engaging in the manufacture of this article.

The next question to consider is in what way antiseptics act. To call them germicides is manifestly a misnomer, for it is difficult to suppose that the tubercle bacillus could be killed by the necessarily weak antiseptics that are employed, when we consider the well-recognised vitality of these organisms. The answer seems to be that as many surgeons attain as good results in the treatment of injuries by scrupulous attention to cleanliness, as others who use the strong carbolic spray and the other paraphernalia of Listerism, so in the treatment of tuberculous ulcers in the lungs, the constant inhalation of purified air tends to promote healthy action and to lessen the destructive vitality of tuberculous organisms. We know the beneficial effects of the cold pure air of Davos, and how Iceland, with all its damp and cold, enjoys a complete immunity from phthisis, probably owing to the strong impregnation of the air there with sulphur.

The treatment of phthisis with antiseptics has no doubt gained great impetus from the discoveries of Koch, but it does not altogether stand or fall by the fate of those discoveries, for long before Koch's discoveries were heard of, many physicians believed in the beneficial effect of inhalations of such substances as tar, carbolic acid, &c. I cannot myself help feeling sceptical about the deductions drawn from Koch's experiments. I believe that heredity operates far more in the production of tubercular lung disease than is supposed. We all know how slow patients are to admit a family delicacy, and how often they consider that if their parents lived to an old age, there could be no family tendency to consumption, quite forgetting that a generation is frequently passed over. I feel that the answer to the question, how far are the micro-organisms the cause of the disease, is still *sub judice*. It is not enough to prove that they are invariably present, nor even when isolated and introduced into another animal of the same species that the same particular disease is produced; for may it not be that quite innocuous organisms when for a lengthened period brought in contact with diseased structures, may themselves become so modified as to produce the disease when introduced into another animal. In this sense they would occupy but a secondary position, and what we hear spoken of as the "suitable soil" would have to be ploughed up by indefatigable experimentalists in search of the true cause.

Clinical Records.

CASHEL UNION HOSPITAL.

Three Cases of Strangulated Hernia.

Under the Care of Dr. LAFFAN.

W. C., labourer, æt. 57, was admitted 20th February, 1879, for strangulated left inguinal hernia. There was an undescended testis on that side. The hernia was reduced on same day by taxis. The feature of interest in the case is that vomiting of a fecal character, which was present before the operation, continued with no perceptible abatement for three days afterwards. This was so marked that I asked him to allow me to cut down on the ring, but he refused. The fourth day the bowels acted, and though vomiting recommenced—the expelled matters not being this time fecal, and some sharp abdominal pain set in, indicating some peritonitis, all the symptoms disappeared under treatment, and the patient was discharged cured on the 3rd of April. This was one of those cases where inflammation produces sym-

ptoms similar to those of continued strangulation, and where, owing to difficulty of accurate diagnosis, operation is the more prudent course, though sometimes it may turn out to be performed in error. Probably the next batch of cases in my wards with similar symptoms would all turn out to be instances of internal strangulation.

Case II.—J. H., servant, *æt.* 40, was admitted in June, 1877, for an inguinal swelling which he was told was an hydrocele and irreducible hernia. The swelling was most tense. There was fixed pain at the ring, together with vomiting and a general feverish state. There was a previous history of hernia, which was from time to time irreducible. Strangulated hernia was diagnosed, and taxis having failed, I emptied the sac with a fine aspirator needle, after which the gut was easily returned. Sharp pain attacked the patient for some days in the neighbourhood of the ring and over the abdomen. There was also vomiting of so doubtful a nature that I was afraid I should be called on to cut down on the sac. On the third day, however, the vomiting abated, and from that progress was uninterrupted. The feature of interest in this case is the important service rendered by tapping and the subsequent doubtful symptoms.

Case III.—M. H., a woman, *æt.* 50, wife of a small farmer. I was called to see this case in April last by my friend Dr. Jackman, of Thurles. The rupture was a left femoral one. Taxis had been tried in vain, and symptoms of exhaustion were setting in. The usual cutting operation was performed, and the sac was opened. When this, however, was reached, the gut was found to be in a state so nearly approaching that of gangrene that we declined to divide all the adhesions. A slight notch was made in the inner border of the ring, but several adhesions which tied the gut to the bottom of the sac were left undivided. Nor did we venture on dividing some deep seated adhesions within the ring. Furthermore, distinctly faecal matter oozed out at the back of the wound, seemingly having descended from some opening in the gut within the ring. So impressed was I with its faecal nature that I handed some of it on the point of the knife to Dr. Jackman as determining evidence in favour of partial division of the constricting bands. Poultrices were applied and opiates were administered. Within forty-eight hours the bowels acted, and the patient recovered to our no small surprise. One or two somewhat like have been recorded. I could not ascertain that any portion of the bowel was discharged per anum.

ERRATUM.—LIVERPOOL FEVER HOSPITAL.—In our last issue we published a "Case of Empyema complicating Post-Scarlatinal Nephritis," by Robert S. Aitken. The case was under the care of Dr. Robert S. Archer, who was from home when proof was sent him, and who returned it too late for the correction to be made in our last issue.

France.

[FROM OUR SPECIAL CORRESPONDENT.]

PHOSPHATE OF LIME IN RACHITIS, ETC.—So far back as 1869 Dussart established the fact in a valuable paper on "Medical Inanition" (*Arch. Gen. de Med. et de Chir.*), that the presence of phosphate of lime is necessary in the transformation of the albumen of aliments into cells and tissues; that the vitality and heat in animals are in proportion to the amount of calcareous phosphate they possess, and that when deficient of it the tissues absorb from the skeleton the phosphate of lime which is indispensable to their existence, and draw from the fatty tissues the hydro-carbonic elements when these are deficient in food. The conclusion to be drawn from these facts is that calcareous phosphates are indispensable to animal life. If, then, from whatever cause, a waste occurs, disorders will follow, and restoration becomes urgent. Many years ago Piorry recommended phosphate of lime in pregnancy, caries, rachitis, osteomalacia, pneumo-phymatosis, &c., to assist the cretaceous transformation of the tubercles. It can be given with

benefit to young children during dentition, in the form of lacto-phosphate or of chloridic-phosphate, in doses of from one and a-half to fifteen and a-half grains. Moris recommends it for wet-nurses in poor and populous towns to prevent caecochymia and rachitis in infants. Goesselin and Milne Edwards (*Comptes Rendus Acad. des Sc.*, 1856) have, by experimentation and clinical observations, shown its value in treatment of fractures of the bones to be indispensable. Limbs broken in dogs of the same age and weight were put under the same régime, only phosphate of lime was mixed with the food of a number, in which cases the fracture invariably healed more speedily than in the others. In the former cases, when the animals were destroyed the ossification was seen to be far advanced, while in the latter but a very slight development was observed. Milk contains a large proportion of phosphate of lime. It thus follows that if a child be deprived of it rachitis may be the result, especially if there is a predisposition to that disease. The phosphate of lime and milk are clearly indicated as a remedy in such a case. By the use of them Blace and Riant have obtained excellent results in similar circumstances. The usual treatment of scrofula and Pott's disease is a good nourishing diet, exercise, sea and iron baths, quinine, and cod-liver oil; but phosphate of lime combined with the iodides (?) will be found an invaluable auxiliary in those complaints. It is thus very useful in phthisis in which it may assist in the cretaceous transformation of the tubercles, and will counteract defective nutrition and an excessive elimination in the urine of the phosphate of lime of the system. It will also act against abnormal sweating and intestinal secretions. We may add that in virtue of the phosphorus it contains phosphate of lime will tend to strengthen the nervous system.

At the Société de Chirurgie M. Monod presented the anatomical specimen of a monster which he classified under the title of pseudo-encephalus, in which the brain was replaced by a vascular tumour with almost complete absence of nerve fibres. The vertebral canal was split in its whole length to the lumbar region, and between the bones of the head could be seen the vascular mass which seemed to fill the whole cavity. The mother was a strong country woman, thirty years of age, married for six years, and already has had two children. In this her third accouchement everything went on normally until the seventh month, when from some unknown or apparent reason she was seized with pain, and in a few hours afterwards gave birth to the monster in question. A fact worthy of note is that she avers having felt the child stirring up to the last moment, consequently refuting the opinion of those who maintain the incompatibility of life with the absence of nerve centres.

DENTAL EDUCATION IN DUBLIN.

We understand that, after an official inspection, the Council of the Irish College of Surgeons has resolved to recognise, as qualifying for its dental diploma, the course of instruction given in the Dental Hospital of Ireland in York Street, Dublin. The arrangements for teaching reported to the Council by the inspecting deputation are very perfect, and their opinion was strongly expressed that the instruction was given by the staff in all respects with earnestness and in good faith. The departments comprise—

- a. Lecture room, with museum, which is also used for extraction operations.
- b. Operating room for special cases, such as filling, scaling, impression taking, regulation, &c.

c. Rough mechanical workshop.

d. Mechanical and metallurgical laboratory.

The museum of the hospital comprises preparations of jaws at different ages, which are used for impressing on the student many of the important anatomical facts connected with the regulation of teeth and countless other practical matters connected with his clinical studies, comprises also preparations of the fifth pair of nerves and of the arterial supply to the face and buccal cavity, also numerous casts of cleft palate, deformities, supernumerary teeth, supplemental teeth, teeth mercurial and teeth syphilitic.

The extraction room is furnished with suitable operating chairs, hot and cold water, extraction instruments, remedies for arresting hæmorrhage, also with apparatus for administering nitrous oxide alone, nitrous oxide and ether alone. The student has here every opportunity of learning this important branch of his work. The operating room for special cases is similarly fitted up with water supply and all suitable apparatus and plant. As soon as the student can be trusted with an easy operation he is given an easy case and closely watched and instructed, so that he can do no harm, and gradually he is led on from this by imperceptible stages till he can be trusted to perform, under supervision, difficult fillings. All known appliances for operating are here demonstrated and used, and the staff of the hospital take a pride in thinking that no student will leave the hospital without having been instructed in the use of all instruments, new and old, all appliances, and all filling materials. The mechanical and metallurgical laboratory has been fitted up with a superabundant stock of plant for working in the metallic, mineral, and vegetable substances used in artificial dental work. Ten separate benches are fitted up, each with locked drawers, where the student keeps his tools, and works at the mechanical case he is given under instruction. Apparatus for the melting of gold, rolling gold, casting of metallic dies and counterdies, furnace for making porcelain, and continuous gum work, lathe for grinding down and polishing artificial teeth, apparatus for the hardening of vulcanite, the cooling of celluloid, in a word, all the tools and plant of a workshop capable of doing any and every known artificial dental work, are to be found in this department.

We notice the official recognition of the Dublin Dental Hospital with much satisfaction, it being the second step taken by the Council of the College to encourage the establishment of an honest school of dental surgery in Ireland as a preliminary, let us hope, to the issue of an honest diploma which may be held by a respectable dental surgeon. We do not entertain the least suspicion that the staff of the Dental Hospital will accept the patronage of uneducated chemists' boys, hair-dressers, and tobacconists, as the College has done, and without doubt the example of honest and earnest instruction shown by the hospital must sooner or later purify out of existence the present sale of dental diplomas to persons such as those who have taken the L.D.S.R.C.S.I. *sine curriculo*.

Department of Lunacy.

ASYLUM REPORTS.

No precise standard of asylum report can be raised by which to determine the relative merits or practical value of each. Every superintendent sets up an ideal of his own, so that taken *en masse*, we have to wade through a heterogeneous collection, presenting diversities in accordance with individual conceptions of the ideal, or regulated by local circumstances. To generalise on any comprehensive scale

becomes well nigh impossible, and the scientific resultant is necessarily minimised. Many contain the statistical tables of the Medico-Psychological Association, and in this respect exhibit uniformity; but statistics can be garbled, and require careful sifting by the light of local experience, otherwise they must be swallowed with a grain of salt. In dealing with the reports sent us from time to time, only those topics which have been made matter of common observation and remark will be adverted to, in order to favour comparison and promote a useful end.

1ST—CUMBERLAND AND WESTMORELAND.

Dr. Campbell considers that about 10 per cent. of his lunatic population might be suitably treated in workhouses and disposed of as follows:—7 per cent. in special wards with an attendant, 1·2 per cent. in infirmary wards with an attendant, and 1·8 per cent. in ordinary workhouse wards. Dr. Campbell would like to see the scope of the lunacy acts broadened, so as to meet the case of engorged and increasing extension of asylums. The asylum is doing beneficial work in receiving patients from the district at a very low rate of board, *i.e.*, sufficient to cover actual expense of board and lodging. County asylums are so much handicapped by overcrowding, that this possible function of theirs is kept in abeyance, pauperism is stimulated and self-respect and self-reliance are consequently crushed out. Every page of the report bears token of prosperity, and the wise and enlightened views of the Committee of Visitors, and medical superintendent deserved recommendation.

2ND—DERBYSHIRE COUNTY.

Dr. Lindsay is in the turmoil of over-crowding, and sees no immediate outlet possible for this state of affairs. His experience coincides with the observations of Dr. Saunders, of the Devon County Asylum, who prepared a return showing that, in about twenty-six out of thirty-two asylums which have had experience of the removal of the chronic harmless insane to workhouses, the results have not been satisfactory. The conflict of the various authorities implicated in the matter is deplorable. Dr. Lindsay refers with approval to the harmonious co-operation of the Guardians and asylum authorities with respect to workhouse treatment and boarding out in the county of Sussex, and follows out the argument by stating that "the present system and state of the laws rather tend to increase the difficulties of dealing satisfactorily with the insane poor of a district, for the various controlling authorities, often conflicting, render it extremely difficult, if not utterly impossible, to carry out what science and modern progress indicate as the best to be done in the interests of the insane poor, as well as the ratepayers." Dr. Lindsay believes that the only solution of this serious problem will be found to be fresh legislation, which shall place under one controlling authority in a county or district, the pauper lunacy of all shades and degrees. The report is a long one and deals with other subjects which we are constrained to pass unnoticed.

3RD—BARNWOOD HOUSE.

The report of the Committee, Commissioners, and Medical Superintendent record for 1883 an uneventful history, a careful, judicious and, at the same time, liberal management, financial prosperity, and a helping hand held out to the indigent insane of the better classes. There is a temptation to pile on more building, as the demand for accommodation is in excess of the supply, but it is to be hoped that the Commissioners' voice will be heard, and that

no enlargement will be proceeded with which is likely to destroy materially the present homelike and sociable character of the hospital. Dr. Needham is to be congratulated on the success which attends his management.

THE NEW CODE AND OVER-PRESSURE IN ELEMENTARY SCHOOLS.

THE battle of the educationists still appears to rage fiercely, and the non-combatants who in any degree are interested will be scarcely able to discriminate the good points from the bad, so mixed up and multiplied have the issues recently become. The pamphlet presently under review is published at the instance of the National Union of Elementary Teachers, and condenses many salient features of the controversy into very small bulk. But it is far from our purpose to enter into even a cursory consideration of this interminable question. We would merely refer with approval to the proposition of Dr. Farquharson, M. P., that schools should be submitted to regular medical inspection. Such a duty he proposes to saddle on medical officers of health, and he puts forward his reasons with cogency and ability. Dr. Farquharson thinks that no one would attempt to argue against the theoretical advantages of regular school inspection by properly qualified medical men, but he anticipates practical difficulties, the crude solution of which has been already stated. There is a two-fold advantage obvious here; it will create a strong moral support for teachers, and at the same time ensure that due weight will be given to hygienic questions, whether applying to individual scholars or to the school as a whole. Dr. Farquharson has laid down very practical lines on which to run such an innovation, and we can commend his words to the serious consideration of the community at large.

PRIVATE LUNATIC ASYLUMS (IRELAND) BILL.

THIS Bill is backed by Messrs. Corbet, Blake, Dillwyn, Dawson, and Power. Its aim is to repeal the Act 5 and 6 Vict., cap. 123, which provides for the reception of insane persons in "licensed houses kept by any persons for private gain;" and instead it proposes that asylums for pay-patients be provided by order of the Lord-Lieutenant in Council for which money shall be advanced by way of loan from the Church Surplus Fund. It is further provided that the Commissioners of General Council shall be appointed trustees for the purposes of the Act, that the Lord-Lieutenant in Council shall nominate and appoint all officers, frame rules, and prescribe the system of accounts and records for each asylum. In addition the inspection of such asylums, and the forms of admission and discharge have been made the subject of clauses intended to be exhaustive and sufficiently protective of the liberty of the subject.

The Bill is short, evidently the progeny of a single idea, and that idea the hackneyed one of the abuse of private asylums. It is by no means far reaching or far searching, and it does not indicate any very practical acquaintance with asylum administration on the part of the promoters. Great things are done for Ireland nowadays. If this Bill becomes law we fear it will raise a host of grievances, for the question of compensation is resolutely ignored. We hope to see a Bill which has been well considered, and takes a wider grasp, discussed in Parliament before long, but not a Bill which merely nibbles at the private asylum question, and that same very imperfectly. So far as we have been able to gauge it, the feeling in Ireland is that the State should have charge of all lunatics, and, therefore, without implying any want of confidence in private asylums that they ought

to be abolished. But the proposal to do so without compensation is looked upon simply with contemptuous indifference. The moment anyone makes such a proposal *au sérieux* the whole profession will be in arms.

SUPERANNUATION OF ENGLISH POOR-LAW MEDICAL OFFICERS.

THE following address by the English Poor-law Medical Officers' Association to the President and Fellows of the Royal College of Physicians and Surgeons of London, and to the Master and Wardens of the Apothecaries' Society has been sent us for publication:—

GENTLEMEN,—We have been deputed by the Council of the Poor-law Medical Officers' Association to apply to you under the following circumstances:—

In the year 1870 an Act was passed called the Poor-law Medical Officers' Superannuation Act, whereby it was enacted that on and after a given date Boards of Guardians might at their discretion grant Superannuation allowances to Poor-law Medical Officers who had been in office a certain term of time, or who had reached 60 years of age, or who not being of that age were incapacitated by infirmity from performing their duties with efficiency.

Under the provisions of that Act some of the members of the Poor-law Medical Service have been granted Superannuation allowances, but owing to the fact that the Act is merely permissive, many aged and indigent members of the profession who, after holding office for periods varying from twenty to forty years, have been refused by the Board they have faithfully served, any superannuation allowance whatever. In some instances the refusal has been accompanied by an offer of the workhouse or out-door relief.

Many of these aged and broken down Poor-law Medical Officers have in consequence been compelled to apply to be pensioners of the Medical Benevolent College, or recipients of the bounty of the Medical Benevolent Fund.

We believe that it was the intention of the Legislature on passing the Poor-law Medical Officers' Superannuation Act that all Poor-law Medical Officers who had complied with the conditions contained in the Act should receive superannuation allowance; but as the Act has materially failed in such respect we have to respectfully ask you in your corporate capacity to memorialise the Local Government Board and to petition the House of Commons praying that the Act should be amended so as to render its permissive clause compulsory.

We would respectfully point out that a precedent for such action exists in Ireland, where the Colleges of Physicians and Surgeons have severally memorialised the Local Government Board, Ireland, and the House of Commons, in favour of a Bill having such object in view for the benefit of the Irish Dispensary Medical Officers.

We are, Gentlemen,

Yours obediently,

JOSEPH ROGERS, Chairman.

J. W. BARNES, Hon. Secretary.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, APRIL 28TH.

The President, Sir ANDREW CLARK, Bart., M.D., LL.D., &c., in the chair.

Mr. F. J. GANT on a case of

EPITHELIOMA OF THE TONGUE INVOLVING THE FLOOR OF THE MOUTH, LEFT TONSIL AND SOFT PALATE.—REMOVAL BY THE BUCCAL OPERATION.

In the case to which this paper relates the principal points of importance are—the unusual extent of the disease for which the operation was performed; and that the method by buccal incision offers the only, or the readiest way of removing the tongue and adjoining parts involved, in order to extirpate the whole of the disease, under these exceptional circumstances. The question is also raised as to the desirability of reaching

the tongue through the cheek in all cases. Having related the history of the case, the operation, as performed with the chain-écraseur, is fully described. The above propositions are then considered.

Mr. JESSETT asked if Mr. Gant always preferred the écraseur to scissors in such cases. He considered, himself, that Whitehead's operation afforded sufficient access to the tongue without adding the extensive cheek wound of the buccal method, which, moreover, could still be subsequently made if the case required it. The use of scissors did not entail the extensive slough following employment of the écraseur, and the difficulty of arresting hæmorrhage had been exaggerated, the lingual artery being easily seized on its division.

Sir ANDREW CLARK inquired if Mr. Gant considered there was a causal relation between the decayed molar tooth described in the paper as present in the mouth of the patient, and the existence of the disease. If so, what was its nature?

Mr. GANT replied that he only mentioned the tooth in a relationship of contiguity with the epithelioma, and because the patient had associated it as a cause with the condition of his tongue. Mr. Jessett's criticism had gone to the root of the paper. There were four modes of operating in such cases. That introduced by Paget rendered Whitehead's modification an unnecessary addition to surgery, since if the former was impracticable, the latter possessed no advantages over it to entitle it to be resorted to. The oral operation was attended with the disadvantage that it did not admit of far spreading disease, such, e.g., as that of the tonsil and soft palate being reached in cases where the full extent of injury had not been previously ascertained. It also offered difficulties in the way of controlling hæmorrhage if the loss of blood was at all excessive, and proceeded from arteries situated out of reach. Similar objections could be urged against Nunneley's operations, while Regnoli's method, although attended with lesser risks from bleeding, did not admit of excision of the whole tongue, if found requisite. Syme's method was altogether obsolete; and any case that necessitated the complication of a compound fracture of the lower jaw, in order to reach and remove the disease as in Syme's operation, could not be one for legitimate surgical treatment. None of the objections cited, however, attached to the buccal operation.

Mr. TURNER on a case of

GLUTEAL ANEURISM.

Samuel P., æt. 51, coachman, was admitted into the Seamen's Hospital, Greenwich, on September 17th, 1883. He had been previously under the care of Mr. Roper, of Lewisham, from whom the following history was obtained:—On September 5th the patient was thrown out of a pony carriage, and when seen by Mr. Roper, was found to have a scalp wound exposing bone on the right side of the head, and a contusion of the back, right hip, and buttock. He did well till September 14th, when, without leave, he got up. On getting back into bed he felt something snap in the right buttock. Immediate swelling came on, and when Mr. Roper saw him this swelling had most distinct pulsation. Ice was applied locally, and in two days the pulsation ceased and the tumour became hard and painful. On his admission into the Seamen's Hospital the integuments over the swelling were inflamed, and there were marks of fading bruising extending over the buttock up to the scapula. No pulsation or thrill in the tumour, which measured some eight inches by six. The man had been a hard drinker, probably had had syphilis, and both radial and temporal pulses were atheromatous. There was some slight fever on his admission. This subsided after a few days' rest, and the condition of the integuments became less inflamed. The tumour, however, became larger, and fluctuation marked. At one place the skin, on September 30th, was prominent and thinned, the superficial inflammation returned, and the temperature rose again. On October 9th, it was evident a portion of the skin had lost its vitality, and that the tumour was on the point of bursting. Exploratory puncture with a fine trochar showed that the superficial part of the swelling was solid, and gave rise to a flow of bright arterial blood from the deeper part with no relief to the tension. On October 10th the patient was put under ether, the sac of the aneurism laid open from end to end, and more than 42 ozs. of disintegrating blood clot turned out. An oval aperture about the size of a split pea was found in the gluteal artery just as it

left the pelvis. A carbolised silk ligature was placed on either side of this, and tied. The vessels were diseased. During the operation the rectal lever was used, and but very little blood, except that in the sac of the aneurism, was lost. Previous examination by the rectum showed the swelling was extra-pelvic. The gluteus medius, minimus, and the external rotators of the thigh were exposed at the bottom of the sac. The gluteus maximus was completely destroyed. The wound was plugged with a carbolised sponge, and dressed with carbolic gauze. The man did well for eight days, when tetanus attacked him, and he died exhausted on the eleventh day. By that time the wound was granulating healthily; all the sloughs had separated, and all ligatures had come away. No injury to the gluteal nerve could be detected. At the operation the vessel was completely isolated, and seen perfectly before ligature. No post-mortem examination could be obtained. The diagnosis in this case presented no difficulty, although, but for the history, the swelling at one time might have been mistaken for an abscess. It bore no resemblance to tumour of bone. At first it seemed possible that a natural cure would result, and it was not until the tumour was on the point of bursting that operation was undertaken. As the danger of secondary hæmorrhage is so very great, laying open the sac was delayed as long as possible. The rectal lever proved most efficient and should be superior to an abdominal tourniquet in such cases. Since Mr. Holmes's lectures in 1874 two cases of gluteal aneurism have been recorded—one by Mr. Hussey, of Oxford, in Vol. XIII. "St. Bartholomew's Hospital Reports," in which death occurred from secondary hæmorrhage on the sixteenth day after laying open the sac; and another by Dr. Sands, of New York, in the *American Journal of Medical Science*, April 1881. Examination by the rectum in this case showed the sac to extend into the pelvis, and the internal iliac artery to be diseased. Pressure was made by the hand in the rectum on the common iliac vessels on two occasions for 1½ and 3¼ hours, and caused on each occasion some clotting of blood in the sac. Eventually, however, the aneurism resumed its former condition, and in spite of instrumental pressure the patient was discharged in the same condition as on his admission.

Mr. PICK extolled the rectal lever, which he regarded as a most efficient instrument for controlling hæmorrhage, and thereby robbing the operation for gluteal aneurism of half its horror. With its aid the procedure was much simplified, and after clearing out the clot in the tumour the artery could be readily found and tied. Having witnessed Mr. Turner's operation, he could say with certainty that the gluteal nerve had not been included in the ligature with the artery. He thought it might have been well, however, to divide the artery, leaving two ends, instead of following Mr. Turner's plan. In the case of a punctured wound of the temporal artery in a child, attended with repeated secondary hæmorrhage this mode of dividing had proved very successful in permanently staying the loss of blood.

Mr. HOLMES remarked on the importance of the case, gluteal aneurism being of such rare occurrence. He had never seen a case, and of those he had been able to collect, but few were really cases of such aneurism; they were rather, as a rule, traumatic blood tumours surrounded by a sac. There could be but small hope of curing a case in which a wounded vessel existed without a sac, the formation of which constituted the first step towards recovery. Operation afforded the only chance in Mr. Turner's case, and the success to be obtained in such instances depended on many different circumstances, such as the condition of the vessels, this being very unfavourable in the case under discussion, constitutional state, &c., &c. Division of the artery would have been of very doubtful advantage, as even this proceeding would not have afforded protection against secondary hæmorrhage. The principle of arresting bleeding from a punctured artery by completely dividing the vessel, was formerly recognised on the practice of bleeding from the temporal, the artery having been first opened by a puncture, and when sufficient blood had been drawn, its flow was at once arrested by cutting the vessel right through. The position of the arterial wound with respect to the pelvis, whether in or outside, that is, had been rendered easy of detection, by introduction of the mode of rectal exploration with the entire hand. If intra-pelvic, then it would be rash to lay open the tumour, as ligation of the common or internal iliac would be needed in such a case. The rectal lever was by far the most efficient means at hand for controlling bleeding in these cases, and how grave the

danger attending the opening of a gluteal tumour might be, could be appreciated from Bell's account of the operation. It was to be regretted that no post-mortem examination of the body had been made, although it was clear that the gluteal nerve had not been ligatured. It must, however, have been much irritated, and so conducted to the resulting tetanus. Many so-called gluteal aneurisms were not related to the gluteal artery at all; specimens existed in the museum of the College of Surgeons, in which the pudic artery, and others, in which branches of the gluteal were involved. In all, however, it was vitally important to restrain the bleeding point, and in this connection, it should be remembered that Lister's tourniquet was not only very apt to slip, but necessitated an amount of pressure of which the symptoms were almost as bad as those following hæmorrhage.

Mr. H. MORRIS thought it was quite unnecessary to consider the gluteal nerve in relation to the tetanus, because numerous other nerves, including the sciatic, must have been subjected to tension and damage. It might become a question why Mr. Turner had so long delayed to operate. There seemed to be general hesitation to resort to interference in such cases, however, and, especially when carotid aneurism was in question.

Mr. TURNER admitted that it might have been advisable to divide the gluteal artery; but he reminded Mr. Pick that the suggestion of the latter to that effect had been made during their return to town *after* the operation. Published cases of gluteal aneurism were those in which a wound or stab had caused the injury, and in such, immediate opening of the tumour was desirable. In his own case, operation was deferred because on admission of the patient spontaneous cure seemed to be in progress. Later on, the aneurism seemed to be undergoing extension, and then operation was delayed only long enough to permit of remission of feverish symptoms.

Mr. ARBUTHNOT LANE read an account of a case of

EXTENSIVE THROMBOSIS FOLLOWING FRACTURE OF BOTH BONES OF THE FOREARM.

On the 9th November of last year the patient fell heavily on her left side down some steps, breaking both bones of the forearm, the ulna at its centre, and the radius at the junction of the middle with the lower third. There was much displacement of the radial fragments. The shoulder and arm were also much bruised. The swelling subsided within a few days, and the arm progressed very favourably till the 29th November, when sub-inflammatory oedema of forearm set in and extended into the upper arm. It was accompanied with much pain and tenderness, especially along the front of the forearm and course of the brachial vessels. It almost completely subsided, only to reappear more extensively on December 21st, accompanied by still greater pain. It again subsided, and again returned on January 5th. This time it extended up to the shoulder. She had now great pain in the neck and above and below the clavicle. By the 15th January the left side of the chest, neck, and face were much swollen and were extremely painful. There was also severe headache in the left side of the head. She was very prostrate. Dr. Carrington, who saw the case with him at this time, also felt no doubt that the thrombosis had extended along the subclavian to the innominate and internal jugular veins, and a rapidly fatal termination was feared. However, the swelling slowly subsided from the left side of the face, then from the neck, and then from the side and upper arm, and by the 6th February it was limited to the forearm and lower third of the upper arm. On the 9th February she had a recurrence of the swelling which extended to the side and neck, with pain and tenderness. This subsided, so that she was able to get about and commence to use her hand and arm which was progressing very favourably. The radius has, however, not united by bone. On April 1st, without any apparent cause, a rapid and complete recurrence of the swelling took place, not, however, being accompanied by the same very great pain, nor with such severe headache. The left side of the face was much swollen, as was the neck and side. This swelling of the face and neck subsided, leaving by the 10th April the left side and back of the chest about two inches larger than the right, and the left arm a good deal swollen, so much so that she could not use it. There was a firm resistance along the left internal jugular. She continues to improve steadily.

Mr. HOLMES said the late Mr. Callender had pointed out the influence exerted on union of bones by injury to large

veins, the blocking of which might even completely prevent such union. Was union ultimately obtained in Mr. Lane's case?

Mr. LANE replied in the negative, and that it was likely such union never would occur.

DISLOCATION OF THE ELBOW BACKWARDS, WITH FRACTURE OF THE CORONOID PROCESS.

A paper with this title, by Mr. H. A. Lediard, of Carlisle, of which the following is an abstract, was read by Mr. R. J. Godlee:—A young fisherman, æt. 28, fell whilst wrestling, his hands touching the ground in the prone position with the arms extended. He heard a distinct snap. After undergoing a course of unsuccessful manipulation by a bone-setter, he was admitted into the Cumberland Infirmary with displacement of both bones of the forearm backwards, causing almost complete inability to produce either flexion, pronation, or supination. Concomitant fracture of the coronoid process being diagnosed, excision of the joint was performed. The patient was well in a month, the movements of the new joint progressing satisfactorily. The specimen (which was exhibited) showed that a considerable piece had been broken off the coronoid process, the fractured surface having eroded and polished the posterior surface of the trochlea. The head of the radius lay behind the capitellum, the sigmoid cavity in its centre being filled up with a semi-fibrous mass, which would have formed an insuperable obstacle to the reduction of the dislocation. A small chip of bone was found adherent to the capitellar surface of the humerus, possibly a part of the fractured process. The opinions of most authors agree in regarding this injury as extremely rare. In two cases, however, in which dislocation of the radius and ulna recurred after reduction, Mr. Lediard had been able to diagnose fracture of the coronoid process, in addition to the displacement.

Mr. GODLEE considered it was doubtful if the point of bone described as the coronoid really was that process.

Mr. HOLMES said surgeons varied in opinion respecting the rarity of the accident involving fracture of the coronoid in backward dislocation of elbow. He mentioned the well-known specimen in St. George's Hospital museum, obtained from a boy, who fell from a height and dislocated both elbows, fracturing each coronoid at the same time. Another case, under his own care, was that of a man suffering from dislocation of the radius and ulna. The limb was flexed, and the dislocation easily reduced, but would not remain so. Crepitus was distinct, and there was no doubt that fracture of the coronoid had occurred also. He quite agreed with Dr. Lediard's explanation of the case read.

Mr. GANT thought the injury a very rare one, and that the case was an admirable one for excision. He knew of no apparatus capable of maintaining reduction in such cases.

Mr. MORRIS suggested that when the brachialis anticus muscle drew up a fractured coronoid process, evidence of the fact would be obtained in the presence of a hard lump on the upper arm. At the same time, too, fracture must have occurred very low down, owing to the insertion of the muscle being at the very base of the process. The rarity of such accidents might be explained on the ground of their being difficult to diagnose. He had seen but one himself of this nature.

ACADEMY OF MEDICINE IN IRELAND.

SUB-SECTION OF ANATOMY AND PHYSIOLOGY.

A MEETING of the Sub-Section of Anatomy and Physiology was held at the Royal College of Surgeons, Prof. J. MALLER PURSER, President, in the Chair.

Mr. J. FREEMAN KNOTT, hon. sec., read the minutes of the previous meeting, which were confirmed.

MICRO-PHOTOGRAPHY.

Dr. SCOTT exhibited specimens of micro-photography, and the camera by which they were produced. Seeing Dr. Dickenson's instrument at the previous meeting, he thought it was a very good one, but too expensive, and he devised the camera himself by which the photographs exhibited were produced. The instrument was so simple and cheap that anybody possessed of a penknife and the lid of a cigar box could, with a little mechanical skill, make one for himself. The photographs proved what the instrument could accomplish. Sections of the gastric glands and duodenum were sufficiently sharp as to bear enlargement to diagram

size for a lecture theatre. Practically the working of the camera was on the same principle as that shown by Dr. Dickenson. In Dr. Dickenson's camera there was an arrangement for sliding the ground glass in and out of its place. In this one, however, the sensitive plate was simply laid in the place previously occupied by the ground glass. The removal of the camera from the microscope proved not to alter the focus. In this way, after an exposure of two minutes, he took pictures.

The PRESIDENT asked whether there was any risk of the light getting in at the side, and whether the pictures exhibited were taken by daylight?

Dr. SCOTT—No; but by a 4-inch paraffin lamp, not even a duplex. I have not found the slightest difficulty about the admission of light.

Mr. ABRAHAM inquired what kind of stains Dr. Scott found most suitable?

Dr. SCOTT, in replying, said, speaking from a photographic point of view, he thought red stains were the best, such as carmine, which brought the stained portions out perfectly black and sharp. A blue stain or even a colourless object, if sharp, like a diatom, carefully treated came out well. If a section was very thin, it had better be stained with some red dye, but he had photographed a colourless diatom by the camera sufficiently sharp to bear enlargement up to 10,000 diameters. One of the enlargements exhibited was 1,500 diameters and yet sufficiently sharp for a lecture theatre.

Mr. ABRAHAM said the photographs were very sharp, so that the method of producing them was a very good one, and therefore of great advantage to pathological and microscopical observers.

NOTE ON AN EPIPHYSIAL LAMINA ON THE BASI-OCIPITAL BONE OF AN AMERICAN TAPIR.

Mr. P. S. ABRAHAM, in his communication, stated that on examining the skull of a young American tapir which died last year in the Zoological Gardens in Phoenix Park, a well-defined sutural line, situated near the anterior border of the basi-occipital bone (bordering upon the junction with the sphenoidal bone) on the superior surface was observed. On applying the point of a knife, a thin lamina of bone was prised up. In position and appearance it bore a strong resemblance to an epiphysial ossification, and reminded him of the ring-like epiphysis often connected with the vertebral centre. It is so closely oppressed, and evidently beneath the level of the periosteum, that he did not think it to be an accidental ossification of the dura mater; it rather seemed to be of an epiphysial nature. In order to obtain the opinion of the members of the Anatomical Section on the point, he had brought forward the specimen. Seeing that most anatomists now admit the basi-occipital to be serially homologous with the vertebral centre, the observation might be of some interest. Epiphyses ossify late, and may become ankylosed soon. It was possible that this particular one had not been noticed, as not having been looked for in a complete series of the young skulls of various animals. Up to the present he had not succeeded in finding a second example.

Mr. J. FREEMAN KNOTT said the point was a very interesting one to anatomists. The last book he had been reading on the subject was Hanover's, on the Prunorhial Cartilage. This author made two vertebral segments of the basilar portion of the skull, and said that the junction of the vertebral portion was found at the sphenoid-occipital suture. According to this view, Mr. Abraham's epiphysis would correspond to the superior accessory disc of the upper segment.

THE ACCESSORY NERVE OF WILLIS.

Mr. J. FREEMAN KNOTT, in his communication, gave a classified list of the chief varieties in the origin and course of the spinal accessory nerve that had fallen under his observation, and compared them with the published records of other observers. This was followed by a historical sketch of the progress of our knowledge of the functions of this nerve, in which special attention was directed to its influence on the cardiac movements.

The PRESIDENT remarked that François-Franck had experimented on different animals, and believed that in most cases it was utterly impossible to tear out the spinal accessory without injuring the roots of the pneumogastric to such an extent as to spoil the experiment. François-Franck

believed that most of the discrepancies reported were due to this cause.

The Sub-Section then adjourned.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 7, 1884.

THE PATENT MEDICINE ACT AND SALES OF DRUGS.

THE anomalous nature of many of the statutes designed for the protection of the public health, has often engaged the attention of those whose interest has been excited in this direction; but recent events have revealed certain consequences entailed by the working of the Patent Medicine Stamp Act, which for strangeness and inconsistency cannot be equalled. Some time ago we drew attention briefly to this matter, when describing a correspondence between Messrs. Christy and Co., wholesale druggists in the City, and the Inland Revenue Commissioners, relative to the manufacture and sale of menthol. It will be remembered that Messrs. Christy had prepared this drug in the form of cones, consisting of wax to the amount of ten per cent. of the whole, saturated with menthol, and which have been found of high value in the treatment of facial neuralgia. Naturally, in such a case the firm in question did not *protect* the preparation by resorting to the expedient of a Government duty stamp; nor, it may be added, do they in any case affect this mode of sale, no form of so-called patent medicine being ever issued from their establishment.

Accordingly, they were served with a notice from the

Inland Revenue Department requiring them to either withdraw the preparation, or to sell it only with the addition of a patent medicine stamp on every package, the penalty for non-compliance being £10 for every separate parcel sold. Monstrous as it may seem, this proceeding is perfectly legitimate on the part of the Government, to whom the power of insisting on such degradation of *bona fide* remedies to the low level of a patent medicine, is given by the existing Act in all those cases where drugs are sold in any form other than that of absolute purity, without admixture of any description whatever.

On being made acquainted with these facts, which at first sight appeared, very naturally, to be incredible, we resolved to make full inquiry into them and the incidence of a law that permits the probability of such wholesale consequences to druggists and chemists of every description. The result, however, is, that we are unwillingly compelled to admit that a most improper and dangerous power of injuriously affecting both the public welfare and the private interests of chemists, is to be found in the enactment under cover of which Messrs. Christy have been persecuted in the manner alluded to above. It will doubtless be a revelation to many, if not to all, the chemists now transacting an ordinary retail business, to be informed that no single day passes without their being guilty of transactions for which they expose themselves to fines amounting in the aggregate to, possibly, thousands of pounds. Many of this class of dealers, for instance, are accustomed, especially in the poorer quarters of cities and large towns, to sell scores, or it may be hundreds of boxes of ointment, bottles of cough mixture, pennyworths of pills, and packets of powders. *For every individual sale of this description, when the article is unprotected by a patent stamp, a penalty of £10 is incurred.* In order to prove the accuracy of this statement, it is only necessary to quote from the Stamp Act the following passage, which declares that medicines charged with stamp duty include "Foreign medicines of all kinds except drugs, and also all other pills, powders, lozenges, tinctures, potions, cordials, electuaries, plasters, unguents, salves, ointments, drops, lotions, oils, spirits, medicated herbs and waters, chemical and officinal preparations whatsoever, to be used or applied externally or internally as medicines or medicaments, for the prevention, cure, or relief of any disorder or complaint incident to or in any wise affecting the human body, made, prepared, uttered, vended, or exposed to sale by any person or persons whatsoever." It might be urged, however, that this paragraph has reference only to secret remedies the composition of which is not explained on the notice respecting them affixed to the package. Such a conceit is nevertheless shown to be altogether vain, both by the action of the Commissioners towards Messrs. Christy, who published a full description of their menthol cones with each box, as, indeed, is their practice in all cases, and also by a subsequent paragraph in the document we have already quoted from, and which, in dealing with "exemptions," expressly states—"All medicinal drugs whatsoever which shall be uttered or vended entire, without any mixture or composition with any other drug or ingredient whatsoever."

It is impossible in the face of this explicit declaration to avoid the conclusion, even had it not been already practically enforced, that no description of *compound*, though it be but peppermint water, designed to afford relief to a symptom, can be legally sold without the protection of a Government stamp. It is amusing to note the other exemptions mentioned in addition to the pure, unmixed drugs. They are thus given:—"Ginger and peppermint lozenges or any other article of confectionery, unless the person vending the same shall vend the same as medicines or as beneficial for the prevention, cure, or relief of any distemper, malady, ailment, or disorder incident to or in anywise affecting the human body. All artificial mineral waters, and all waters impregnated with soda or mineral alkali, or with carbonic acid gas, and all compositions in a liquid or solid state to be used for the purpose of compounding or making any of the said waters."

There is one other provision in this most curious statute, designed apparently for the utter extinction of the last remaining hope of a harassed chemist, and which effectually removes the possibility of defence on the ground of a general knowledge of the non-occult nature of a compound. It runs thus:—"Or which have at any time heretofore been, now are, or shall hereafter be, by any public notice or advertisement, or by any written or printed papers or hand-bills, or by any label or words written or printed, affixed to or delivered with any packet, box, bottle, phial, or other inclosure containing the same, held out or recommended to the public by the makers, vendors, or proprietors thereof as nostrums, or proprietary medicines, or as specifics, or as beneficial to the prevention, cure, or relief of any distemper, malady, ailment, disorder, or complaint, incident to or in anywise affecting the human body."

We have quoted thus largely from the statute in question in order that no misconception concerning its extent and meaning may be entertained, and with a view to exciting a definite attention to it for the purpose of promoting measures for amendment in all important particulars. As will have been rendered clear, it is no imaginary danger that threatens chemists so long as the Act remains in force. Any one of the class may, to-morrow, be summoned for selling to an informer a single pennyworth of spermaceti ointment, or of cough lozenges; inasmuch as the object of the preparation in either case, is "the prevention, cure, or relief of a disorder or complaint incident to or in anywise affecting the human body." It might, perhaps, be advisable, as a means of stirring general interest in the question, for an informer to make a few purchases of this description, and subsequently lay an information against the chemists from whom the mixed drugs had been obtained. Unpleasant as such a course would of necessity be, it would equally of necessity lead to combined action for the protection of the whole class, by procuring the repeal of what is at present a most unjust and deplorable law, and one calculated to perpetuate the worst evils of quackery. That it has so long been permitted to continue unamended is certainly due to the fact that its provisions have been known to only a few who, like Messrs. Christy, have been subjected to its consequences

or who, in an official capacity, have made themselves acquainted with all that concerns the pharmaceutical calling.

Even medical practitioners, also, may be brought within the influence of the ridiculous penal clauses quoted above; for whoever is accustomed to dispense his own prescriptions must thereby contravene the express directions laid down, unless he retains a supply of patent medicine stamps ready for affixing to each bottle or box that leaves his surgery. It will certainly be a novelty in professional life if, as seems possible, every country practitioner is required to arm himself with a sheaf of these Government protectives against prosecution; but it will be an embarrassing matter sometimes, to appraise the value of a bottle of medicine, as must be done ere the proper stamp can be affixed.

Indeed, the ludicrous side of the subject is as prominent as the grave aspect of it; and however regarded, it is emphatically clear that some immediate steps to remove so gross a potentiality for abuse and degradation ought to be taken; and the most efficient way that can be proposed is the formation of a common league, whose objects shall be to obtain the urgently needed amendments of the Act.

THE SCOTCH CORPORATIONS AND MEDICAL REFORM.

IN a few weeks the revised regulations relating to the conjoined examinations and the course of study required of candidates will be laid before the profession. As far as we have been able to judge, these appear to need little, if any, alteration, and have evidently been framed with a just regard to the present demands of medical education. How they will be carried out is another matter, and time will of course be required before any opinion can be formed with regard to them. It is for us now to show where they may fail. It is proposed that a conjoint board shall be formed of delegates from the three Corporations whose duty it shall be to regulate and fix the periods of examination, to arrange for the visitation of examinations, fix the fees, &c. The Board does not select the examiners; these are to be appointed by the individual Corporations. These appointments, if made as we have recently shown, apparently annually, but virtually for life, will not remove the very state of things which we have tried to expose, and have repeatedly condemned. But the question may arise if the Board elected under the provisions of the Bill now before Parliament would improve matters in this respect. The probability is that a worse conditions of things should be brought about, and that the court of examiners would be packed with relations and friends of members of the Board. It is to be hoped that recent criticisms on the hole-and-corner methods of electing examiners practised by the Corporations will prevent a recurrence of the abuse. It may fairly be stated that the present proposals of the Corporations are as sound as any suggested by the Medical Bill, and it may also be remarked that the weak point in both is the absence of a constant visitation of the examinations. Without this no

guarantee can be given that the standard of examination will be maintained under either Board, that of the Corporations or that of the Bill. The perfection of the Conjoint Corporation Scheme would be ensured by inspectors appointed and paid by an enlarged and representative Medical Council being present at every examination. The system of sporadic visitation is absurd, the only result being a periodic slaughter of candidates as a proof of the stringency of the examination. The cry for legislation is to a great extent based on the statement that the Scotch Corporations are too lax in their examinational tests, and it has also been suggested that the cry has been intensified by the jealousy felt by the English Corporations, due to the fact that such a large number of students come to Edinburgh to qualify. Be this as it may, the Scotch Corporations are justified in retorting that they consider their examinations quite good enough to supply their home wants, and that if candidates come from other countries they are not to blame. Looked at with every wish to be fair and just, the conjoint scheme with the regulations proposed by the Corporations for medical education appears as good as that suggested in the Medical Bill, while they both are weak, as before referred to, in the provision for the visitation of examinations. We have not touched the question whether the Universities should be included in the conjoint scheme. To apply the same rules to the Universities of Scotland and of England would not be fair. The English Universities turn out so few graduates annually that the competency or incompetency of these is of comparatively little moment; but with regard to the Scotch Universities the question is different. It may be fairly argued that they have to some extent levelled downwards, and that the teaching in them does not quite come up to the ideal University type, but it can never be said or even suggested that they do not turn out men as good as any one-portal system can hope to do.

HOPE AS A REMEDY AGAINST DISEASE.

IN commenting upon Dr. J. Mortimer Granville's letter to the *Times* (*Med. Press*, p. 387), we had no desire to charge that gentleman with plagiarism, but simply to note how closely two minds could think and express themselves alike upon the same subject, and at the same time, independently of one another—a strong proof, we take it, of the great importance of the subject dealt with. We regret that Dr. Granville is not of one mind with us as to the necessity of great caution in the choice of topics suitable for writing upon in the columns of the lay press, when the writer's own name and address are appended thereto. We should not have had much fault to find had his letter appeared under some such signature as "A Consulting Physician," but we still think that the connection of his name and address with such a subject, and such a manner of treating it, cannot, upon calm reflection, commend itself to Dr. Granville's own approval. We cannot bring ourselves to believe that he would approve of medical men throughout the country writing to their local press, advocating or deprecating certain forms o

treatment, denouncing the conduct of others, and by contrast commending their own; yet this is what would surely take place if his example is to be followed and approved. The evil Dr. Granville complains of in his letter to this journal last week is certainly a grave one, and one deserving of our best efforts to do away with, but we are convinced, that sowing distrust in the minds of the public generally as to the reliability of medical skill, and the soundness of medical opinion, is not the best method of accomplishing the object he has in view. Like a two-edged sword, the remedy would cut in opposite directions: some might be gainers by setting their medical adviser's opinions at defiance, but beyond a doubt, others would be the sufferers from carelessness of the warnings they had received, and neglect of those proper measures and precautions which experience teaches are essential to their safety and restoration to health. Surely Dr. Granville does not wish to lay it down as a broad rule, to be observed by the public, that when, after careful examination, they have been pronounced the subjects of "tubercle, cancer, heart or kidney disease," they are at once to set their medical adviser at defiance, neglect all forms of treatment, and follow out any line of life they please, going in for high living, hard drinking, late sittings, exposure to every vicissitude of weather, and violent exercise, as affording them the best chances of a prolonged life. We grant that there are *some* cases that do bear, and will bear, such a course of treatment with benefit, but they are by no means in the majority; those that bear it are cases in which the disease is not of a very pronounced type, and in which hope and enjoyment in life are almost sufficient to trample upon the efforts of disease.

We need scarcely say that we are gratified by Dr. Granville's approval of what we have written, and he may safely accept our assurance that we have no desire in any way to hurt his feelings. In reference to his letters, we hold the opinion strongly that it would have been far better to have withheld his name and address, and thus avoid the appearance of bringing his own opinions into favourable contrast with what he declares to be the procedure of but too many of his professional brethren. We do not for a moment say that he meant in any way to advertise himself at the expense of his brethren, but there is no getting over the fact that the course he has adopted is open to such an interpretation. In our opinion, the best and wisest course to take is, to impress upon our brethren the error they make in shutting out "Hope" from the minds of their patients, and thus depriving themselves of a powerful ally in the treatment of disease. This seems a wiser course to pursue than to sow the seeds of distrust in the minds of the public, who are but too prone to fly to extremes under the influence of such teachings, and who are not best qualified to judge of what Dr. Granville's real meaning may be. We are satisfied that in nine-tenths of the minds of those amongst the laity who have read his letter the first thoughts have been, "A very sensible letter, a very sensible man; that is the man I shall consult if anything is wrong with me."

We have no hesitation in saying the views expressed are most sensible, and are sure that they are a just reflection of their author's mind; further, we are sure that Dr.

Granville is a safe and most trustworthy consultant, in whom, those amongst his professional brethren, and amongst the public generally, who benefit by his experience and opinion, have every good reason to trust; the only points of difference between us are, that we cannot look with approval upon the publication of such a letter in the columns of the lay press with his name and address attached; nor are we altogether convinced that he is quite loyal to his professional brethren in directing his efforts to educating the public in the direction of a contemptuous indifference or disregard of their medical adviser's opinion, where an adverse prognosis has been given, rather than to educating the members of the profession to a more hopeful spirit in their dealings with their patients, and to a horror of fixing a limit to the recuperative powers of Nature or the beneficial results of treatment. We are hopeful, that, upon reconsidering our views, Dr. Granville will be inclined to agree with us, and at least credit us with honest criticism.

Notes on Current Topics.

Cholera on board H.M.S. "Croccodile."

A COMPLETE history of the recent outbreak of cholera on H.M.S. *Croccodile* has yet to be given. No doubt the occurrence will in due course become the subject of official inquiry, and it is hoped that the results of that inquiry may be made public. For the present the chief points to be noticed in connection with that outbreak are the following:—The passengers, consisting for the most part of invalids and time-expired men, embarked on board the *Croccodile* at Bombay on the 2nd April, and on the day following the vessel sailed. In this interval a warrant officer died on board, the assigned cause of his death, *diarrhœa*. Subsequent deaths from cholera occurred as follows, namely, one on the 8th, one on the 18th, three on the 20th, and one on the 24th. The dates of attack are not given. "Several" cases of *choleraic diarrhœa* meantime occurred. Three soldiers, four children, and one lady, the wife of an officer, died during the passage to England, their deaths not in any case being due to cholera; and on the arrival of the transport at Portsmouth on the 29th of April the official report given in stated that the latest attack of cholera took place on the 20th of that month.

From these particulars several questions of importance in relation to the outbreak present themselves. For example: In what respect other than in degree did the fatal case of *diarrhœa* and the others, said to have been of *choleraic diarrhœa*, differ from those of *cholera*? Did the first-named victim suffer from his disease at the time he embarked? and if so, had he come from an infected locality, or had he been in contact with an infected person? How far had medical treatment an influence in preventing cases of *choleraic diarrhœa* from developing into pure *cholera*? If it had such an influence, what were the therapeutic measures employed? Were there any other cases of *cholera* except the six in which death occurred? In the absence of particulars on this point the death-rate seems excessive. We willingly accord every credit to

the zeal with which "the most vigorous precautionary measures to arrest and stamp out the disease" were taken by the responsible medical officer on board. As a simple matter of history the circumstance is noteworthy that the usual period an outbreak of cholera lasts on board ship at sea is ten days, although in some instances it is considerably longer than this; yet notwithstanding all the measures above alluded to, the actual persistence of the disease in the *Crocodile* was seventeen days at the very least.

Pure Milk.

THE advantages of a pure milk supply can only be obtained under conditions which, until very recently, have not existed except in country districts; and even there, in those establishments only where the importance of sanitary precautions have been understood. Now, however, most large towns possess one or more centres of milk distribution, the arrangements of which have been devised, and the service of which is carried out, with every regard for the purity of the milk supplied, and the cleanliness of every article with which it comes into contact. Of the establishments of this description in London the youngest is the South Metropolitan Dairy, at Brixton, an opportunity of inspecting which was offered to all interested in the question of a pure milk supply, on Saturday last. The proprietors of the dairy, Messrs. Nash and Stephenson, have expended a considerable sum in transforming the premises they occupy into a model dairy, where they carry out the process of separating cream from milk by Laval's rotary separator, and where complete arrangements have been made for storing large supplies of milk, butter, and cream, and for distributing these articles. An admirable system of drainage has been carried out, whereby any possible contamination of the milk from this too frequent source of evil is made absolutely impossible; and an ingenious method of cleansing all milk cans, pails, and utensils by means of a steam blast, ensures the cleanliness of every receptacle employed in the business. The milk is obtained from distant country farms, under regular inspection; and judging from the samples exhibited to visitors on Saturday it is most excellent in quality. It is much to be desired that establishments like this South Metropolitan Dairy shall rapidly multiply in our midst; the improvement they tend to produce in the bills of mortality, amongst infants especially, is not the least of the benefits they confer.

Cremation.

AFTER several years of desultory consideration the cremation question has at length assumed the dignity and dimensions of a Parliamentary Bill, and under the protection of Dr. Cameron was, on Wednesday last, introduced into the House of Commons, on second reading of a measure for legalising the process. The numbers voting, for the Bill 79 to 149 against it, will probably surprise even those who were most sanguine of the result. They certainly indicate a fast growing opinion favourable to a scientific method of disposing of the dead; and probably the fearful truth enforced by rapid extension of dwellings on every side of suburban cemeteries, has done more than any amount of persuasion to convert public

opinion to an appreciation of the things that must be. It is, however, a little disheartening to observe a disposition to favour the notions of antiquity on the part of great officers of the State; nor when, as appeared from Sir William Harcourt's remarks, they incline to meet a demand for hygienic reform by irrelevant suggestions of absurd possibilities, is it a cheering indication of interest excited in the question at issue. Notwithstanding the opposition to the Bill, however, the friends of cremation may fairly claim to have gained a great success in obtaining the votes of seventy-nine legislators on behalf of the proposed reform. It is, also, an open secret that this number by no means exhausts the members of Parliament who are favourable to cremation, a good many having, through absence and other causes, been prevented from dividing on the Bill. With the encouragement afforded by this latest success, the agitation in favour of cremation cannot fail to make a great advance between this and the next occasion on which the House of Commons will be asked to assent to the regulation of this mode of disposing of the dead. Fortunately it does not require to be legalised, the law having already declared it to be no offence to cremate a dead body "with due regard for public decency." The English people, however, are eminently a law-abiding people, and will not kindly regard any system, whether for burying the dead, or for promoting the comfort of the living, to which a Parliamentary sanction has not been given. To obtain this for their plan is now the first aim of cremationists; and there is very good reason to hope that it will not be very long ere the efforts made in this direction will be completely successful.

The Diseased Meat Trade by the Dublin Guardians.

IN noticing in our last issue the abominable traffic in diseased meat for the use of the Dublin poor carried on by the Guardians of the Dublin Unions, we did the Local Government Board an injustice, which we are anxious publicly to correct. Being aware that the proceedings of the Guardians generally are under the special supervision and control of the Board, we complained that they permitted this disgusting traffic to continue, and we placed on them the responsibility of allowing it to proceed without official remonstrance. We find, however, that the administration of the Contagious Diseases (Animals) Act is not under the control of the Local Government Board, but is exercised by the Guardians, subject only to the authority of the Privy Council in Ireland. Something has indeed been done by the Local Government Board to discourage this traffic, for in October, 1882, Dr. MacCabe, inspector for the Local Government Board, held, at the request of the Privy Council, a long inquiry into the matter, and submitted a report, in which he expressed the opinion that it was undesirable to confer on veterinary inspectors the power to put pleuro-pneumonic meat on the market for consumption by the poor.

The facts connected with this trade in diseased meat by the Guardians are simply inconceivable. From the 20th July, 1882, to the 5th April, 1884, 879 animals had been slaughtered for pleuro-pneumonia in the South Dublin Union alone. Of these 155 were sent to the knacker, and

the remaining 724 were sent to the butcher, for which an average of £5 14s. per head was received. The profit on the sale of this carrion was therefore divided between the skink-butcher and the Guardians in the proportion of about 70 per cent. to the former and 30 per cent. to the Guardians. Out of the latter item must, of course, be deducted the expense to the Guardians of medical attendance and burial of the victims to whom the trading co-partnership sold this poisonous food, and who died of irritant poison in consequence. It is still more incredible that the expenditure under the Contagious Diseases (Animals) Act in Dublin alone is six times as great as the combined outlay of London, Birmingham, Liverpool, Manchester, Edinburgh, Glasgow, and Belfast. The following are the astounding figures :—

Expenditure on Cattle Disease Prevention.

Liverpool	...	...	£190	per annum.
Birmingham	...	...	800	"
Manchester	...	...	20	"
Edinburgh	...	...	464	"
Glasgow	...	...	582	"
Belfast	...	...	180	"
London	...	...	0	"
Total	...	...	£2,236	
			Dublin, £12,734!!!	

The Asclepiad.

NUMBER II. of Dr. B. W. Richardson's periodical work contains several papers of exceptional interest from their practical nature, as well as an eloquent and appreciative essay on "An Æsculapian Poet, John Keats," to which is appended a beautifully engraved steel portrait of Keats. Dr. Richardson expresses an unbounded admiration, not alone of Keats' poetical genius, but also of the capacity he evinced for the practice of the medical profession; "if Keats," he asserts, "had once tasted the true spirit of medicine, he would have become one of her greatest sons, an addition, perchance, to the eight or ten of the men of all time whom medicine claims as her own, her poets of Nature, like Keats himself, and in their way poetising in undying thoughts if not in measured lines." For the busy practitioner a collection of *opuscula practica* will be found to possess much practical usefulness, especially two notes, one on temporary preservation of post-mortem specimens, and the other on crushed ice and lard in the treatment of burns. A clinical study of aneurism of the coeliac axis is a carefully-written contribution to the literature of this branch of medicine; and a paper read before the Society of Arts recently on the reconstruction of London will engage at once the sympathies and thoughts of a good many smoke-wearied dwellers in the great metropolis. We cordially welcome this continuation of Dr. Richardson's original venture.

AN American contemporary says that a bill to regulate the practice of medicine and the sale of medicines in Utah was recently passed by the Legislature, but vetoed by the Governor, at the solicitation of certain patent medicine proprietors.

Buddhist Medical Jurisprudence.

THE meddlesome busybodies who seek to obtain the repeal of that useful and valuable enactment for the prevention of a transmissible disease may take a leaf out of the book of the "Allwise Buddha." The Buddhist law is significantly stringent on the point, so much so that, according to Jardine's translations of the Burman's law of "Marriage and Divorce" we observe that, should a man or woman unwittingly marry into a family afflicted with certain hereditary diseases, as leprosy, cancer, syphilis, madness, &c., which in the Dhammathat relating to marriage are collectively designated "*hinaroga*, or wasting diseases," he or she may sue out a divorce. Buddhists are taught to believe that, not only will the children of diseased parents inherit a transmissible disease, but that the husband or wife will contract the same by association—living together under the same roof. Doubtless the Buddhist law is an effective one for stamping out hereditary disease.

The Election of Examiners at the Royal College of Surgeons, Ireland.

THE annual election of the three courts of examiners, surgical, midwifery, and preliminary, took place on Tuesday afternoon, too late for us to announce the result in this issue. For the court of examiners for the Licence and Fellowship, nine new candidates presented themselves, while the outgoing members also offered themselves for re-election. The new candidates were Dr. Kilgariff, of the Mater Misericordiae Hospital; Dr. Franks, of the Adelaide; Dr. Ormsby, of the Meath; Dr. Boyd, of the Mater Misericordiae; Dr. Hayes, of Stevens's; Dr. Gogarty, Dr. C. H. Robinson, and Dr. P. C. Little. For the ophthalmic examinership Dr. Swanzy submitted his claims.

Transplantation of Healthy Skin in Lupus.

THE *Monatsh. für Prakt. Derm.* reports that Hahn has scraped out lupus-tissue and transplanted healthy skin to the fresh wound in five cases with good results. The patients were anaesthetised, and, after the scraping was finished and the bleeding arrested, which sometimes recurred after a few hours, the whole wound was covered by portions of skin about half a centimetre long and a quarter centimetre broad, the portions consisting only of cutis and epidermis. Under iodoform bandage, complete union of the transplanted portions occurred mostly in from five to eight days. A year had elapsed since the treatment of the first case, the cure being so far permanent, and no relapse having occurred.

WE are informed that the honorary title of M.D. of the St. Louis College of Physicians and Surgeons has been conferred on Mr. Gay, F.R.C.S., of London, "in recognition of his distinguished services to surgery."

WE regret to announce the sudden and unexpected death, last week, of Dr. Andrew Whyte Barclay, consulting physician to St. George's Hospital, and treasurer to the Royal College of Physicians of London, at the age of sixty-six.

Exclusion of Medical Men from the Magistracy.

THE refusal to admit Dr. Flannery to the Commission of the Peace, which was taken up so energetically in Parliament by Mr. Sexton, M.P., opens up a subject for just complaint against the action of the Irish Chancellor in dealing with the appointment of magistrates, and we learn with satisfaction that Dr. Lyons, M.P., has given notice that on the very earliest possible day he will call attention to the exclusion of members of the profession from the Commission of the Peace, and move a resolution.

The answers given by the Chief Secretary to Mr. Sexton's interrogatories are somewhat incomprehensible, and the only conclusion derivable from them is, that the appointment of magistrates is entirely a matter of the Lord Chancellor's whim, and not regulated by any well-considered determination. Mr. Trevelyan says that a rule to exclude dispensary medical officers was made in 1872, but he does not say by whom it was made, or by what authority, and he admits that, if such rule ever existed, it had been broken in several instances since then. With great respect for the Lord Chancellor's office, we deny his right to dispense the Commission of the Peace on any such principle. He is entrusted with the selection of suitable persons to serve Her Majesty, and we conceive his duty is to consider the claims of each individual, and not to exclude persons fully qualified and worthy because they belong to a class. It does not appear from what has transpired in the House that any reason has been assigned for this exclusion, which is the more insulting to the profession because it does not appear to be applied to any other class.

We have before us a list of medical practitioners holding the Commission of the Peace in Ireland, extracted from the official list of the Magistracy. Sixty-seven members of the profession hold the J.P., of whom twenty-three hold dispensaries, or held them when they were appointed magistrates. Nine are, or were, workhouse surgeons, and others held other official medical positions. Does anyone say that these gentlemen have manifested any unfitness for the office, either individually or as a class? If not, what justification can be shown for excluding professional men of similar position in the future?

A New Method of Removing Nasal Polypi.

In the *Canada Medical Record* Dr. Bell brings forward a new mode of treatment. It obviates any trouble from hæmorrhage, which is frequently the case when the forceps or hook is used; it is painless and very simple. He gets the patient to blow strongly through the affected nostril, closing the other with his finger. The polypus will be brought down so that it can be easily seen through the external nares; then with my hypodermic syringe charged with a solution of tannic acid in water (of the strength of twenty grains to the fluid drachm), I pierce the polypus with the needle, and inject ten, fifteen, or twenty minims of solution, according to the size of tumour. In a few days the polypus shrivels and dries up (tanned); it comes away without any trouble or pain,

and looks like a clot of dry blood, my patients usually removing it by blowing the nose or by their fingers.

THE mortality in Paris also from zymotic diseases is also very high, amounting last week to 128 fatal cases of diphtheria, measles, and typhoid.

DIPHTHERIA may almost be considered epidemic just now in Berlin, where the death rate from that cause is double that of all the large towns in the United Kingdom combined.

WE mentioned in our last that a C.B. was about to be conferred upon Dr. Arnold Royle, Physician in Ordinary to the late Duke of Albany. This distinction was officially gazetted on Friday last.

THE Council of the Linnean Society of New South Wales have offered a prize of £100 for an essay on "The Life-History of the Bacillus of Typhoid Fever," to be delivered by the 31st of December next.

LAST week the Duke of Westminster laid the foundation stone of a new wing of the London Temperance Hospital, Hampstead Road. The cost of the new wing will be £14,000, of which £7,000 has been subscribed or promised.

THE young Nizam of Hyderabad was recently attended by Dr. Beaumont, who watched his Highness through a serious attack of cholera. On his recovery the Nizam caused the sum of 31,000 rupees and jewellery of the value of 10,000 rupees to be sent to Dr. Beaumont for his fourteen days' professional attendance.

A CURIOUS misprint has crept into Messrs. Churchill's Medical Directory. At page 290 Mr. Savory is there described as President of the Royal College of Surgeons of England. We are sure the error has only to be pointed out to meet with ready correction. For the uninitiated we would add that Mr. John Marshall is President of the College.

M. J. DENIKER ("Comptes Rendus") describes a fœtus of the gorilla in the fifth month of its life. In almost every respect it approaches closely to the form of the human fœtus at the same age. The hand differs from that of the adult gorilla by the greater proportionate length of the fingers. The leg is cylindrical, without the projection of the calf evident in the human fœtus. The cephalic index is 86.2.

IN the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follow:—Calcutta 33, Bombay 27, Madras 68, Paris 27, Geneva 22, Brussels 24, Amsterdam 28, Rotterdam 29, The Hague 28, Copenhagen 26, Stockholm 25, Christiania 16, St. Petersburg 42, Berlin 24, Hamburg 27, Dresden 26, Breslau 34, Munich 34, Vienna 33, Prague 43, Trieste 28, Turin 38, Venice 19, Lisbon 31, New York 25, Brooklyn 18, Philadelphia 22, and Baltimore 18.

THE deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 22·3 per 1,000 of their aggregate population. The death-rates in the several towns were:—Norwich 15; Derby, Bristol 16; Halifax 17; Hull, Leicester, Brighton, Birkenhead 18; Newcastle-on-Tyne 19; Huddersfield, Cardiff, Salford 20; London, Nottingham, Bradford 21; Portsmouth, Sunderland, Plymouth, Bolton, Edinburgh 22; Sheffield 23; Preston, Birmingham 24; Wolverhampton, Oldham 25; Manchester, Blackburn 27; Liverpool, Leeds, Dublin 28; Glasgow 29.

THE highest annual death-rates last week in the large towns from diseases of the zymotic class were—From whooping-cough, 2·3 in Liverpool, 1·8 in Huddersfield, and 1·5 in London; from measles, 6·7 in Wolverhampton, 4·3 in Portsmouth, and 2·7 in Leeds; and from scarlet fever, 2·1 in Sheffield, 1·7 in Cardiff, and 1·6 in Leeds and in Preston. The 31 deaths from diphtheria included 17 in London, 3 in Leeds, and 2 each in Glasgow, Edinburgh, and Portsmouth. Small-pox caused 12 deaths in London, 3 in Sheffield, 2 in Liverpool, 1 in Birmingham, 1 in Manchester, 1 in Sunderland, and 1 in Newcastle-upon-Tyne.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

OBAN AS A HEALTH RESORT.—A curious report has reached us through a London source that this northern favourite watering-place is the seat of an outbreak of typhoid fever. In the interests not only of the town, but of the thousands who resort thither during the summer in quest of health and recreation, we are glad to be in a position to give to this rumour the most unqualified contradiction. No doubt the fame of the municipality of Oban has reached London, but it would be doing them an injustice to allege that they are wholly oblivious to the fact that Oban is nothing if not a fashionable watering-place, and that they have succeeded in nothing but rendering the natural charms of its situation unattractive, for there are natural beauties and advantages of climate which Vandalism cannot touch, nor supine indifference impair. On the score of its drainage, visitors and intending visitors to Oban may feel at ease, for a few years ago a most thorough system of drainage was carried out; it is now perfectly efficient, and finally a most abundant supply of wholesome water has been procured from a convenient neighbourhood. There are "fevers" and "fevers" in Oban, thanks to local sources; but of this we are assured, that for many years in Oban there has not been epidemic, either typhus, typhoid, or any other infectious fever, and we hope that no intended holiday in the West Highlands will be intercepted by any such idle rumours.

LEGACIES TO MEDICAL CHARITIES.—The late Mr. George Murray, C.A., has left, subject to a life rent by his sister, Miss Murray, the following legacies to charitable institutions in Edinburgh:—Royal Infirmary, £1,000; Sick Children's Hospital, £1,000.

EDINBURGH ROYAL HOSPITAL FOR SICK CHILDREN.—The directors of this hospital, at their meeting on the 29th ult., elected Professor Grainger Stewart to be one of the consulting physicians of the hospital in room of the late Dr. Charles Wilson. They also elected John Tawse Nisbet, M.B., C.M.,

to be resident physician, and Dr. W. J. Smith to be assistant to the extra physicians.

EDINBURGH ROYAL INFIRMARY.—The managers of the Edinburgh Royal Infirmary have elected Dr. W. Allan Jamieson as extra physician for diseases of the skin.

THE EDINBURGH MEDICAL SCHOOL.—SUMMER SESSION.—Nearly all the classes in the University of Edinburgh and the Extra-Mural School were opened on the 1st inst. The classes in the University Faculty of Medicine, except those of Botany, Natural History, Clinical Medicine and Clinical Surgery, meet now in the University new buildings.

THE EDINBURGH CITY HOSPITAL FOR EPIDEMIC DISEASES.

—The work which the Corporation last year took in hand of providing a new hospital for epidemic diseases is slowly approaching completion, but a great deal remains to be done before the building will be ready for the reception of patients. Happily, it is not at present required. The surgical hospital of the Old Infirmary has been transformed into what is intended to be an epidemic hospital, with separate departments for the more distinct forms of infectious diseases—small-pox, typhus, typhoid, and measles; and the interior is being arranged and fitted up under the supervision of the Medical Officer of Health, the Health Committee, and the City Superintendent of Works. The building is a very large one, and is being admirably adapted to all possible requirements of the city. As workmen are still employed on the building, and as the grounds have yet to be laid off, several weeks will elapse before the hospital can be said to be completed. Experiments are now being made in heating with a view to economy in the consumption of fuel and equality of temperature in the building heated by it.

GLASGOW DEATH-RATE.—For the week ending with Saturday, the 26th ult., the death-rate of Glasgow was 29 per 1,000 per annum, as against 25 in the preceding week and 35 in the corresponding week of last year.

HEALTH OF EDINBURGH.—For the week ending with Saturday, the 26th ult., the mortality in Edinburgh was 95, and the death-rate 20 per 1,000 per annum. Diseases of the chest accounted for 54 deaths, and zymotic causes for 12, of which 2 were due to fever, 1 to diphtheria, 1 to scarlatina, and 1 to measles.

Correspondence.

THE FUTURE OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR.—There is one point in your recent articles in which I think you somewhat misconceive the action of the former councils of the College of Surgeons of England, as to the re-election of Presidents. Until the Charter of 1843, the Council was compelled to elect the "President" (or previous to the Charter of 1822 "The Master,") from out of the Court of Examiners. In the Charter of 1800 is the following:—"And then and there elect, choose, and appoint one of the Examiners, by the majority of votes of such of the Court of Assistants as shall be present, one person to be principal Master." In the Charter of 1843 is the following:—"That the President and Vice-Presidents of the said College shall no longer be chosen exclusively out of the Court of Examiners of the said College, but from or out of all the members of the Council indifferently, and whether Examiners of the College or not." Until 1863, the Council resolutely acted in opposition to this almost direction of the Crown to do otherwise, and continued appointing the Presidents from the Court of Examiners only, the result being that persons became examiners and continued to hold the post until their time for election to President came.

I am, yours, &c.,
LEX.

May 2, 1884

HOPE AS A REMEDY AGAINST DISEASE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Dr. Mortimer Granville's communication on the above subject to the *Medical Press* of April 30 suggests a problem in medical ethics which even his accomplished powers have failed to solve to the satisfaction of the profession, however satisfied he may himself be at the result of his pleadings. As "a consulting physician in a very exclusive sense" (*O! vir fortunatissimus!*), your correspondent claims to an independence of thought and expression which less happily placed practitioners can only admire in the abstract; but the lay journals would, notwithstanding the defence uttered by Dr. Granville, be sorry reading to the general profession, as well as to "non-exclusive" consultants, did every "consultant in a very exclusive sense" hurry to the *Times* or other organ of public opinion with a record of each bright idea that troubled his brain. We are told, however, that in this instance, "the despair I deprecate is something on the mind of the patient, not on that of the doctor." After this it will need no very great refinement of casuistry to justify an appeal to the public, in the public press, by any and every doctor anxious to undertake the cure of an ache, or a swelling, or a cough, or a fracture; whenever, in fact, an affliction is present to the body of the patient, and not to the practitioner who so eloquently asks for confidence in himself. But surely, Sir, the time has now arrived when dignity and good seeming alike demand that rules tacitly admitted as guides for conduct by an overwhelming majority of medical men shall not be ignored by the few who choose to think themselves superior to their fellows on the score of "exclusiveness." "Thou shalt not advertise" is a commandment in itself; and whoever accepts any pretext, however specious, for posing before the public in a *professional garb*, very necessarily thereby exposes himself to a charge that no amount of verbiage can repel, and the nature of which no amount of explanation can palliate. As an independent reader of Dr. Granville's original letter to the *Times*, I was affected by it in a way that its author would scarcely appreciate; and it is certain that a similar feeling of regret and despair was aroused by it in the mind of every medical man who saw it, and sorrowed over the picture it revealed. Dr. Granville's theories are amusing as a rule; occasionally they are even valuable; and when announced in a fit and proper place, the columns of a medical journal, they are not likely to do much more than excite good-humoured consideration; addressed to those who are likely to be patients rather than critics, they are eminently out of place, even when the author is actuated by "an inner sense of right."

Yours faithfully,

SPKS ABSIT.

May 2nd, 1884.

MEDICAL REFORM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Now that this so-called measure of medical reform is before the House of Commons, may I ask your kind permission to make a few remarks on the subject? This much talked of Bill, in my opinion, and that of the vast bulk of the general practitioners of the country, is simply giving us a stone when we have asked and asked long and persistently for bread.

The Right Hon. A. Mundella may be, and no doubt is, thoroughly competent to frame laws having regard to the Nottingham stocking trade. But, may I be permitted to say, that the manufacture of stockings, even the fact that his fortune has been made out of that very respectable and useful trade, does not tend to render that estimable gentleman an infallible authority on medical reform.

It appears to me that so far as the thousands of medical practitioners are concerned the wonderful Bill is simply useless. What better will we be when it is law, are our interests more securely guarded, what possible good can it do us? We do not want, and have not asked that the old and honourable corporations should be plundered and left high and dry. We do not ask that the entrance to the profession should be made an impossibility to men of ordinary capacity and diligence. This Bill is the outcome of a clique of crotchet mongers, and has not the good will of the men who have the power, would they only use it, to compel would-be members of Parliament to respect their interests.

Now, Sir, it may be all very well to legislate for the future of the profession, but we belong to the present, and "sufficient for the day are the evils thereof." What we want, and what we have and will ask for, is *uniformity all round*. Why should medical men all over the world possess uniformity, and we be denied it? Why should we have a hundred and one titles, when there is only one recognised elsewhere? We ask that the title to practise should be uniform, as in other countries, and that it should represent complete qualification, that there should be no piecemeal qualifications. That, in fact, one title should be granted to all fully qualified medical practitioners, and that title should represent the legal medical and surgical qualification of the country, and that as in France, Germany, and America, there should be no other title or distinction recognised by law. That, Sir, is what we want, and what, if we act together, we will get.

I am, &c.,

WILLIAM DONOVAN.

Willow, Romsey, April 23rd, 1884.

[It is hardly necessary to say that we do not agree with our correspondent, for we do not in the least anticipate that by the Bill any of the Corporations will be "plundered and left high and dry," or that "the entrance to the profession will be made an impossibility to men of ordinary capacity and diligence." To suppose that the Medical Bill would have any such effect is a complete hallucination, begotten of ignorance of the contents of the Bill; and if its passing involved any such result we should be the last to support it. The uniformity of the educational standard, which Dr. Donovan considers so indispensable, is provided for by the Bill, and the enemies of reform use this fact against the Bill. We think the Bill excellent in principle, but altogether faulty in detail, and our efforts shall be directed to amend its shortcomings when it reaches the committee stage.—Ed.]

DR. MILLER ON DENTAL CARIES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—May I ask you to allow me, through your columns, to correct a slight mistake that I have observed in the *Medical Press*, April 30th, 1884. In reference to Dr. Miller, of Berlin, and his paper on caries, it is stated that he first promulgated the theory that the first stage was due to the action of acid produced by micro-organic fermentation, and the second due to a more direct action of micro-organisms. This view of caries was laid before the profession by Mr. Milles and myself at the International Medical Congress in the August of 1881, and I am not aware of any previous statement of it; certainly, in the discussion on that paper no allusion was made to any previous suggestion of a similar view by Dr. Miller or anyone else, although the speakers were representative men from America, Germany, and England, and would hardly have been ignorant of such previous statement had it existed. Mr. Tomes drew particular attention to the theory being then broached for the first time.

Faithfully yours,

ARTHUR S. UNDERWOOD.

11 Bedford Square, W.C.
1st May, 1884.

Literature.

DISEASES OF THE BLADDER, PROSTATE GLAND, AND URETHRA. (a)

MR. GANT's well known and excellent work comes now before us in a fifth edition, a fact which testifies amply to the estimate formed of it by the medical profession, and places it almost beyond the sphere of the reviewer. The special features of this edition are as follows:—The surgical anatomy of the bladder, prostate gland, and urethra, has been revised from

(a) "Diseases of the Bladder, Prostate Gland, and Urethra." By Frederick James Gant, F.R.C.S. &c. Fifth Edition. London: Baillière, Tindall, & Cox. 1884.

careful dissections made by the author at the Royal College of Surgeons; and this serves as the basis for the discussion of the various methods of examination, and the necessary operative procedure pertaining to the organs in question. Additional matter to the extent of 144 pages has been added, and an extent of ground is thus covered which overtakes possibly more than that of any other work in this branch of surgery. In some works there is an excessive reference to authorities, but if Mr. Gant's work errs at all in this connection, it is in such reference being too infrequent; indeed, it is only in the chapter on the chemistry of the urine and urinary deposits that they exist at all. There is a note to Mr. Gant's preface in which he remarks that he "has written this treatise in a purely technical form, for the guidance of the profession only; and thus to render the whole as unintelligible as possible to the public. The majority of the latter class would, indeed, be better able to walk barefooted to Jerusalem, than to rightly comprehend the greater portion of the text." We have no sympathy whatever for the writing of a book for the public under a professional guise—a dodge by no means infrequent in the metropolis—but we are afraid that the line of demarcation between the intelligence of a high class and well educated layman, and of a member of the profession is not so well defined that an endeavour to exclude the former by studied technicality might result in similarly influencing the latter. We are glad to note, however, that Mr. Gant's style is clear and intelligible, without the slightest taint of pandering to the public taste, but in our opinion the enigmatical addendum to his preface is uncalled for.

In the chapter on "Functional Disorders of the Bladder" Mr. Gant describes Paget's "Stammering of the Bladder" under the questionable term "Impotency of the Bladder." This condition, when existing apart from paralysis of the bladder, is essentially a nervous affection rarely calling for surgical or other interference, and we agree with Mr. Gant that in its treatment no medicinal agents have any certain efficacy. The discussion of sexual diseases is entirely passed over. The chapter on "Diseases and Injuries of the Bladder," is, by no means, so full as we should have expected it to be, considering the attention given to this subject in recent times, and numerous contributions thereon in medical journals during the past year.

The chapter on "Urinary Calculus, Lithotomy and Lithotripsy" is the best and most complete in the book. In the chapter on "Diseases of the Prostate Gland," *Prostatorrhoea* is properly noted as one of the symptoms of chronic inflammation of the prostate. The diagnosis of *prostatorrhoea* from gonorrhoea is easy, but we do not agree with Mr. Gant that it is equally easy as between this condition and *spermatorrhoea*, as we are perfectly satisfied that in certain cases of *chronic prostatitis spermatozoa* are found in the viscid discharge eliminated both at stool and after micturition. In the treatment of chronic inflammation of the prostate, the author recommends blistering to the perineum, and the occasional application of nitrate of silver in the form of an armed bougie. We think the occasional passing (perhaps once or twice a week) of a large catheter should have been enjoined, and we are certain that even without medication whatever, this is a means of treatment productive of the happiest results. Mr. Gant does not smear his catheters with any germicide, and for this omission we are not disposed to find any fault with him, believing as we do that the theory on which this is based is almost played out.

In view of the important social question involved we agree with Mr. Gant in giving prominence to the difficulty of distinguishing between specific (so-called) and non-specific, urethritis, for we have abandoned the opinion once held that gonorrhoea is invariably of venereal origin, satisfied as we now are that virtuous women occasionally cause urethral discharges in their husbands which it is impossible to distinguish from typical gonorrhoea. To maintain, as has been quite recently done in our esteemed contemporary, the *Edinburgh Medical Journal*, that only *gonorrhoea begets gonorrhoea* implies that no natural combination of circumstances could have originated it, and forces us to the absurd conclusion of a *special creation*! Touching the important subject in a medico legal aspect, we have recently seen in the out-door department of one of the largest hospitals in the Kingdom (and many such cases have come under our notice), a sturmount little girl of seven suffering from a copious purulent vaginal discharge. Let a case of this description be coupled with a false accusation against a man possibly suffering from urethritis and accompanying discharge received from his wife, and what wrongful and un-

warrantable conclusions might be deduced! In the treatment of gleet Mr. Gant recommends bichloride of mercury, as originally suggested by Dr. Campbell Black; but at the strength of the lotion $\frac{1}{4}$ gr. to an ounce of water.

Sir Andrew Clark's sensation over "Catheter Life" and "Catheter Fever" does not seem to have made much impression on Mr. Gant. The chapter on Urinary Deposits is valuable, though it is to be regretted that the various formulae are given in the old notation.

Altogether, the book is one which we can honestly recommend as resulting from a wide field of personal experience, coupled with an extensive knowledge of the practice of contemporary surgeons. The illustrations are good, the writing is agreeable, and the various subjects are well arranged and comprehensively treated. A word of praise is due to the publishers for the manner in which their part of the work has been executed.

Medico-Parliamentary.

THE LUNACY LAWS.

IN the House of Lords on Monday last, the Earl of MILLTOWN called attention to the observations made by Mr. Baron Huddleston in the case of "Weldon v. Winslow" as to the state of the Lunacy Laws, read the report of the case and the remarks of the learned Judge, who expressed his astonishment that a person could be confined in an asylum by anybody on the statement of anybody, provided certain formalities were gone through, and who had also observed that it was positively shocking that such a state of things should exist, and moved that the present laws constituted a grave public danger and should be amended.

The Earl of SHAFTESBURY, as Chairman of the Lunacy Commission for upwards of fifty years, declined to enter into the case of Mrs. Weldon whilst it was *sub judice*. He could only observe that the matter never came officially before the Commissioners; and he did not hesitate to say that if the case were as bad as it had been represented, it would not invalidate all the proofs that could be given of the good working of the Acts which now regulated the treatment of lunacy. It should be remembered that the granting of lunacy certificates was safeguarded by severe restrictions and penalties. No medical man could officiate in matters of this kind unless, as laid down under the Act of 1873, he was a physician, surgeon, or apothecary. The Medical Act of 1853 prescribed the strictest regulations, and any person negligently or improperly granting a certificate was liable to the severest punishment.

Lord COLERIDGE said his experience of private lunatics had not been happy. He did not mean to say that there were not good men among the keepers of private lunatic asylums, but he was afraid that the men who were most concerned in the keeping of these private asylums were not intellectual, and were not, perhaps, in all respects, the highest type of medical men. There were exceptions, no doubt. He attributed this fact to the circumstance that the subject was not attractive to the highest type of mind, and secondly, and much more, to the circumstance that the highest type of men did not like to mix themselves up with any system which was a system of trade. He could not help thinking that it ought not to be the interest of anybody to retard the cure of a patient. It was the interest of a public lunatic asylum to get rid of its patients, because the patients cost money, instead of paying it. He did not mean to say that this was a matter which was to be decided hastily, but as a matter of principle he must say that his experience had convinced him that it was not safe to give a medical man a pecuniary interest in the maintenance of his patient. In other cases of illness a medical man would be anxious for a speedy cure, because it would raise his reputation; but in the case of lunacy there was no such inducement, because in the event of a cure the subject was not one that any one would naturally like to speak about in society. In fact it was the very last subject that the relatives of the patient would care to talk about.

The Lord CHANCELLOR hoped the motion would not be acceded to because although the Acts were open to amendment, they did not deserve the sweeping condemnation which those who knew little of their working had indulged in. With regard to private asylums the greatest difference of opinion existed; but it was within his knowledge that

not a few of them were conducted by medical men of the highest character and the greatest professional attainments. He (the Lord Chancellor) would undertake, on behalf of the Government, that next session, if they still remained in office, a Bill would be presented to Parliament, the object of which would be the consolidation of the existing law, with such improvements as were recommended by the Committee of 1878, and such others as, after due consideration, might commend themselves to the Government. Meantime, he hoped the motion would not be pressed.

After a few words from Lords Salisbury and Stanley, the motion was by leave withdrawn.

A DEPUTATION waited on the Home Secretary yesterday (Tuesday) for the purpose of urging the immediate repeal of the Contagious Diseases Acts.

ON Monday last, Mrs. Gladstone formally opened another "lung" for London, the site being old Horsemonger Lane Gaol. The building having fallen into disuse, the ground was purchased for the use of the public, and has been planted and laid out for recreation, in the midst of a densely populated and poor district.

AT a meeting of the Council of the London Hospitals Sunday Fund, on Monday, presided over by the Lord Mayor, it was decided by a large majority that the Hospital for Incurables, as at present administered, could not participate in the benefits of the fund.

WHEN the vote of supply for the Army Medical Department came on in the House of Commons, on Monday last, Mr. Dawney opposed the present system of organisation, and advocated a return to the old regimental system. The proposal was, however, met with such a decided negative by subsequent speakers, that the vote was passed almost unanimously.

THE annual *conversazione* of the Medical Society of London was held on Monday evening, when an oration was delivered by Dr. Theodore Williams. The rooms of the Society were filled to their utmost capacity, and the orator, who has just returned from the Mediterranean after a serious illness, was very warmly received.

University of London.—The following gentlemen were, at the meeting of the Senate held on Thursday last, elected examiners for 1884-5:—Chemistry: Prof. J. Emerson Reynolds, M.D., F.R.S.; and Prof. T. E. Thorpe, Ph.D., F.R.S. Botany and Vegetable Physiology: Prof. Bayley Balfour, M.D., C.M., D.Sc.; and Sydney H. Vines, D.Sc., M.A. Comparative Anatomy and Zoology: Prof. E. Ray Lankester, M.A., F.R.S.; and Prof. Alexander Macalister, M.D., M.A., F.R.S. Practice of Medicine: W. H. Broadbent, M.D.; and W. Miller Ord, M.D. Surgery: Sir William MacCormac, M.Ch., M.A.; and Prof. John Wood, F.R.S. Anatomy: Prof. D. J. Cunningham, M.D., C.M., F.R.S.E.; and H. Greenway Howse, M.S., M.B. Physiology: Prof. Arthur Gamgee, M.D., F.R.S.; and Prof. Gerald F. Yeo, M.D. Obstetric Medicine: J. M. Duncan, M.D., LL.D., F.R.S.; and John Williams, M.D. Materia Medica and Pharmaceutical Chemistry: T. Lauder Brunton, M.D., C.M., D.Sc., F.R.S.; and Prof. F. T. Roberts, M.D., B.Sc. Forensic Medicine: Augustus J. Pepper, M.S., M.B.; and Prof. George Vivian Poore, M.D., B.S.

Royal College of Surgeons of England.—The following are additional lists of candidates who have passed the examinations for Membership to those published in our last:

The following were admitted Members of the College on Monday, April 28th:—

Agar, S. Hollingsworth, L.S.A.
Biggs, C. Mount, L.R.C.P.Lond.
Gannan, David Peter, M.D. Dub.
Kendle, Frederic Wellesley
Morini, W. R. de, L.R.C.P.Lond.

Murray, R. W., L.R.C.P.Lond.
Perry, Allan, L.S.A.
Pleasse, Charles Henry, L.S.A.
Strugnell, Walter Thomas, L.S.A.
Turner, Frederic Senior

The following were admitted Members of the College on Tuesday, April 29th:—

Bailey, William Henry, L.S.A.
Brickwell, Henry Taylor, L.S.A.
Cooper, H. C. Evans
Freeland, Ernest Harding, L.S.A.
Jackson, Paul, L.S.A.
Jollye, Arthur Dixon, L.S.A.

Lankester, Herbert Henry, L.S.A.
Mander, Percy Robert, L.S.A.
Newnam, E. Edmund, L.S.A.
Parker, Herbert
Roberts, S. M. Pearson

The following were admitted Members of the College on Wednesday, April 30th:—

Alsop, Clement, L.S.A.
Deare, Arthur C., L.R.C.P.Lond.
Frames, Alfred Cromwell, L.S.A.
Graham, Hugh Henry, M.B.
Hayward, Arthur Ernest, L.S.A.

Hitchens, Frank, L.S.A.
Martland, Percy E., L.R.C.P.Lond.
Menzies, James Herbert, L.S.A.
Roe, Montagu Walter, L.S.A.
Wetwan, William Albert, L.S.A.

The following gentlemen were admitted Members of the College on the 1st inst.:—

Dean, Francis, L.S.A.
Edwards, C. Reginald
Stace, A. Frank, L.S.A.

Sumpter, W. J. Ernely, L.S.A.
Tuckett, W. Reginald, L.S.A.

Two hundred and thirty-three candidates were admitted to the final examination for the Membership of the College at the recent meetings of the Court, of whom 105 received their diplomas, 53 passed in surgery to qualify in medicine and midwifery, and 75 were referred.

University of Durham.—The following, having passed the necessary examination at the Easter Term, have received their degrees:—

M.B. in Medicine and Surgery.

First Class Honours.—None.

Second Class Honours (in Order of Merit).—Arthur Hardwick, Philip Percy Manning, Edward Samuel Gooddy.

M.B. without Honours (arranged alphabetically).

Anderson, Maurice Abbott
Bass, Frederick
Biggam, William
Bradbury, Arnold Francis
Brodrick, Harry Edward
Daigleish, John William
Dove, Augustus Charles
Gregory, Alfred John
Hare, Everard, M.R.C.S.
Hickey, Evan Lewis
Jones, John Lloyd Thomas
Lansdale, William

Lyth, Edgar Roe
Montague, Arthur John Helm
O'Connor, Charles Patrick
Phillips, Edward
Pocock, Alfred G. G.
Benney, Henry
Richardson, James N., M.R.C.S.
Steele, William Frederick
Sugden, Edward Scott
Sumpter, Berners George
Walker, Charles Pope
Whyte, A.

Re-Examination in Chemistry only.

Harling, Thomas
Plummer, Henry B. Wetherall

Bumboll, Charles Frederic
Sugden, Edgar B.

Re-Examination in Botany only.

Cranston, George
Cross, Henry W.

Rayner, Hugh, M.R.C.S.

The following passed in Anatomy, Physiology, and Chemistry:

Essery, William Joseph

Mitchell, Richard Pryce.

The following passed in Anatomy, Physiology, and Botany:—

Baumgartner, Harry Spelman

Dixon, Charles Frederick Lyne

Certificates of Proficiency in Sanitary Science.—Joseph Auspicio Simoons M.D. Brus.; L.M.S. Bombay; L.R.C.P. Lond. Francis John Walker M.R.C.S., L.R.C.P., L.S.A.

Notices to Correspondents.

CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press* and *Irregular*, may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

EFFECTS OF WATER-GAS ON HEALTH.

A MEETING of the State Board of Health was recently held in New York, to consider the resolution of the Legislature asking whether water-gas was injurious to health. The question was referred to the public analysts, and upon their report, says the *Sanitary Engineer*, the Board based a reply to the resolution, to the effect that water-gas, as ordinarily used, was not more dangerous to health than other illuminating gases.

INQUIRENS.—A Fellowship does not carry the right to use of "Dr." by the holder, though this prefix is usually conceded to Fellows of the London, Dublin, and Edinburgh Colleges of Physicians.

M.R.C.P.—1. Yes. 2. He was appointed Treasurer of the College some few months back on the resignation of Dr. Farre.

A MEMBER OF THE COLLEGE.—It is an error in Messrs. Churchill's Directory; the names would appear to have been transposed. Mr. John Marshall is President, and Mr. Savory is at present one of the Vice-Presidents of the College.

THE TREATMENT OF ITCH.

J. W. D. asks: 1. What is the formula for ung. sulph. co.? 2. When the Medical Bill becomes law, what action will be taken with those members of the profession who hold only one qualification? 3. A patient of mine who has had gonorrhoea for a period of eighteen months, but who is now better, has lately had nocturnal emissions, with very perceptible streaks of blood through them. What is the cause, and what treatment would you recommend?

[1. Unguentum sulphuris comp., commonly known as "Trooper's Ointment," from being used for the treatment of recruits suffering from itch. There is no official formula; but the following will be found to answer: B Sulphur flour, oz. ias.; lard, oz. iv.; soft soap, dr. ij.; extract of marshmallows, dr. ij. Misce. Fiat unguentum. The patient is stripped naked, and well rubbed with this ointment on the affected parts. The rest of his body is well lathered. After sitting (of course in a warm room) for half-an-hour, he enters a hot bath, whence he emerges with a skin as soft as an infant. The theory of this process is that the soft soap removes the external scales of the cuticle, opens up the burrows of the acarus, and gives the sulphur fair play. One application often succeeds in curing the itch. Of course, the marshmallows are to soothe the skin from the irritating effects of the soft soap. 2. The Medical Bill will not prejudice the rights of existing practitioners in any way. Whether they hold one or many diplomas they will occupy the same position as the State examinee under the Bill. 3. Your patient is suffering from urethral irritation, accompanied by slight ulceration. Give him the following: R Decortum pareire, ad oz. viij; potassae bicarb., oz. ss.; tinct. nucis vomice, dr. ij. M. Fiat mistura. Two tablespoonfuls three times a day. If the urethral running continue, employ the Broun injection. No alcoholic stimulants.—Ed.]

DR. J. W. MARTIN (Sheffield).—We hope to commence your paper in our next. The delay has been unavoidable.

DR. ARCHER (Liverpool) will find the desired reference in another column.

MR. E. M. BEAL (Hammermith).—An article "On Poisoning by Ammoniated and Red Oxide of Mercury" was contributed by Messrs. Hendley and Benham, and will be found in our columns for April 16.

VINDEX (Glasgow) has forgotten to enclose his card. We have, however, already adverted upon the unprofessional method of advertising adopted by Mr. Sutherland, who, we fear, is beyond the pale which influences gentlemen in their regard for the honour and dignity of professional life.

TEMPERANCE DRINKS.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—For the description of the six varieties of unintoxicating wine printed on the menu card at the luncheon of the Society for the Study and Cure of Inebriety, I am responsible. These wines are all the genuine juice of the grape from their several native vineyards, and are a much purer wine than any of the intoxicating wines commonly in use in this country. I am happy to be able to state that these unintoxicating wines were highly commended by many of the guests, and that already they have found their way on fashionable dinner tables. They were described by me in your columns a few years ago, have been exhibited at medical meetings, and have been adopted by several influential medical men in London and the provinces, both as a social beverage and a pleasant, valuable, therapeutic remedy.

There is little relish in England for genuine fermented wine, our taste has become so corrupted by the spirituous fortification called for by the English market. A few days ago a well-known Englishman, on tasting a glass of pure, unsophisticated sherry, brought over from Spain by his host, a wine-grower, exclaimed, to the latter's amusement, "This is mere vinegar and water!"

42 Grove Road, Regent's Park.

Yours, &c.,
NORMAN KERR, M.D.

WHAT IS MEDICAL ADVERTISING?—Our correspondent's letter upon this absorbing question is unavoidably held over this week.

A FELLOW OF THE COLLEGE.—The announcement had not been received at the time of going to press; we are unable, therefore, to give you the information asked for.

SANITAS.—The Health Exhibition will be opened to-morrow by H.R.H. the Duke of Cambridge. The Prince of Wales had originally promised to perform the ceremony, but is prevented on account of the death of his brother.

Meetings of the Societies.

WEDNESDAY, MAY 7TH.

OBSTETRICAL SOCIETY OF LONDON.—At 8 p.m., Specimens will be shown by Dr. Cleveland, Dr. Matthews Duncan, Dr. John Williams,

Mr. Alban Doran, and others.—Dr. Arthur Mitchell, Strong Mental Emotion affecting Pregnant Women as a Cause of Iodicy in the Offspring.—Dr. Mathieson, Case of Extra-uterine Gestation; delivery of living child per vaginam; removal of placenta; recovery.

THURSDAY, MAY 8TH.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.—At 8 p.m., Living Specimens. At 8.30 p.m., Dr. Stephen Mackenzie, A Case of Extreme Tortuosity of the Retinal Vessels.—Mr. Nettleship: (1) Peculiar Changes in the Choroid after Papillitis. (2) A Case of Central Choroiditis.—Mr. Adams Frost: (1) Ossification of Choroid causing repeated attacks of Sympathetic Irritation. (2) Recent Injury, with Detachment of Retina and Choroid. (3) Detachment of Retina and Organised Blood-clot after an old Injury.—Dr. C. K. Fitzgerald: (1) An Instrument for showing the Action of Accommodation. (2) Acute Spasm of the Accommodation.—Messrs. Gunn and Anderson, A Case of Nerve Disease with Ocular symptoms, including alleged monocular diplopia.—Mr. Higgins, Remarks on Extraction of Cataract.—Mr. H. S. Morton, Case of Haemorrhage at Region of Macula.—Mr. Nettleship: (1) Cases of recovery from Amaurosis in Infants. (2) Cases of Retrocular Neuritis.—Mr. Adams Frost: (1) Chiliary Staphylococci following Irido-Choroiditis. (2) Sympathetic Ophthalmitis subsequent to Excision.

FRIDAY, MAY 9TH.

CLINICAL SOCIETY OF LONDON.—At 8.30 p.m., Mr. Clutton, A Case of Intestinal Obstruction caused by a Diverticulum successfully treated.—Mr. Christopher Heath, Cases illustrating the Treatment of Fracture of the Patella.—Dr. Whipple, Case of Hydrocephalus of old standing; insanity; death.—Mr. William Anderson, Case of Pyloric Lithotomy.—Mr. Charters J. Symonds; A Case of Ruptured Brachial Plexus.

SATURDAY, MAY 10TH.

ROYAL INSTITUTION.—At 8 p.m., Mr. Westropp, On Roman Archaeology.

Vacancies.

Coombe Hospital, Dublin.—Assistant Master. Applications to Master, or at Coombe Hospital.
Dunabaghlin Union, Dunbayne Dispensary.—Medical Officer. Salary, £123. Election, May 17.
Royal South London Dispensary.—Resident Medical Officer and Dispenser. Salary, £100, with furnished apartments, &c. Applications to the Committee by May 12.
Salop Infirmary, Shrewsbury.—House Surgeon. Salary, £100, with board. Applications to the Board of Directors before May 12.
The Hospital for Sick Children, Great Ormond Street, W.C.—Assistant Physician. Applications to the Secretary by May 14.
West Norfolk Hospital, Lynn.—House Surgeon and Secretary Salary, £100, with board. Applications to the Secretary before May 2.
Worcester General Infirmary.—House Surgeon. Salary, £100, with board and lodging. Applications to the Secretary, 50 Foregate Street, Worcester, by May 10.

Appointments.

JACKSON, H., M.R.C.S., Medical Officer of Health for the Borough of Barnstable.
JONES, G. H. W., M.R.C.S., Medical Officer for the Eokington District of the Chesterfield Union.
MACNAMARA, DR. G., Medical Officer of Health, Rural Sanitary District, Trim Union.
MAURICE, W. J., B.A. Oxon., M.R.C.S., L.R.C.P. Lond., Assistant Surgeon to the Royal Berks Hospital.
PATERSON, W. B., M.R.C.S., L.D.S., Medical Tutor to the Dental Hospital of London.
STOKES, A., M.B., C.M., L.R.C.S. Ed., Senior House Surgeon to the Liverpool Children's Infirmary.
STRICKLAND, C. E., L.K.Q.C.P.I., M.R.C.S., Medical Officer for the Kidsgrove District of the Woolston Union.
STURGES, O., M.D. Cantab., F.R.C.P. L., promoted to the Senior Staff of the Hospital for Sick Children, Great Ormond Street, London.
WATSON, J. W., M.R.C.S., Medical Officer for the Fourth District of the Ashby-de-la-Zouch Union.
WILSON, E., M.R.C.S., Medical Officer for the Grantham District of the Grantham Union.

Births.

CABLE.—April 30, at Royal Hill, Greenwich, the wife of G. H. Cable, M.R.C.S., of a son.

Deaths.

BARCLAY.—April 28, at Whitney Wood, Stevenage, Herts, after a few days' illness, Andrew Whyte Barclay, M.D., aged 68.
BELL.—April 25, at Florence, Italy, Marian Witherington Bell, wife of Vernon Bell, M.D.
BIBBY.—April 2, at 60 Green Street, Grosvenor Square, Samuel Hale Bibby, M.R.C.S.
MOORE.—April 27, at 7 Museum Street, Ipswich, Harry Gage Moore, M.D., aged 42.
RIGGS.—April 26, at his residence, Richmond Terrace, Armagh, James Ledlie Riggs, M.D., aged 60.
TAYLOR.—April 23, at his residence, Ebury Street, Eton Square, S.W., Theophilus Taylor M.R.C.S., aged 60.
WOOD.—April 27, at Beacon Hill, Lichfield, Brigade-Surgeon John Wood, 28th and 64th Regimental Districts, aged 53.
WOODCOCK.—April 26, W. Plant Woodcock (in practice prior to 1816), late of Holcombe, Lancashire, aged 88.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 14, 1884.

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Original Communications.

A CASE OF SPORADIC CRETINISM, WITH APPEARANCE OF MYXŒDEMA. (a)

By AMAND ROUTH, M.D., B.S., M.R.C.P.,

Assistant Obstetric Physician, Charing Cross Hospital; Physician, Samaritan Free Hospital for Women and Children.

ELIZ. H., æt. 25½, is an inmate of the Home for Female Incurables, Marylebone Road, and was born near Southampton, in Hampshire. She was the eldest of four children, both parents being quite healthy when she was born, being respectively 24 and 22 years of age. The father, however, died twelve years afterwards, and the mother sixteen years afterwards, both of consumption—a disease which also caused the death of the patient's own sister, æt. 17, and her mother's sister, æt. 27. The father was born in Hampshire, the mother in Berkshire, and there was no blood-relationship between them.

Up to the age of 7 years the patient was just like other children, but plumper than usual, and always looked like a "large white pudding," being "fat, flabby, and of a doughy-white colour." Whilst pregnant with this patient the mother was frightened by a bull. At 7 years of age the girl ceased growing taller, but continued growing stouter and flabbier, becoming slow in all her movements, and so stupid that all attempts at teaching her to read or write were fruitless. At 8 years of age the child came to London, and beyond getting less able to help herself and more silly-looking, the friends say there has been little or no change, with the exception that latterly she has become thinner.

Family History.—Beyond the apparent heredity of consumption, there is no family history of any disease, such as syphilis or Bright's disease, and no history of alcoholism, neither is there any history of insanity or cretinism in the family. A sister of the patient, æt. 23, is a fairly healthy-looking girl, well-developed, and

regular in all her functions, though somewhat anæmic. She has, however, an enlarged thyroid gland, now somewhat diminished under treatment, and there is a systolic murmur to be heard at the heart's apex and left axilla, dating from an attack of acute rheumatism three years ago. The patient also has a healthy brother, æt. 19, now in the army. All the children were born in Hampshire.

Present State.—Height, 3ft. 5in., the average height of a child of 5 years of age. Weight, 4st. 2lbs. 12ozs. She is much stunted in growth, and her bony skeleton is very considerably altered by rickety changes. Thus, there is a lateral curvature of the spine in the dorsal region, with the ribs thereby secondarily distorted. Lordosis is well marked. The tibiae are curved. The epiphyses of the bones of the lower limbs are somewhat enlarged, and the ribs beaded at their junction with their cartilages. The head is very dolicho-cephalic—a condition of the skull which Dr. Gee has stated is often due to rickets. Some of these bony changes are not unlike those described by Dr. Barlow and Mr. Bowlby as occurring in foetal rickets (sporadic cretinism as it occurs in the foetus?), and it is possible that one reason why they do not coincide more exactly is that in this case these changes may not have occurred till 7 years of age, when the sporadic cretinism first became apparent. The face is absolutely expressionless, and the lines obliterated. The features are swollen; the lips thickened, high-coloured, and shapeless; the mouth usually open; the nose is flattened and broadened between the eyes, and the nostrils dilated; the ears large and flat. The head does not hang forward, but the neck appears shortened, being lost in the supra-clavicular tumefaction.

The Skin is everywhere waxy-looking and pallid, with the exception of the face, where there is a slight flush, absent at times, over the flabby, pendulous cheeks, and on the feet and legs, where the circulation is so poor that a state of chronic chilblain exists. The skin is dry and rough in parts, but the palms of the hands are occasionally moist. The hands are spade-like in form. There is no true œdema.

(a) Read before the Medical Society of London, March 17th, 1884.

The Hair is jet black, and fairly plentiful, but very harsh.

The temperature of the body averages 98.8° F. in rectum, but the surface temperature is always sub-normal, being usually between 95° and 96° in the axilla or groin. Once only was it as high as 97°, and that was after the patient had been covered up in bed for some hours.

The Thyroid Body cannot be felt. Above the clavicle on either side, and to a less extent immediately below that bone, are well-marked *tumefactions*, which slip away when grasped, and though somewhat resembling lipomatous or myxomatous tissue to the fingers, also remind one of the sensation conveyed by grasping a varicocele. A clear respiratory murmur can be heard over the swellings, but no venous bruit. Similar subcutaneous swellings can be felt over the ribs in posterior axillary line.

The Abdomen is tumid and pendulous, owing partly to the shallow pelvis.

The Umbilicus is protruded, and the recti are non-adherent in the middle line.

The patient can walk slowly and tottering for short distances, but often falls suddenly, so never walks without assistance being at hand. The legs seem unable to bear the weight of the body, and give way suddenly at the ankle or knees. She has free movement of her arms, but does everything very slowly and methodically, yet quite unhesitatingly. She does not dress herself, because she would be all the morning doing so, but can put on or off her clothes if allowed to take her own time.

The Speech is slow and monotonous, and pitched in a high key. She answers questions correctly enough, but her answers are delayed. She appears to take a longer time than usual to understand a question, and then to require a still longer time to frame the reply.

Nervous System.—Patient can neither read nor write, and every attempt to teach her anything has failed; in fact, it is impossible to keep her attention concentrated. She cannot remember recent events, but can recall events which occurred before she left Hampshire at 7 years of age, the growth of both body and mind seeming to have been then arrested. She sleeps well and heavily. She is almost absolutely indifferent to pain, yet often complains of feeling cold. The "knee reflexes" are exaggerated; and Dr. Angel Money drew my attention to Gower's "front tap contraction," which is also well marked. Nothing appears to interest her for more than a few seconds, but when cheerily spoken to a momentary gleam of pleasure flits across her face. Otherwise, her expression is always motionless, callous, and somewhat sad.

The Eyesight is good, and ophthalmoscopic appearances normal. Pupils are somewhat dilated, and rather sluggish.

Urinary Organs.—Patient passes on an average 25 ozs. of urine in 24 hours. Sp. g., 1015. There is no sugar, albumen, or casts. The urea is deficient, being only about one-third of the normal quantity, viz., 10½ grammes, or 172 grains per diem (percentage 1.3). This result was obtained by the method devised by Drs. Russell and West.

Digestion, Organs of.—The tongue is not notably enlarged, nor indented by the teeth; the faucial arch is broad; the teeth are badly formed, and several have been removed, being decayed. The alveolar processes are unusually prominent, and the mucous membrane of the gums much thickened. Patient's appetite is good; her breath is usually foul; her bowels constipated. She constantly complains of a nasty bitter taste in her mouth.

Organs of Circulation.—Pulse 72. It is very difficult to feel the pulse at the wrist owing to its distance from the surface, and its weakness. The heart-sounds are normal but weak.

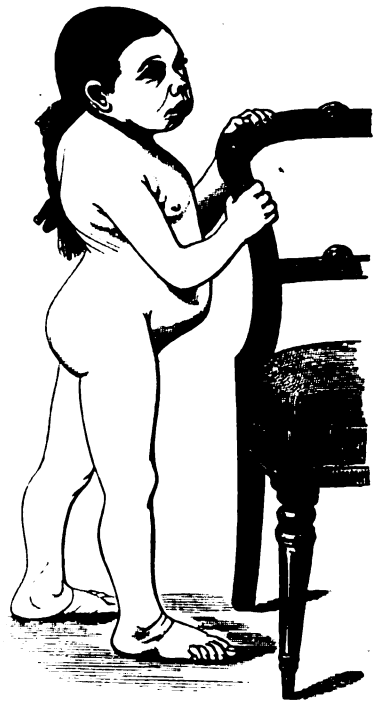
The Blood.—The blood was very kindly examined for

me by Dr. Montagu Murray by means of Dr. Gower's hæmocytometer and hæmodynamometer, as well as microscopically. Dr. Murray states that the proportion of white to red corpuscles is about 1 to 250; that the percentage of red blood discs to the normal standard is 86; whilst the percentage of hæmoglobin is 77. There was no obvious change in the appearance of the blood corpuscles, red or white.

Organs of Respiration.—Quite normal in every respect.

Liver and Spleen.—Nothing abnormal is to be made out in these organs. They are not perceptibly enlarged.

Generative Organs.—Patient has never menstruated. There is no leucorrhœa. The external organs are quite undeveloped, and destitute of hair. The labia minora are elongated and thickened, protruding some distance from the vulva. The mammae are quite infantile. The vagina and os uteri are normal. Per rectum, the pelvis is found to be infantile in shape and size, and the uterus is half its normal adult size, but normal in shape and position. The ovaries lie against the sides of the pelvis, lower and more posterior than usual, and are, at least, twice their normal bulk; and are softer than usual, and cause no sense of pain when grasped between the finger in the rectum and the hand on the abdomen. It is probable that the ovaries have undergone a change analogous to myxœdema, which would account for the persistent amenorrhœa, and the infantile condition of both external and internal organs of generation.



Remarks.—I first saw this patient on account of her chilblains, and because the other inmates of the "Home for Incurables," where she is staying, complained of her bad breath. I believed the case to be sporadic cretinism, with myxœdema, and this diagnosis was kindly confirmed subsequently by Drs. Gowers, Ord, Barlow, and my father. Dr. Ord pointed out that the bony deformities appeared to be of rickety nature. The case agrees in most of its features with the description given by Sir William Gull and the late Dr. Hilton Fagge, in their papers on sporadic cretinism—especially as possessing the subcutaneous symmetrical swellings, as first pointed out by Mr. Curling, and considered by many, and by Dr. Ord in particular, to be similar to myxœdema, a disease named and described by that gentleman in 1878. In his paper read before the Medico Chir. Soc. in 1871, the late Dr.

Hilton Fagge laid stress upon the fact that sporadic cretinism was probably due to atrophy of the thyroid, and he further stated that he believed that a healthy, and still more an enlarged, thyroid was to be regarded as a safeguard against cretinism—in other words, that a healthy thyroid exercised a protective influence over the production of cretinism. He showed that in countries where cretinism was endemic, those who had the largest goitres were not cretins at all; and that a large goitre protected the individual from the more severe effects of cretinism. He further showed that in England the cause of cretinism, whatever it may be, only acts with a low power, which is expended in producing goitrous enlargements of the thyroid, but that if this cause of cretinism should act upon a person with an undeveloped or absent thyroid no such protective influence could be afforded, and cretinism would result. This case lends some little support to this theory, which has not hitherto been much entertained.

The exact relationship between myxœdema and sporadic cretinism is not yet made out. Sir William Gull and Dr. Fagge showed that sporadic cretinism was invariably associated with the presence of symmetrical tumours in the supra-clavicular, and other regions; but their relative priority is unknown. In Dr. Hilton Fagge's four cases, those in which the cretinism had lasted the longest, had these symmetrical swellings the least well-marked, and *vice versa*. Hence it would seem that the myxœdema, if such it be, decreased as the cretinism increased. The case I am showing this evening also seems to indicate this, as the girl has latterly been getting thinner and losing weight. The cretinoid change does not appear to have commenced in this case till 7 years of age, up to which time the patient was much as other children, and this is in accordance with Dr. Fagge's remark that sporadic cretinism may arise as late as the 8th year. It would, however, seem, from the aunt's description of the case, that in this patient the myxœdema had commenced much earlier; for she says the patient, as a baby, always looked "fat and flabby," and like a "doughy white pudding," a very fair popular description, I think, of a myxœdematous baby. This description is also in accord with that given before the Sardinian Commission on Cretinism, by Foederé, who states that those infants destined to become cretins have a body extraordinarily voluminous, and are mostly œdematous. There is reason, therefore, for believing that myxœdema precedes, or, at all events, may precede the development of sporadic cretinism. It seems now also clearly made out that non-development or atrophy of the thyroid gland precedes both myxœdema and sporadic cretinism. In his paper on myxœdema read before the Med. Chir. Soc. in 1878, Dr. Ord suggested that the mucous œdema might precede the atrophy of the thyroid, but the cases of Mr. Curling, the papers of Sir William Gull and Dr. Fagge, together with Kocher's remarkable results following complete extirpation of the thyroid gland, as narrated by Dr. Felix Semon, have led Dr. Ord lately to admit that evidence is now tending to show that atrophy of the thyroid gland precedes the myxœdema.

Resumé.—No date can be fixed in this case for the atrophy of the thyroid gland, but it seems likely that it is a case of intra-uterine non-development of the gland, tending first to myxœdema, and secondarily to cretinism, for we have a clear history that the mother, whilst pregnant with this child, was frightened and chased by a bull, and maternal fright during pregnancy was given by Dr. Hilton Fagge as having occurred in one of his four cases. After birth, up to 7 years of age, the child's general appearance was that of a myxœdematous baby. At that age sporadic cretinism supervened; whilst quite latterly the mucous œdema has been showing signs of subsidence. The girl continues to be under medical supervision at the above-named establishment.

ULCERATIVE SORE-THROAT AND DEFECTIVE DRAINAGE.

By JOHN W. MARTIN, M.D.

THE following brief notes may prove interesting to those readers of the *Medical Press and Circular* who have seen similar cases in their practice.

On the 15th of May, 1883, I was asked to see a lady, living in one of the pleasantest suburbs of Sheffield, and in a house which had been built by its first owner for himself, every care being taken to make it a well-built, desirable residence. The lady was suffering from a very severe attack of ulcerative sore-throat, and great prostration of strength. The tonsils were pitted with ulcerations, and the surface of each tonsil was covered with pus. I learned that this form of sore-throat had been going through the house. The cook had been the first to suffer, then the housemaid, then the mistress of the house; finally, on the 18th, the master of the house was seized with a similar attack, in which the throat symptoms were slight, but the constitutional disturbance and subsequent prostration were most marked; the convalescence, in the case of all the parties, was slow and tedious. In spite of the assurances I received, the furred tongue, prominent papillæ, and triangular, reddish-looking tip, all made me feel convinced that I had sewer-gas poisoning to deal with. In spite of the gentleman's conviction to the contrary, I insisted upon the condition of the drains being examined into. This was done, with the following result:—The house is square-shaped, built on a steeply-sloping bank, the first floor and hall being on a level with the ground in front, the basement floor opening through the passage on to the garden level. On the right of the house, when facing it, is a large greenhouse and vinery. The morning room at the back of the house is directly over the coach-house, and communicates with the green-house; underneath the latter lies the coal-cellar, in the front part of which is the servants' water-closet.

The soil-pipe was imperfectly ventilated, but was found properly trapped before discharging into the main drain; this latter ran from the rear of the house to the right, at a sharp angle, and received, in the first place an untrapped sewer from the coach-house, through which the sewer-gas was discharged immediately beneath the breakfast-room, in which, the gentleman of the house and his wife spent most of their time when at home, in the second place, the sewer from the servants' w.c. The pipes in the main drain, and drain from the servants' w.c. were unusually large, and difficult to flush. Where the latter drain joined on to the main drain, it was found, that from the first the joint had been defective. When the junction was being made, evidently the workman had not a proper pipe for the purpose, so contented himself with simply chipping the edges of an ordinary pipe into shape, making it fit as best it might. A large piece had been broken off, and a gap left, through which there was free escape of the liquid contents of the sewer, and soakage of the surrounding ground; the drains at the point of junction were choked with night-soil, the passage being completely plugged. Two barrowfuls of night-soil were taken out of the sewer. The quality of the sewer-gas which was forced back through the servants' w.c. and through the coach-house sewer may be easily imagined. The pipe from the kitchen sink was also discovered to be broken, and choked with the greasy mass that is usually found, the result of kitchen refuse water.

No wonder that both the master and mistress of the house had not been feeling well for the previous year. The latter has felt tired, out of sorts, disinclined for exertion, and suffered from stomach derangement, and constant sore and relaxed throats, attended by a severe cough, which latter was thought due to chest trouble by her former medical attendant. The former has always had a nasty tongue, dyspepsia, and a special liability to colds; he also felt tired, and found business often a trouble to him, although of a very active turn of mind.

The drains being now put thoroughly in order, it is to be hoped that there may be a change in the condition of health of the inmates of the house. The gentleman told me the other day of the experience of a friend of his, whose suspicions had been aroused as to the condition of the drains of his house. He had bought the house from the man who had built it for his own occupation; by him he had been assured that the drains were in perfect order, and that he had specially supervised their construction himself.

On opening the drains it was discovered that the men, when making the drain, had come to a rock, and stopped there, thus failing to make any connection between the house drain and the town sewer. This "danger to health" is beautifully shown in Plate XLIII. of Teale's "Dangers to Health, a Pictorial Guide to Sanitary Defects," a book that ought to be in the hands of every medical man, every architect, every plumber, and every building contractor in the world, placing as it would do plainly before their notice the terrible dangers arising from defective drainage, and how to avoid them.

Examples such as the foregoing may, I think, be taken as evidence of the frightful reality of those dangers to health which are said to be the result of defective drainage. Every such example that comes under the notice of medical men ought to be noted and published, so that in time a sufficient bulk of evidence might be collected and tabulated, in order that the construction of defective drains might be made a criminal offence. Surely it ought to be so, since the evil, and often fatal results that accrue are the result of either culpable negligence or wilful and a downright criminal disregard of human life for the purpose of pecuniary gain. The one offence ought to rank as manslaughter; but where broken and defective pipes are put in from the outset, or where such a thing occurs as that which I have recorded, viz., no connection made between the house and town drain, the crime might well take its place as that of wilful murder, since it is quite as heinous as the work of the poisoner, for whom no one has compassion or mercy.

Dec. 13.—Since writing the foregoing I have had several fresh illustrations of the dangers arising from defective drainage in the persons of patients whose ill-health could clearly be traced to this source.

About a week ago also I had (I had almost said the pleasure) the opportunity of seeing a most flagrant example of defective drain-pipes being carted to new building grounds; these pipes could not be decently described, in the language of the building trade, as even "seconds." They were decidedly bad "thirds," or even "fourths." As far as I could see, there was not a decently sound pipe in the whole cartload. Flaws, cracks, portions chipped out of the joints abounded. As a sanitary philanthropist, one felt grieved to see how little way sanitation had made in the hearts of jerry-builders, or on the conscientious supervision on the part of those in authority over such promoters of increased mortality tables—as a medical man who has his bread and butter to earn—one felt a certain grim cynical satisfaction in thinking how little chance there is, despite our unselfish efforts to promote the health of the people, of our services being dispensed with. If ever these gentlemen, the jerry-builders, meet together for a festive dinner, surely amongst their toasts must be found "The Medical Profession: may it never be short of infectious disease." We can well imagine how impressively the gentleman entrusted with the toast would speak in favour of the vast benefits conferred upon humanity by cultivating and encouraging such conditions in the building of houses as are most favourable to the origin and spread of such diseases, as a field for clinical observation, study, and experience in treatment, on the part of our profession, and how earnestly he would dwell upon the dangers of abolishing such opportunities for study by attention to proper sanitary arrangements and precautions. One can also imagine the warm reception such a toast would receive. Increasing experience of the building that goes on in new districts makes

one incredulous of the benefits to be derived from the services of borough surveyors and borough medical health officers, who are bound so to serve their local masters, the sanitary authority of the place, as to secure for themselves a certain amount of comfort and security of tenure in their office. *Point de zèle* must be their motto. I have several patients at present on hand who are suffering from sewage poisoning, the sewage finding its way from the "middens" into the cellars of the houses they live in. The sanitary inspector has made several visits to these houses, but yet nothing has been done. Streets are allowed to be built, rotten foundations undrained, or most inefficiently so, put in without any veto being exercised by the sanitary authority. But these evils are all only too well known. To remedy them by active intervention seems to be nobody's business, and so the game of sickness and disease of a preventible type goes pleasantly on for the doctors, who seem to be the only people who vex their souls about the matter. I must close, but I would make what seem to me some fairly practical suggestions.

Could it not be made a criminal offence, punishable with a severe term of imprisonment, without the option of a fine, for any drain-pipe manufacturer to have in his possession so-called "seconds;" the offence to be aggravated if he attempts to sell such pipes. Equally should it be a criminal offence for any builder to have such pipes in his possession.

Could it not also be made an offence for any builder to proceed beyond the foundations of a house without a special certificate from both surveyor and health officer that all necessary conditions as to drainage, &c., had been complied with. This combined certificate would act as a check upon the proper supervision on the part of both these officers.

The inspection of drain-pipes should be made in the manufacturer's yard, all defective pipes being at once destroyed.

Finally, the profession ought not to rest until medical officers of health are placed upon the same footing as inspectors of mines and factories, i.e., independent of all local influence and interference, able to perform their duties without fear and without favour, and therefore efficiently.

Brunswick Street, Sheffield.

CONSUMPTION VIEWED IN RELATION TO EVOLUTION AND MOLECULAR ENERGY.

By WILLIAM H. PEARSE, M.D.,

Senior Physician to the Plymouth Public Dispensary.

THE commanding idea which must possess us in viewing Organic Nature, is that of its infinite complexity and involvement with, and of, all existences. The organic seems to be the so-far final, yet progressive, state of the series of all Forms, in their evolution and correlations; and in true and absolute "continuity." The "continuity" which the Organic shows in what we call "Disease" must be as absolute as in the periods or states we call Health, the two must be related absolutely in series. There can be no disruption, there can be but one system or order in Organic Nature. This great *a priori* "necessary truth," has been too much lost to European method and philosophy. The "specific" distinction between the organic and inorganic disappears. Life is the necessary state of the complex energies or modes of matter, motion, and their correlations, in absolute "continuity." Neither in the vast varieties of animal forms, past and present, or in the varying states and ages of individuals is the "form," (a) or evolving rate of life, absolutely fixed; in the

(a) The word "Form" seems greatly needed in modern philosophy. Bacon says, *Novum Organum* Book II., Ap. II., "For though in nature nothing really exists besides individual bodies, performing pure individual acts according to a fixed law, yet in philosophy this is not so."

prevailing series or rate, "varieties" occur. Such necessary and inherent variation may be toward new forms, which in suitable environment become, in the organic kingdom, "species," "genera," &c., having longer or shorter ages of approximatively fixed uniformity; or such variation may become natural organs or part of living beings; on the other hand, such variation may become disease in individuals.

In this view, disease comes to be viewed as part of an absolutely natural series. Again, as the great "form" of life is in absolute correlation to cosmic existence, so the deviations, variations, and diseases, can have no less wide correlations. It is thus just, in the study of any disease, to pay regard to all nearly associated phenomena, be they organic or inorganic. Hence our search for the true correlatives, which are essential to health, must be cosmic; inorganic, and in its dynamic modes; and organic. The past history of the growth of knowledge has often shown that the greatest generalisations have opened from the most common and simple facts, and no one can predicate in any unknown realm of nature, which direction of study shall give the "travelling instances," (a) which shall lead to the knowledge of the true "form" of any phenomena or disease. I beg, therefore, to record the careful but approximative observations, I have made up to this time, on the pre-phthysical and phthysical patients who have come before me. The facts will be of relative value, as pointing to the wide correlations (b) which phthisis has in the domains of the organic and inorganic, and to show how involved must be the true "form" of the disease. We must hold the *a priori* truth, that every function and action of health, and every function and action, of what we call disease, are traceable to modes of matter and "energy;" the order or rate of the series has not yet been recognised, but true method gives the "confidence of hope" that the rate or order may ere long be known.

The great mass of our therapeutics in the past and present, are early and crude efforts to correlate the deviations or diseases of the organic energy, into a harmony or mode, whose natural results shall be the rates we call health.

Whatever may be the intimate process in the final stage of phthisis, and when the lung tissue is invaded, we must remember that there are a long series of antecedent phenomena of functional development, involving nerve and molecular "energy" and that, even the tendency to phthisis, in any individual, has marked relationship to certain types of fundamental nerve and bone segments, of the living animal; and that these antecedent phenomena, both of structure and function, are correlated with heredity and atavism.

It must be of paramount importance in our hope of being able to compass the "form" of phthisis, and to prevent the evolution of the final stages, that we give due study to its less striking but important early processes. The prevention of the evolution of the later stages, the maintaining that state, perhaps not of the highest health, but of the comparative health, in which we see patients remaining for many years; the carrying the patients over the period of greatest tendency to phthisis, all this, more than the treatment of the established disease, must be the object of the physician. Whatever be the process in the lungs in the later stages, be it bacterial, cellular, &c., such must

be altogether minor parts of the great "form" of the disease, in comparison with nerve involvements, and the disturbed "energy" of nerve composition and structure, and yet more fundamentally of altered "molecular" action or direction. (a)

It must be perfectly within the lines of true scientific method for the physician to seek to modify the mode of vital energy of those who tend to phthisis, into that more perfect conservative "energy" of those who do not pass into phthisis. The vast influence of small amounts of mineral elements, and of slowly acting physical environment, in altering certain fundamental parts of body, e.g., the thickening of the basilar process in certain cretins, makes an *a priori* presumption that the healthy growth of the lungs must be within our control.

I have grouped my notes under a few heads as indicating, if not "an approximative generalisation, at least, the wide relation which phthisis has with the widest "forms" of biological evolution. My opportunity is the study of phthisis, is one of simple observation and record of the phenomena which cases present in the passing stream of dispensary patients. Not alone is the interest aroused by the cases of actual and advanced phthisis, but by the large number of cases, which as yet show the early and very varied phenomena, which, for varying periods, precede the actual phthisis. Since in dispensary practice so large a proportion are lost to observation after a few weeks' treatment, nothing like statistical accuracy is attainable; not the less it is true in medicine and biology, that some of the best knowledge and practice are from approximative observations, which as yet have fallen far short of laws or true "forms" of the complex phenomena involved. The very indefiniteness which dispensary practice must exhibit, has this profound and important lesson, in that it results from the immensity of the subject of phthisis, in its correlations or partship with so vast a variety of symptoms, order of occurrence, periods of duration, and types of physique, in the human beings in which they show.

Atavism (b).—The phenomena which the stream of living units present in their symptoms, both it may be of evolution and reversion, and exhibiting the "forms" of heredity and atavism, not only in symptoms but in organic type of form, will impress us with the truly cosmic relations which are involved in phthisis. But as the greatest general truths are to be seen, by a right method of mind, from the contemplation of single facts, I have thought the following approximative classification of some of the phenomena of phthisis, may help us towards grasping its true "form." The phenomena of phthisis as they come under our observation in advanced stages, are apt to absorb the mind and limit the breadth of our method in the study. The main conditions, and true parts, or earlier stages, of the series of phthisis, are in a great but varying degree, ever present. The great difficulty of the study is in the vast complexity of the organic evolution, and correlations of "energy" involved. But true method assures us, that as the all-sufficient vital "energy" exists

(a) Tyndall says "Heat as a Mode of Motion," 8rd edition, 1868, page 189: "The force of gravity almost vanishes in comparison with these molecular forces. . . ." Again, page 501, he says "Molecular forces determine the form which the solar energy will assume." And again, page 501, "All the philosophy of the present day tends . . . to show that it is the directing and compounding, in the organic world, of forces belonging equally to the inorganic, that constitutes the mystery and miracle of vitality.

(b) Darwin says: "It is probable that hardly a change of any kind affects either parent, without some mark being left on the germ. But on the doctrine of reversion . . . (Atavism) the germ becomes a far more marvellous object, for, besides the visible changes to which it is subjected, we must believe that it is crowded with invisible characters, proper to both sexes, to both the right and left side of the body, and to a long line of male and female ancestors, separated by hundreds and even thousands of generations, from the present time; and these characters, like those written on paper with invisible ink, all lie ready to be evolved under certain known or unknown conditions."—"The Variation of Animals and Plants under Domestication." Vol. II., 1868, page 61.

law, and the investigation, discovery, and explanation of it, is the foundation as well of knowledge as of operation. And it is this law, with its clauses, that I mean when I speak of 'Forms,' . . . And again, Aphor. XX, he says: "It is to be observed that the Form of a thing is to be found . . . in each and all the instances in which the thing itself is to be found; otherwise it would not be the Form . . . the Form is found much more conspicuous and evident in some instances than in others."

(a) "Travelling instances" are those which point out the motions of Nature in their gradual progress." Bacon, *Novum Organum*. Aphorism XLII., 2nd Book.

(b) Correlation is used in the sense of Darwin, *Correlation in the sense of Grove*.

up to a certain age of the individual, and as the failure of "energy" and healthy growth, takes place often very gradually, and in a relatively definite and orderly series, that thus the final and fatal phenomena are a true and natural series, having as precise antecedent conditions as have the most familiar facts in the material or mechanical world. We are assured, also, that simple observation and analogy, are ways of study, not less pregnant than are experiment and exact analysis. Short of attempting to grasp the fundamental molecular "form" of phthisis in its failure of the correlated mode of vital "energy" at certain ages, and in certain individuals, the most seemingly wide common general phenomena are those of heredity and atavism. (a) We may sometimes almost predicate that certain young men and women will die early of phthisis, whose parents may be robust and beyond middle life, if they have uncles and aunts, &c., of certain physical type.

What are these types, in direct or collateral relations, which are most commonly associated with phthisis in descendants? I have no doubt that observers will find a large proportion have the region including the optic foramina and root of nose unduly sunken. A very striking fact which is being frequently presented is that, in parents, or uncles, or aunts, the nose is unduly out of the mesial line; the eye-brows are often massive and meet in the mesial line; there is often a vast growth of hair on the scalp; there are those with extreme delicacy of hands and nails, and others with the large broad cold hands.

(To be continued.)

Clinical Records.

GLASGOW ROYAL INFIRMARY.

Case of Urethrotomy for Chronic Cystitis.

By JAMES MORTON, M.D.,

Surgeon to, and Lecturer on Clinical Surgery in, the Royal Infirmary.

JOHN GOLDIE, æt. 38, a miner, had been in Ward 19 of the Glasgow Royal Infirmary during the early part of the year 1883, suffering from chronic cystitis, and was re-admitted on 22nd November of the same year, still suffering from the same malady. Frequency and pain in micturition are his chief complaints, always present, but aggravated after a full meal. He is compelled to urinate once every hour or oftener, both day and night, and has become much emaciated and anæmic from want of sleep. The urine is cloudy; contains urates; sp. gr., 1010; no albumen.

Dec. 7th.—To-day patient was placed in the lithotomy position, a staff introduced, and the membranous portion of the urethra was opened from the perineum, and the finger insinuated into the bladder, gently dilating the prostatic portion and neck of the bladder. A lithotomy tube was introduced to keep the wound open and allow the urine to drain off, and give rest to the bladder.

On the 9th the tube was taken out, but it was found that frequent urination at night recurred, and on the 10th a catheter (elastic) was introduced through incision, and tied in. This was continued till the 26th December, when the catheter, having accidentally come out, was allowed to remain so till the 28th, when a tube was re-introduced, as the man complained of pain and uneasiness. About this time the patient began to introduce the tube for himself at night, and to take it out in the morning, thus obtaining undisturbed nights, and on the night of January 14th, 1884, he was unable to introduce it, as the wound had now contracted very much, and was very small. He was, therefore, allowed to discontinue the use of the tube. He can retain his water

(a) In seeking to estimate the relative value of phenomena in any side of nature, we have to carefully remember what Bacon says: "The nature of the human mind is more affected by affirmatives and actives than by negatives and privatives, whereas by right it should be indifferently disposed towards both. But now a few times hitting or presence produces a much stronger impression on the mind than many times failing or absence: a thing which is as the root of all vain superstition and credulity."—"De Argumtis," 6th book, page 452, vol. IV., 1858. Spedding's, Ed.

for two hours, and on the 19th January he is said to be able to retain his urine for two and a-half or three hours, and was then dismissed.

Remarks.—This case belongs to a class for which, till lately, very little good was done by the ordinary treatment, and to Sir Henry Thompson the profession is indebted for suggesting and introducing the operation which has been found to benefit such. The object of the proceeding is the very laudable, though very common, one of giving rest to the diseased and suffering organ, so as to allow it to undergo repair, and certainly the benefit in this case was very marked. The operation in competent hands is easy, and unattended by any great risk, either at the time or afterwards. It seems to be adapted to those cases of chronic cystitis in which there is no reason to believe that other organs are the seats of disease. In almost all such cases some albumen in the urine may be expected, but, if it be small in quantity, it is probable that the bladder is the sole cause of it; the kidneys most likely are sound, and it follows that early operation may have something to do in anticipating or preventing those secondary changes in the kidneys which are the well-known sequelæ of diseases of other parts of the urinary apparatus. The case itself has taught me, and may teach others, that several weeks are required to allow all the benefits of the operation to be experienced by the patient himself, and the sensitive interior of his vesica or bladder. Not the least pleasing feature in this man's case was the thoroughness with which he appreciated the relief aimed at and attained, and the readiness with which he undertook the evening introduction of the catheter or tube, so as to secure his night's rest undisturbed by urgent calls to void urine from a hyper-sensitive viscous. After the operation, no medication of the interior of the bladder was attempted, and it has proved unnecessary.

France.

[FROM OUR SPECIAL CORRESPONDENT.]

THE meeting of the Académie de Médecine was occupied all day with a discussion on the ingestion of alcohol and its effects in the economy.

ANEURISM.—M. Trélat communicated two cases of aneurism to the Société de Chirurgie, one of which refused to be influenced by indirect pressure sustained a relatively long period. The position occupied by the tumour was the popliteal space, and although compression was made in Scarpa's triangle no diminution was appreciable. At last the ligature was resorted to, and tumour was not slow to shrink, harden, and disappear. The same member reported a case of suture of the perineum, in which the perineal and vaginal suture were made. The patient cured rapidly. Out of eleven cases thus operated upon only three failed. M. Verneuil, who agreed with M. Trélat as to the position of the sutures, preferred the silver wire to the mother of pearl buttons; he leaves them eight or ten days *in situ*. M. Després was astonished at the large number of these cases which have recently come to light. In his long career he had only three times practised the operation. His principle was to wait until three months after the delivery, and to prevent the vaginal liquids from penetrating the wound he made the patient lie on her face. M. Thomas communicated the case of an irreducible prolapsus of the uterus, and for which he was compelled to have recourse to total ablation by the elastic ligature. It was the case of a domestic who, for two years, had been suffering from the affection in question, and all attempts at reduction were rendered useless. The tumour was voluminous and showed signs of sphacelating. In an attempt at reduction he tore the posterior wall of the vagina. It was then he decided on extirpation, and the patient made a good recovery.

CASE OF HYSTERIA IN A MAN.—At the Société des

Hopitaux M. Debore made observations on a case of hysteria in a man who recently came under his notice. The individual was brought to the hospital in an unconscious state, and on examination hemiplegia of the left side was discovered. Syphilis was supposed to be the cause and in two months he left the hospital cured. A month ago the patient fell into the same state, and the hemiplegia this time was accompanied by anæsthesia and contraction of the same side. At the time of speaking the paralysis has nearly disappeared, but he is still hæmianæsthetic. On pressing over the region corresponding to the ovary in woman a pain is produced similar to that observed in the hysteria of the opposite sex, and M. Debore considered that this fact would prove that the ovary in woman had very little to do with hysteria. M. Jouffroy had seen an hysterical man who presented a tenderness in the iliac region, and he was of opinion that in woman it was not so much the ovary itself which produced the pain as the plexus of nerves by which it was surrounded, and that the same plexus could be found in man.

DAMAGES FOR MALPRAXIS.—The Court of Nimes has just condemned a doctor to pay £70 damages and a yearly sum of £8 to one of his patients whom he grossly neglected. Our *confrère* was called to attend a young woman, æt. 30, for a dislocation of the elbow without fracture. The reduction was effected very promptly, and a bandage placed above and below the joint. The bandage was so tightened that it caused excruciating agony and the patient supplicated her medical attendant four consecutive times to loosen it, but he turned a deaf ear to her entreaties. After thirty-six hours suffering another doctor was called in who found that already gangrene had set in in the hand and lower part of the forearm. The result was, the patient lost the use of her arm and was obliged to give up her profession which was that of *modiste*. Three expert medical men were called from Montpellier in favour of the plaintiff, and all agreed in saying that their *confrère* was greatly to blame in refusing to loosen the bandage. The plaintiff had claimed £1,200 damages.

Special Articles.

MIRYACHIT.

In the February number of the *Æsculapian*, Hammond, of New York, brings under the notice of the profession an affection of the nervous system said to be common in Siberia, particularly about Yakutsh, where the winter cold is extreme, and called by the Russians Miryachit. Essentially this affection consists of a forced imitation of any sounds uttered suddenly in the patient's hearing, or of any acts suddenly performed in his presence. Thus, if a man claps his hands before the face of a sufferer, the latter will immediately imitate the action precisely—against his will, and even though he is annoyed at the liberty. Similarly, a sudden whistle or shout is exactly imitated. The patient will even fall with some violence in accurate imitation of a person whom he sees falling suddenly. From the short description given, it would appear necessary that there should be some degree of suddenness in the presentation of the sensation in order to call forth the mimetic action. Both sexes are attacked by miryachit, but women more frequently than men. Hammond points out the analogy between this condition and that of the jumpers of Maine described by Beard, but the jumpers obeyed commands involuntarily and most irrationally, and thereby seem to have incurred sufferings which the happier Russians were spared. The name of jumpers appears to have arisen partly because the unfortunate victims of the ailment

that Beard describes were made to jump "to order,"—partly, also, because they always jumped violently on hearing a sudden noise. The jumpers repeated involuntarily commands given them in a loud voice, and even sentences in languages which they were not acquainted with. Hammond further compares the affection he describes with the phenomena of the State, called by the Germans *schlaftrunkenheit*, but the resemblance does not appear to be close. There is a much closer analogy to some forms of the hypnotic state. The variety of hypnosis, so familiar to the practitioners of "electrobiology," is characterised both by tendency to imitation and by obedience to command. Here, however, there is unconsciousness. But Heidenhain has demonstrated in unilateral hypnosis, in which consciousness is retained, a tendency to forced imitation in the movements of the side that has not been hypnotised, and that remains perfectly movable. This tendency can be overcome by an effort of the will. There are also cases of total hypnosis in which consciousness is retained, and forced movements of imitation occur. Such cases would seem precisely analogous to miryachit, and it is somewhat singular that Hammond has not mentioned them in this connection.

Should the description of the "newly-described nervous affection" prevalent in Yakutsh be verified by careful observers, it will go far to sweep away Heidenhain's explanation of hypnosis as a result of inhibition of the action of the higher nervous centres. For here there is no previous irritation to bring about the inhibitory action, the condition appears chronic, and it would either look as though the impressions received from the senses were translated at once into motor impulses through a failure of the normal inhibitory action of the higher centres, similar, or comparable to that which occurs when reflex action is exaggerated in consequence of sclerosis existing in the motor tracts.

Sanitary Department.

DR. BARRY'S REPORT UPON THE TYNEMOUTH DISTRICT. (a)

THE important and elaborate inquiry recently carried out by Dr. Barry, on behalf of the Local Government Board, into the sanitary circumstances of the above district owed its origin to the prevalence of Scarlatina and other zymotic diseases.

The older houses in the colliery villages were found to be damp and badly ventilated, and in many cases all those of a row communicated with each other. The water-supply was liable to pollution, being derived from surface wells. No provision was made for excrement disposal, the males resorting to the fields, and the others mixing their dejecta with the house refuse, which is deposited on the roadside. Others, however, had been found more or less improved in recent years. The modern colliery houses, again, showed a still greater advance in sanitary excellence, being of ample cubic space, well ventilated, and furnished with damp courses. The water was derived usually from the nearest coal-pit, and was piped to stand-pipes, from which houses are often distant 750 yards. Excrement and refuse, however, were disposed of throughout the district in midden privies, which were arched and usually blocked up, besides the contents being exposed to mixture with rain water, and consequent rapid decomposition; the removal of this refuse was also incomplete, a "soft core" being left. Dr. Barry advises the

(a) To be purchased of Knight & Co., Shaw & Sons, Hadden & Co., and King & Sons.

pail-closet system, and separation of the contents of the pails from ashes, &c.; he also suggests several provisional alterations in the existing middens. The main conditions that he found influencing the spread of infectious diseases in the district were (1) arrangement of houses in rows; (2) mingling of healthy and infected at stand-pipes; (3) drainage by open channels; (4) storage of excrement and leaving of "soft core;" (5) the often temporary character of the water-supply; and (6) want of means of isolating the sick. To these might be added, the habit of visiting friends, and of helping in sickness.

Dealing with the mortality statistics of the district during 1873-82, Dr. Barry finds the mean general death-rate, the scarlatinal death-rate, and the infant mortality above the average of England and Wales, whilst that of Small-pox was much lower. (The zymotic rate is also seen to be slightly higher.) The mortality from "Fever" had decreased progressively throughout the district. The mean Scarlatinal mortality was excessive in the Tyneside districts, and in Blyth, Cowpen, and Seghill urban districts. Further, the high fatality from infectious diseases was usually associated with high infant mortality. The inspector next proceeds to deal with each disease separately. Thus, Scarlatina prevailed epidemically every 5 or 6 years, the mean mortality being double that of England and Wales, and the total death-rate under 5 years as high as 79·6 per 10,000 living at those ages. He accounts for the periodicity of the disease by the re-accumulation of children at the susceptible ages. A direct connection is traced between degree of fatality on the one hand, and density of house population and the sanitary influences affecting the general death-rate on the other. The reasons that account for this great prevalence are personal intercourse (which is intensified by the construction of the villages), and want of isolation; further opportunities are afforded by congregation at the stand-pipes, and exposure (often purposive) of children during desquamation. Next, as to small-pox, the mortality from which was far below the average. This Dr. Barry ascribes to the enforcement of the Vaccination Act of 1871 by the several guardians of the district, since prior to 1873 fatal cases had been registered yearly. With respect to Enteric fever, the rate of mortality from which had progressively decreased, this decrease was most marked where pollution of soil, air and water was least. An outbreak in Burradon and Hazelrigge was investigated, and ascribed to the pollution of a certain well used by the majority of the persons attacked by the contents of a foul open ditch, into which the refuse from the early cases had been admitted. Infant mortality, which in the district exceeded that of the whole county, is ascribed to wrong feeding, exposure, and scarcity of milk, the latter being obviated in some places by the establishment of a dairy.

Dr. Barry concludes his able report by recommending the amalgamation and combination of certain sanitary districts, the provision of hospital accommodation for isolation of early cases of infectious disease (at the rate of one bed per 1,000 of population), and points out the unsatisfactory nature of the existing building bye-laws. Several plans and tables are appended.

THE GORE FARM SMALL-POX TENT HOSPITAL.

Owing to the recent exacerbation of small-pox prevalence in the East of London, and the consequent filling of the Hospital ship *Atlas*, the Metropolitan Asylums Board have been obliged to institute a tent hospital for convalescents from that disease upon part of the Gore Farm estate recently purchased by them. This has been placed on the side of a hill, at a

distance of 1,000 feet from the Darenth Asylum, separated by neutral ground from the road, and consists altogether of 20 marquees for sleeping, 2 for day use, besides tents for officers, &c. The sleeping tents accommodate 20 patients, are 50 feet apart, and in 2 rows 80 feet distant from each other; their floors are wooden, raised on brick piers; each is provided with a Moule's earth closet, is warmed with steam and lighted with gas. There is an elaborate bath-house containing 24 baths, the waste-pipes of which discharge externally over open traps. A large, well-fitted and suitable kitchen is provided. Disinfection is performed in a room furnished with Lyon's apparatus. The important matter of laundry administration is carried out by the setting apart and isolation of a portion of the Imbecile Asylum's laundry for the purpose; soiled linen is disinfected (how, is not stated), before being taken there in a closed tank. The method of discharging patients is complete in detail, and leaves nothing to be desired in the matter of avoidance of the carriage of infection. The water-supply has been effected by extending the main across the Asylum grounds through the Hospital to large storing tanks, from which it is laid on to sinks, baths, &c. Steam is supplied to each tent from two multi-tubular boilers specially provided; gas from the asylum works. Besides the earth closet for night use, 14 other Moule's have been placed in the grounds for day use; the earth is dried in a special furnace and the soil buried. Waste water and slops, are, however, dealt with by sub-irrigation.

We must congratulate the Asylums Board and their architects (Messrs. Harston) on the successful nature of the provision they have made for the isolation of small-pox convalescents.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, MAY 9TH.

The President, ANDREW CLARK, Bart., M.D., in the Chair.

Mr. CLUTTON on a case of

INTESTINAL OBSTRUCTION (BY A DIVERTICULUM) SUCCESSFULLY TREATED BY OPERATION.

A boy, *æt.* 10, was brought to Mr. Clutton's notice by Dr. Powis, of Greenwich. He had had several other attacks of a similar kind, but lasting only two or three days, and always terminating with a copious evacuation from the bowels after enemata. On this occasion he was taken ill suddenly at the seaside with vomiting, and great pain in abdomen. He was brought home to Greenwich on the third day, and as treatment by enemata and opium proved of no avail, Mr. Clutton was asked by Dr. Powis on the fourth day of the illness if operation would be likely to afford him relief. He was at once transferred to St. Thomas's Home, where, after the administration of an anæsthetic, the abdomen was opened. A collapsed portion of bowel was soon found, and on bringing it to the surface a tight ring-like cord could be felt and seen to be the cause of strangulation. This band was clamped by two pairs of forceps and divided, each end was then ligatured with catgut and the forceps removed. The bowel was found after the division of the constricting band to have been set free from strangulation. It was not thought desirable to make more than a cursory examination for the origin of the band causing the obstruction as the boy was much collapsed before the operation commenced. The two catgut ligatures formed the means of recognising the original position of the now divided band. One of these ligatures was situated at the extreme point of a diverticulum two inches in length, and the other was placed upon the wall of the same loop of intestine at a distance of about six inches. A portion of bowel of about three inches in length between these two points of attachment was the part strangulated, and was of

an extremely dark colour with a deep sulcus at each side. The boy made an uninterrupted recovery and left the hospital on September 12th. The explanation of the condition found in the abdomen seemed to Mr. Clutton to be as follows:—The vitelline duct had been obliterated at the umbilicus, and set free from the abdominal wall, but remaining patent toward the ileum the lower end had become a pouch-like diverticulum from the intestine. This diverticulum terminating in a pointed extremity or cord—part also of the vitelline duct which had been obliterated—had remained floating about among the intestines till it became attached, as we have seen, to the bowel in contact with it. The gut between the two points of attachment had slipped beneath the cord which united them, and being unable to extricate itself had become strangulated.

Dr. COUPLAND said that no instance of recovery had occurred in any of the several cases of this nature he had seen operated on. It was probably owing to the prompt interference that Mr. Clutton's success was due. The form of strangulation met with in this case seemed that most commonly encountered, and on the post-mortem table he had seen more than one example of unrelieved Meckel's diverticulum. In one instance especially, a man who during life complained of pain in the intestinal region, and whose umbilicus was depressed, the diverticulum had never become free, and was attached at the umbilicus. Possibly the umbilical symptoms might aid diagnosis. In another case, a boy, under Dr. Greenhalgh, and which was not operated on, there was found, *post mortem*, a strangulated coil of ileum passing through a mesenteric diverticulum, the dimensions of which much exceeded the natural limits of such openings.

Mr. TREVES congratulated Mr. Clutton on the good success he had obtained, and mentioned that of the twenty-nine cases collected by Perrot, but seven recovered, while of the four patients in whom the strangulation was associated with Meckel's diverticulum but one survived operation. As a result of his own researches, Mr. Treves had found that eight recoveries occurred out of thirty cases, and he inclined to think that even this mortality would be much increased did surgeons report all unsuccessful cases. As a rule, death took place on the fourth day, and it was necessary to remember that as well as the strangulated intestine the strangulating agent shared in damage done to nervous and vascular structures. The diverticulum was attached to the free end of the mesentery in twenty-five out of fifty cases collected by himself. It would have added to the value of Mr. Clutton's paper had it contained more of detail in relation to the clinical history of the case. A history of previous attacks was of no particular importance, since but twelve per cent. afforded any such history. Except in cases of complete strangulation, pain would be intermittent in character, not continuous, as in those where strangulation was complete. The seat of pain would not afford a clue as to the site of strangulation, because in most instances it occurred at the umbilicus or in deeper situations difficult of localisation by the patient. Mr. Clutton's was the first case in this country in which recovery had taken place.

Dr. MAHOMED was convinced that paroxysmal pain might be present also in complete obstruction of the intestine, his own experience of nine or ten cases having led him to this conclusion. Was it possible that in cases of extreme distension the obstruction would be found always in the large intestine? This had an important relation in connection with relief by colotomy. Dr. Mahomed concluded by urging reasons why the site selected for operation in all cases should be on the outer side of the right rectus muscle.

Mr. TREVES explained that he did not wish to convey that there was an absence of pain in incomplete cases of strangulation. His reference was to its continuous nature in the one class, and paroxysmal in the other.

Mr. SYMONDS thought more information was to be desired respecting the spot selected for incision. In this connection his opinion was not in agreement with that of Dr. Mahomed. As a rule, the most prominent part should be chosen, as in the two cases he had most recently seen, both, however, fatal. He approved of the middle line as the situation for the incision, because it afforded access to all parts likely to be involved. The excessive mortality among these cases in hospital practice might be explained on the ground that they were subjected to a deferred treatment until their nature had been fully understood.

Mr. H. MORRIS quoted a case in which operation by the median incision had been performed immediately after admission of the patient—a subject of old double hernia—into hospital. On the left side a knuckle of small intestine had been displaced by the hernial sac, the neck of which was divided, and the strangulation thereby relieved. Diarrhoea came on, and death occurred thirty-six hours after. *Post mortem*, the large intestine was found obstructed, the cæcum largely distended, and perforated. Right-sided colotomy might be employed at first in doubtful cases, and subsequently the median operation, if necessary. In one case of this nature in which this course was followed, it was found after death that the small intestine was the seat of obstruction, although relief was afforded by evacuation of a distended large intestine as a result of the colotomy.

Mr. CLUTTON said his patient experienced exacerbations followed by lulls, during one of which operation was performed, it being deemed unwise to wait for recurrence of urgent symptoms. As a proof that some fatal cases survive the fourth day, he mentioned one in which death occurred on the ninth day; it was not operated on. On every ground Mr. Clutton approved the selection of the mid-line as the place of operation.

Mr. CHRISTOPHER HEATH ON

THE TREATMENT OF FRACTURED PATELLA,

in fulfilment of his promise at an earlier meeting of the society, to produce patients treated immediately after the accident by plaster-of-paris. He gave Mr. Hutchinson the credit of first combatting the old teaching that separation of the fragments depended on muscular action, and agreed with him in believing that it was the fluid in the joint which was the difficulty. Mr. Heath gets rid of the fluid by aspiration, and has never seen any bad result from the practice, but prefers, when possible, to prevent effusion by at once enclosing the joint in plaster-of-paris. This requires renewal in about six weeks, and at the end of three months a leathern splint is applied to the knee and thigh so as to control the action of the extensor when the patient is walking. Two women and a man were shown, in all of whom the plaster was applied within an hour of the accident with very good results as to short fibrous union.

Mr. MORRIS exhibited two cases treated since Sir Joseph Lister's address, both men. In one the fracture was high, the upper third of the patella being broken off and dragged up in the thigh, but being subsequently "kneaded" down by the patient himself. This showed, Mr. Morris thought, that retraction by the muscle does occur. Displacement, however, was influenced by laceration of the fibrous investing capsule, as had been proved by experiments on the cadaver. Tearing of the capsule might easily attend the application of such muscular force as sufficed to bring about the fracture. The treatment adopted was primary extension by a special form of splint and strapping; and subsequently an apparatus was worn which permitted of gradually increasing flexion of the joint, the patients meanwhile pursuing their usual callings.

Dr. ALTHAUS inquired if the patellar tendon reflex existed in these cases, and on the suggestion of the President he proceeded to examine the patient exhibited with the view of determining the point. At a later period of the meeting Dr. Althaus reported that the reflex phenomenon was present in equal degree on both sides.

Mr. PARKER observed that effusion would prevent approximation of the fragments, whatever agency might originally separate them. Aspiration of the joint had been formerly denounced at the Surgical Society of Paris.

Mr. SYMONDS asked what quantity of fluid Mr. Heath had withdrawn by aspiration. Was two drachms a satisfactory amount to remove? He had recently treated these cases of fractured patella by immediate compression with Martin's rubber bandage, and followed this by application of plaster-of-paris. In three weeks' time the patients were about with good and useful limbs.

Mr. TURNER contended that the results obtained by Sir Joseph Lister were better even than that exhibited by Mr. Morris. He had found bony union to have taken place in a patella treated by wiring. The specimen was in King's College Museum. He was unaware of a similar result obtained by any other mode of treatment. With an intact capsule patients might possess the power of moving the leg usefully, notwithstanding fracture of the patella with no union, but separation of the fragments. The success of the cases shown could not be properly estimated so early after recovery. In

one case treated by Malgaigne's hooks three inches of space separated the fragments after six months. Wiring was subsequently resorted to with the best possible result.

Mr. GODLEE remarked that advocates of treatment by wiring contended that this mode of treatment alone yielded perfect results, notwithstanding other methods also gave good results. On the other hand, opponents of the practice denied that any justification for opening the joint could be found.

Mr. HEATH expressed himself unconvinced by Mr. Morris's case in proof of the fallacy of Mr. Hutchinson's theory that it was not muscular force which kept the fragments apart. The fact that Mr. Morris's patient was able to bring down the retracted fragment showed how brief the muscular spasm was. He (Mr. Heath) had removed as much as 3 or 4 drachms of fluid by aspiration. Now, however, this practice was rarely resorted to, all patients being treated by immediate application of plaster-of-paris on admission. He promised to keep his cases in view, for the purpose of testing the permanency of cure.

Dr. WHIPHAM brought before the Society a case of HYDROCEPHALUS, PROBABLY OF OLD STANDING, FOLLOWED BY INSANITY AND DEATH.

The patient, *æt.* 39, was one of twins, his brother having died in infancy of effusion on the brain. In early years the subject of the communication had been uncertain in temper, and had occasionally squinted. After 12 years of age he enjoyed remarkably good health; his intellectual capacity was above the average; he was well informed on most subjects, and fond of exercise. He had suffered in early manhood from a soft sore, but never had syphilis. On October 7th, 1882, he consulted Dr. Whipham, because "he had been mad." It then appeared from inquiries through his wife and friends that he had been for eighteen months from time to time strange in manner and irritable, and that he often sat by himself at his club muttering; that in conversation he often lost the thread of his discourse; that he had written inexplicable letters to a relative and to a friend. Of late he had become very drowsy, and even went to sleep occasionally while at meals. His memory had been failing for eight months or so. He had been a regular, but not excessive, smoker. At the date above mentioned his expression of face was vacant, and, unless questioned, he stared vacantly at space. His answers were inaccurate, and he had one or two delusions. His gait was steady, his grasp feeble, his special senses natural. He became more and more capacious and irritable, and his usual reading was distasteful. Once or twice he was obstinate and somewhat violent in the streets. By Dr. Blandford's advice, he went to Folkestone for change, but derived no marked benefit. On one occasion he started for a walk by himself in the middle of the day, and returned without being able to give any account of himself until nearly midnight. On his return he became morose and sullen rather than violent, and was eventually sent to Munster House. Soon after his arrival it was noticed one day that the left pupil was larger than the right, and he had a fit during dinner. Ten days later he was again violent and noisy, wet and dirty. Two days before his death, when walking with the support of an attendant, he suddenly fell headlong to the ground, sustaining no injury save an abrasion of the nose. The patient died early on December 28, 1882, and on the morning of the previous day had been excited and very noisy. Subsequently he became unconscious for some hours. At 7.30 p.m. he recovered, and was more rational than at any time since Oct. 10. This condition lasted for a quarter of an hour, when he again became drowsy, and at last unconscious till his death. At the autopsy the ventricles of the brain were so distended as to contain about $\frac{3}{4}$ -pint of fluid. The dura mater was adherent generally to the skull-cap. No other lesion of the brain was found. Dr. Blandford, who was called in consultation, rather inclined to the diagnosis of general paralysis, basing his opinion on the elation, incoherence of ideas, and inability to concentrate his attention. Dr. Savage, in the *Journal of Mental Science*, July, 1880, records a case in which great dilatation of the ventricles was found in a female, *æt.* 35, who was insane for eight months before her death. In this case, however, there was the complication of granular kidneys. In the case before the Society all the symptoms of general paralysis were not present, and a certain diagnosis was not made. Elation certainly existed at one time, but only lasted for a day or two, and the gait, save on one or two occasions soon after the attack, was remarkably steady. In the absence of any evidence of other disease, the symptoms must be referred to the hydrocephalus, presumably of long standing.

Dr. BLANDFORD said he had seen the case on two occasions. Though anomalous in many respects, yet it seemed to promise to become one of general paralysis. He had anticipated maniacal outbreaks after admission into asylum, but instead of this the patient fell into a comatose condition, and could be roused out of it only with difficulty. It was curious that a sensible interval preceded death. The case was a difficult one in many ways, and deeply interesting.

Dr. ALTHAUS asked if there was any history of syphilis? to which

Dr. WHIPHAM replied in the negative; as also to a question from Mr. Parker respecting the existence of notes on the condition of the choroids.

Living specimens of rupture of the brachial plexus (two cases) were exhibited by Mr. Symonds and Mr. Davies Colley; and two cases of fractured patella (recovery) by Mr. H. Morris.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN

MONDAY, APRIL 7TH.

J. SMITH TURNER, M.R.C.S. and L.D.S. Eng., President, in the chair.

REPLACEMENT OF DISLOCATED TEETH.

Dr. BELLISARIO, of Sydney, New South Wales, read notes of the case of a gentleman, *æt.* 27, who was thrown out of a dogcart, striking his face against the stump of a tree. Three of the upper incisors were displaced, and the fourth broken across transversely; the lower fragment could be moved about in any direction, though with great pain to the patient, and crepitus could be distinctly felt. The displaced teeth were brought into proper position, and a thin gag inserted between the molar teeth; only liquid nourishment was taken for several weeks. In the result, not only did the dislocated teeth become fixed, but the fractured incisor also united firmly, and at the end of three months all four were as strong and useful as before the accident, and quite natural in appearance and in sensibility.

Mr. ARTHUR UNDERWOOD read a paper on THE INFLUENCE OF MICRO-ORGANISMS IN THE PRODUCTION OF DENTAL CARIES.

He referred to a paper read before the Dental Section at the International Medical Congress in 1881, in which he had shown that certain forms of micro-organisms were invariably present in carious dentine; that no change resembling caries could be produced in the absence of these organisms, i.e., under aseptic conditions; and that under septic conditions a change could be produced artificially which, if not undistinguishable from ordinary caries, certainly resembled it. The fact that organisms were invariably present had since been confirmed by numerous observers. It had been stated by one investigator, Dr. Miller, of Berlin, that the dentine was first softened by acid, the invasion of the micro-organisms being only secondary to this, and that a zone of softened dentine not infected with organisms always existed in advance of that which was so infected. He and his colleague Mr. Milles had on the contrary found that the organisms extended as far as the softening; they could not find any softened tissue which did not contain micro-organisms, and they were of opinion that the acid which softened the dentine was produced by the organisms, just as occurred in ordinary processes of acid fermentation. They had cultivated the various organisms found in carious dentine in flasks containing purified blood serum, after the method introduced by Professor Koch, and had ascertained that there were several distinct varieties, but experiments made with the view of finding out which of these species were the most active agents gave negative results. Dr. Miller had stated that he had produced artificially out of the mouth caries which he defied anyone to distinguish from that which occurred in the mouth. Messrs. Underwood and Milles had repeated his experiments, and had tried several of their own with but very partial success; the result was that in the absence of germs no change takes place which could be supposed to be caries; in the presence of germs a change does take place resembling caries, but which invariably became arrested before it had gone very far. This comparative failure was no doubt caused by the difficulty of assembling in a flask or incubator experiment all the various conditions

which were present in the mouth, and instances were quoted from the experiments of Koch, Pasteur, and Nægali to show that micro-organisms cultivated under conditions not altogether favourable became weakened, and even lost their special attributes, so that the bacillus of anthrax, for instance, could be inoculated harmlessly. The authors of the paper claimed to have established that micro-organisms of a special form were an essential element in the production of dental caries. Food gets lodged between the teeth, and undergoes fermentation, with formation of acid and bacteria; the acid destroys the enamel, the micro-organisms invade the dentine, proliferating in the tubes and living at the expense of their organic material, their advance being accompanied by decalcification of the intertubular substance.

A discussion followed, the tone of which was distinctly favourable to the adoption of the views promulgated by Messrs. Underwood and Milles. It was remarked that these cleared up some points which the purely chemical theory of caries did not explain, *e.g.*, the fact that the dentine was destroyed more rapidly than the enamel, and a hope was expressed that the discrepancies at present existing between the results arrived at by Messrs. Underwood and Milles and by Dr. Miller might soon be settled by the testimony of independent investigators.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION.

THE quarterly meeting of this Association was held at Bethlem Hospital on Tuesday, the 6th May,

Dr. ORANGE, President, in the chair.

A letter was read from Dr. Manley, the President-elect for the ensuing year, announcing his inability, through ill-health, to fulfil the office to which he was elected at the last annual meeting. A resolution of regret and condolence having been duly passed, the President stated that, acting under the Association's rule providing for such emergency, the council had exercised the duty imposed upon them by electing Dr. Rayner to act as President during the coming year. Papers were read by Dr. Hayes, Newington, on "Unverified Prognosis," and by Dr. Bonville Fox, on "Exaltation in Chronic Alcoholism," and Dr. Mercier introduced resolutions in favour of the transference of lunatics of foreign nationality to their own countries.

A SERIOUS epidemic of scarlatina has broken out at Waterford, and last week there were nearly one hundred patients in hospital suffering from the disease.

By the death of Mr. King, a well-known dealer in works of art in London, the magnificent legacy of £100,000 falls to the treasury of St. George's Hospital, Hyde Park. The remainder of deceased's wealth, amounting to an even greater sum, is, we understand, bequeathed to his friend and medical adviser, Dr. Roper.

By the will of the late Mr. William Foster, of Hornby Castle, the Bradford Infirmary receives £1,000 to the endowment account and £500 to the building account; the Bradford Fever Hospital, £750; Bradford Eye and Ear Hospital, £250; Bradford Children's Hospital, £500; and Halifax Infirmary, £1,000.

BRIGADE-SURGEON E. G. MACDOWELL, of the Army Medical Department, who acted as principal medical officer to the late Soudan Field Force, has been granted special leave of absence from Cairo to England till September 3 next. He will, it is stated, be shortly created a Companion of the Order of the Bath for his services in the recent campaign.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 14, 1884.

THE INTERNATIONAL HEALTH EXHIBITION.

ON Thursday last the magnificent and extensive Exhibition which has so long been in preparation at South Kensington was duly opened to the public; and, judging from the numbers who availed themselves of the first opportunity of examining the collected treasures there displayed, there can be no question of the very general interest excited by it in the public mind. The inauguration ceremony was performed by the Duke of Cambridge, whose first duty was to listen to a tediously and unnecessarily lengthy address from the Duke of Buckingham, Chairman of the Exhibition Committee. On the conclusion of this part of the programme, H.R.H. the Duke of Cambridge made a commendably brief reply, and concluded by declaring the Exhibition duly open. There was ample evidence, even at this period of its existence, that success was destined to attend the efforts of the originators of the affair, for already the courts and galleries of the Exhibition building were crowded with visitors; and as the day advanced the throng grew yet more dense, the evening especially presenting a most busy and animated scene.

It is not to be expected that the arrangement of the Exhibition could be completed in time for its inauguration; but, nevertheless, a surprising advance had been made in this direction during the few days immediately preceding the opening; and even now there is abundant material to engage the attention of even the most *dilettante* visitor for many hours, while special attractions

in the way of outdoor concerts, &c., exist to satisfy those who prefer to temper instruction with pleasure.

The object of the Exhibition being, above all, to advance the sanitary welfare of the people, advantage has been taken of every form and description of exhibit possessing the slightest bearing in this direction. For this reason, therefore, some things have been included which at first sight seem hardly to have reference to the specific purpose of the display; but even these can fairly be shown to have a definite connection with health—such as, for instance, cigars, tobacco, and smoking appliances; stuffed fowls, and other birds used as food; Indian mats, and other Oriental furniture, &c., &c. In the section of the Exhibition devoted to foods and manufactures of foods, there is shown a collection of exhibits such as has never before been arranged under one roof; and the visitor cannot fail to be impressed with the marvellous completeness of the show in this respect. Not only are the articles themselves to be seen, but every stage in the manufacture of them is carried on before the eyes of the spectator, costly and extensive machinery having been laid down for this purpose, and presenting such an appearance of solid permanency that it is difficult to believe the whole is but a temporary arrangement for exhibition purposes. In the same way, too, a number of dairies have been erected and fitted with the utmost fidelity in matters of detail; and every process, from the milking of cows to the production of butter and cheese, is systematically carried on by staffs of attendants, who appear to pursue their labours with an utter indifference to the fact that they do so in the full gaze of thousands of deeply-interested inspectors of the various operations. Already, indeed, it is clear, by the persistence with which the part of the Exhibition devoted to industrial occupations is daily patronised by large numbers, that this department adds largely to the popularity of the whole; and we cannot hesitate to congratulate the authorities on the complete success of the measures they have taken with regard to it.

The department of pharmacy is well represented by collections of drugs and preparations, contributed by firms of world-wide reputation in this connection, and to which we shall refer in detail when dealing with the exhibits in a series of special articles which will be published from time to time in our pages.

House construction and sanitation very naturally constitutes a prominent and highly important section of the Exhibition; and perhaps the most interesting, and certainly the most striking and picturesque object shown in the whole vast collection, is a reproduction of part of ancient Cheapside as it appeared previous to the fire of 1666. The conception of this addition to the Exhibition was most happy; and the Council are to be deservedly congratulated on the liberality with which the ideas of the artist have been carried out in its fulfilment. The appearance presented by this building is most striking, the houses themselves being so cunningly built and painted that it is extremely difficult when viewing them from without to convince oneself that the whole is nothing more than a reproduction, and is not the actual thing it pretends to be. As yet, the interiors remain uncompleted, and the newness of all within

offers a striking contrast to the ancient external. Shortly, however, this will be remedied by fittings which will transform the rooms and passages of the houses to a condition as worthy of their pretended age as that which obtains on the outside; and then, it is certain that a valuable lesson will be drawn from comparison of these remnants of older London with some of the model dwellings, of which several have been built in adjacent parts of the Exhibition. But, however unsanitary the arrangements of Cheapside may be ultimately represented to be, we shall still regard the quaint old houses with an unabated feeling of affection, while nothing in this way can possibly detract from the admiration felt for the beautiful picture it presents in an artistic sense. Even the large sum—exceeding £11,000—spent in its production is well repaid by its final effect on the mind of the spectator.

The profusion of exhibits of sanitary appliances is absolutely bewildering at first sight; and were it not for the admirable assistance lent by the official catalogue, any orderly arrangement of ideas on the value of this section would scarcely be possible. There is, however, enough and more than enough to educate the most unlearned of the public as to the importance of hygienic home surroundings; and with a little attention even, he may speedily become aware, by actual demonstration, of the principles on which a healthy dwelling ought to be arranged. In an educational sense, this section is likely to have an important influence, by teaching even casual visitors to appreciate the meaning of drainage and ventilation; and by exciting uneasiness concerning, and an ultimate desire to remedy, errors of construction in the houses of those who will have learnt for the first time what are the practical bearings of hygienic engineering. The appliances shown in this connection will, however, engage our future attention in detail.

Of the other departments of the Exhibition it is impossible, in a general article, to speak particularly. They are numerous, and in every case absorbingly interesting; especially that devoted to dress, in which section, under the able supervision of Mr. Frederick Treves, F.R.C.S., a notable collection of ancient and modern costumes has been displayed, including many examples, intrinsically priceless in value, from the Tower and other public buildings.

One word is necessary respecting the opportunities offered for eating and drinking. Restaurants in profusion are scattered throughout the Exhibition; and the tastes of every dietarian, from the vegetarian to the *gourmand*, can be gratified at special tables in different rooms set apart for the purpose; while in point of cost, a dinner may be had at from sixpence to a sovereign. Of these, too, we must delay further mention until we can refer to them after practical experience of their merits.

The Exhibition, taken as a whole, is of the first importance; it is, as we have said, of unprecedented dimensions; it is excellently arranged; and there is fortunately now no question that its success is assured.

THE LORDS ON PRIVATE LUNATIC ASYLUMS.

THE somewhat flimsy discussion of the treatment of

the private insane which served to relieve the weary monotony of the House of Lords a few days ago spent its force ere it had even become matter of history. Apart altogether from the case of "*Weldon v. Winslow*," which has been made the peg on which to hang the veriest rag of a discussion, we are at a loss to comprehend the attitude adopted by Lords Milltown and Coleridge; nor, granting for argument's sake the wisdom and soundness of Baron Huddleston in his remarks on the case referred to, do we consider such a motion as Lord Milltown's justifiable. He moved that in the opinion of the House the state of the lunacy laws is eminently unsatisfactory, and constitutes a serious danger to the liberty of the subject. The opinions of Baron Huddleston and Lord Coleridge cannot be established by any broad or thorough experience of the subject. The experience of a judge in respect of questions of asylum detention can only be expressed in terms of infinitesimal fractions, and we fear the judicial mind cannot always rid itself of personal impressions or creations of fancy. The reflection of Lord Coleridge on the intellectual capacity, the moral worth, and the medical status of asylum proprietors is unjust and uncalled for. The persistent persecution and vituperation which have been hurled at men who as a class—there are black sheep in every fold—will hold their own with other men for ability, humanity, and righteousness, is a significant comment on the morbid sensationalism which is spreading its roots through our higher circles. No one is rabid enough to assert that our lunacy laws or lunacy administration have reached a state of absolute perfection; nor do we think that asylum proprietors are averse to being relieved of positions which at times are stigmatised with reproach by irresponsible theorists, providing the law of compensation is fully and adequately admitted. Much has yet to be done for the insane to lighten their burdens, and if possible roll them off altogether; and we are justified in saying that much of what has already been done in this direction has been done by the proprietors of private asylums. The liberty of the subject is as sacred an article of faith with them as with those who make it their business to decry their practice; and the lunacy laws receive from them as liberal and humane interpretation as their official responsibilities permit of. Amidst the ever-recurring storms raised by the agitators, how much more has ever been proved against private asylums than could be proved under any system? When abuses cease we are at the end of time; but until then let something better than barking be done, and proprietors will, in their own interest, as well as in that of the public, lend a favourable ear to any measure which shall provide greater safeguards consistent with the well-being of the insane.

SIR ERASMUS WILSON has resigned his seat in the Council of the Royal College of Surgeons of England.

THE latest date for the receiving of essays in connection with the Alexander Memorial Fund is December 31st, 1884.

Notes on Current Topics.

Treatment of Fractured Patella.

THE subject of fractured patella and its treatment, came under discussion again at the Clinical Society of London on Friday evening, when Mr. Christopher Heath described a case treated by means of plaster-of-paris bandage. It will be remembered that this gentleman claimed advantages for such a method in fractures of the patella, over those possessed by Sir Joseph Lister's plan of wiring the fragments; the chief being that danger attending opening of the joint was avoided, while, at the same time, as useful a result ensued. Mr. Henry Morris presented a patient before the meeting on Friday, who certainly has a most useful limb, and who has been treated by extension and subsequent application of an ingenious apparatus, by use of which gradually increasing, regulated flexion of the joint is permitted. As far as appearances at present go, this patient has as good a limb as those resulting from operation by wiring; but it is advisable to remember, as was pointed out by Mr. Turner, that neither Mr. Heath's nor Mr. Morris's patient has yet undergone the test of time; whereas Sir Joseph Lister's cases exhibit most satisfactory evidence of permanent union after eighteen months, or more. Mr. Heath seemed a little inclined to resent the suggestion that similar benefits will not accrue to his patients; but, notwithstanding, he very readily assented to a suggestion that he should hold them in view, and report on their condition after the lapse of a time sufficient to prove beyond doubt the efficacy of his plan of treatment.

Specificity in Disease.

SIR JAMES PAGET and Mr. Hutchinson may very justly congratulate themselves on the stimulus their labours have been the means of applying, in the direction of philosophic study of disease on the part of younger students of pathology. Proof of this stimulus has just been given by the production of a really clever and most suggestive paper on "*Specificity and Evolution in Disease*," by Dr. W. J. Collins, F.R.C.S., who essays with all the vigour of youth to demolish the theories of specific disease which have sufficed to satisfy the acutest physicians of this and every age. Dr. Collins applies the doctrine of evolution to the study of disease, but candidly, and necessarily under the circumstances, declares himself, at the outset, to be an archebiologist. This should not, however, be permitted to dissuade from the perusal of his pamphlet, which is well worthy of being read and considered, although it bears, perhaps, a little too impressively, the evidence of generalisations which, when its author has reached to the experience of authorities whose opinions he condemns, he will be less eager to adopt. Dr. Collins, like older observers, has been puzzled by the occasional occurrence of mixed diseases, possessing some of the characters of two or more so-called specific complaints; he has also viewed with suspicion the quasi-explanations of those forms of illness to which names of definite pathological meaning are attached but which have exhibited, perhaps, none of the fundamental symptoms stated in books to characterise them. Whether, however, the necessity their occurrence puts us under of reforming our notions of disease justifies a wholesale demolition of the structure founded on possibly limited views,

may be doubted; but there can be no question that the spirit of inquiry they tend to foster in ardent investigators must eventually lead to unlimited gains in material knowledge. Such an investigator we undoubtedly possess in the person of Dr. Collins, who can think acutely, and reason logically, but who is, at the same time, a little prone to jump over those terrible gaps which everywhere occur to separate the known from the unknown. This essay he has last produced shows this weakness no less than some of his other work; but, notwithstanding that he mainly quarrels with terms in it, it is a not unwelcome contribution to controversial pathology.

Wood v. Bower and Keats.

In the Court of Queen's Bench on Thursday, before the Lord Chief Justice and a special jury, Messrs. Bower and Keats, surgeons, of Peckham Rye, were once more defendants in an action brought by a manufacturing chemist named Wood, whose child died after tracheotomy performed by the defendants. It will be remembered that Messrs. Bower and Keats have already been subjected to trial in connection with this circumstance, when plaintiff sought to accuse them of malpraxis; and that, on their acquittal the whole medical profession, at the instance of the Royal College of Physicians, united to recompense them for the expenses of the trial and to sympathise with them on their unmerited persecution. This second trial was occasioned by a charge of neglect brought against the defendants by the same plaintiff, Wood, in not warning the latter that he incurred risk of diphtheria by sucking the tracheotomy tube inserted in the trachea of his son. It is true that the man was ill for a few days after, but made a speedy and complete recovery. Evidence was given in support of the charge, including that by several medical men, but on its conclusion the jury declined to listen to anything further, and gave a verdict for the defendants, in whose favour the Lord Chief Justice therefore at once gave judgment. We beg most heartily to congratulate Messrs. Bower and Keats on this termination, and to express strong satisfaction with it, which, we feel assured, will be generally shared throughout the profession.

Metropolitan Hospital Sunday Fund.

A LARGELY attended meeting of the contributors of the Metropolitan Hospital Sunday Fund took place at the Mansion House, on Monday last. The President of the fund the Lord Mayor, occupied the chair. The meeting was specially convened to consider a proposal to abrogate Law VII., with the view of securing the participation in the fund, of the Royal Hospital for Incurables. Sir Sidney Waterlow moved, and Mr. Coope, M.P., seconded, the following resolution:—"That having again reconsidered the terms of Law VII., the Council, after 12 years' experience, are satisfied that it is important to the continuance and well-being of the Hospital Sunday Fund, that it should be maintained; and whilst regretting the bearing it may have on such institutions as the Royal Hospital for Incurables, they are satisfied that the abrogation of this law would entail a material and most undesirable alteration of the fundamental principles on which the Hospital Sunday Fund is founded." The Rev. Mr. Bennett proposed an amendment, but after much discussion the resolution was

carried by a very large majority. The Royal Hospital for Incurables has, indeed, no title to be considered a hospital in the common and well-understood acceptation of the word, for its inmates gain admission to its benefits only after a wearisome and expensive canvass for votes, thus entailing much expense on poor sick persons, most of whom fail in their attempt to gain a sufficient number of votes to secure election. Moreover, if this salutary rule were abrogated, a large number of other institutions—as the blind, the dumb, and the lame—could scarcely be refused participation. Thus the original character of the Hospital Sunday Fund would become materially altered, and the proportional allowance to each institution very much reduced. For these reasons the conclusion come to is undoubtedly a right one, and a proper solution of a difficulty which a few discontented people have been in the habit of making an annual stalking-horse.

National Health Legislation in America.

THE introduction into Congress of a Bill to protect the public health, has provoked from our contemporary, the *New York Medical Record*, a leading article condemnatory of the proposed changes contemplated in the Bill. This makes provision for abolishing the existing National Board of Health, and to substitute, first, "The United States Board of Health," to consist of the Surgeon-General of the United States Army, the Surgeon-General of the Navy, and the supervising Surgeon-General of the Marine Hospital Service. To this Board of three members, the health affairs of the United States will be committed, in place of the National Board of Health consisting of eleven members, most of whom the *Record* places among the foremost sanitary authorities in America. The projected measure is one calculated, our contemporary thinks, to imperil the health organisation of the whole country, and in its centralising spirit it observes to animate the suggestions the Bill contains, the *Record* is forced to see innumerable dangers to the community. Here in London something of the same spirit is being shown in connection with the municipal government scheme, but it would be rash to affirm that the changes to be made are unlikely to be beneficial to public health. Provided that a central Board includes the highest authority that can be obtained, it surely matters but little whether three or three hundred members sit upon it. In either case the State receives the best possible advice for its direction, and when this is fully appreciated the people themselves are not slow to insist on a due fulfilment of the steps necessary to their protection.

Looking Ahead.

IN opening the Summer Session of the class of jurisprudence at Edinburgh University, Dr. MacLagan, Professor of Clinical Medicine, utilised the occasion to deliver an interesting and instructive address, dealing with the consequences of the late celebrations. In the course of his remarks he referred to the many commanding architectural monuments of which the citizens and graduates of Edinburgh have reason to be proud; and then, with one of those bold sweeps of the imagination, almost confined to the Scotch mind, he drew a picture of the quarcentenary

jubilator rejoicing over the completed example of classical Italian architecture with which Dr. Rowland Anderson's name will henceforth be associated. Dr. MacLagan was also impressive in his remarks to his hearers concerning the unique privilege recently enjoyed by them, in being brought into the presence of men whose names are destined to live for ever in the annals of science and learning; and in thus pointing a moral of the late celebration, he was, we consider, acting in a spirit well calculated to enforce the lessons it ought to teach.

Medical Sickness, Annuity, and Life Assurance Society.

It was reported at the last meeting of the Medical Sickness, Annuity, and Life Assurance Society, that the fund had already reached a position at which the number of members entered ensured the solidity of the society; and that there was an adequate margin, according to actual allowance for the working expenses, which had hitherto been kept down to an unusually low point and this would continue to be so. Arrangements were at the same time made for bringing the objects of the society under the notice of the presidents and secretaries of the branches, with a request that they would submit them to the notice of members at forthcoming branch meetings, and communications were received from Mr. Brierley (Manchester), and Mr. Ravenhill (Birmingham), announcing the intention of taking early steps as requested, to form local committees in those two great towns from existing members and others. It was resolved also that all members joining before the end of May should rank as foundation members, and be entitled to the accruing advantage in respect to the date at which they would be free to receive the benefits of assurance. The whole of the preliminary expenses up to date were provided for and written off, leaving the management fund untouched.

Experimental Researches on Hydrophobia.

M. P. GIBIER stated at a recent meeting of the Academy of Science, that in spite of a few cases on record, it is a generally admitted fact that birds can never be attacked with hydrophobia, and even when inoculated with the virus it is very rarely that they show any abnormal symptoms. However, among those fowls on which M. Gibier tried the experiment, there was one hen which became paralysed in the legs and the muscles of the neck. When placed standing on the ground it sank down and could only shuffle along by the aid of its wings. Its head drooped slowly forward until the beak touched the earth, and when quickly raised by the animal it always fell downwards again. Each day the experimenter expected to see it dead but to his astonishment it recovered. This made him think that perhaps the microbe of rabies did develop in fowls, but that owing to the well-known relative insensibility of the cerebro-spinal system or to some other cause yet undiscovered, the results were not necessarily fatal. We afterwards inoculated by the help of Pravaz's syringe a cock and a pigeon with a drop of freshly boiled distilled water holding in suspension infected cerebral matter. The pathological symptoms were very small, especially in the cock, in fact they were unappreciable

except to a practised eye. Both the animals recovered at the end of twelve days. M. Gibier then made an incision in the cranium of the pigeon and extracted a fragment of the cerebral lobe about the size of a lentil. By a microscopic examination of this portion he discovered a micrococcus which he has described in a former communication. He inoculated three rats with the portion extracted, and they exhibited such well developed symptoms that he now considers them subjects specially adapted for the study of this disease. They all three died of hydrophobia, one (the youngest) at the end of ten days, the other two on the 11th inst. At the end of twenty days he inoculated three more and a guinea pig with the cerebral matter taken from the cock. The microscope showed the same microbe as that of the pigeon, but more abundant and in groups of ten to fifteen granulations. The rats all died, and so did the guinea pig on the fifteenth day, all exhibiting similar symptoms. In the birds on which M. Gibier tried this experiment the health was, with the one exception, unaltered, and he was able to determine the moment when the virus left their brain, for in the pigeon already spoken of, it was found impossible to communicate the disease after twenty-eight days from the inoculation. Here now, the impossibility of fowls being attacked with hydrophobia has been proved, and also that they are the only animals which have ever been known to recover from this disease. M. Gibier hopes to make further researches on this subject.

The Forthcoming Sanitary Congress.

At a meeting of the local executive committee, last week, the date was fixed for the opening of the exhibition in Dublin—viz., September 30th. The Agricultural Buildings of the Royal Dublin Society at Ball's Bridge were decided on as the most suitable premises for the exhibition.

A report was received from the Finance Subcommittee stating that of the £1,000 required to defray the expenses of the exhibition and congress the sum of £600 had been already subscribed. The invitation to the Sanitary Institute to hold their congress and exhibition in Dublin had been signed by 400 influential citizens, and as all these signatories would no doubt contribute to the necessary fund for the suitable reception of the congress and exhibition, and as every citizen was personally interested in the advance and spread of practical sanitary knowledge, the committee felt confident of having abundant and prompt responses to their claims for the reception fund.

The following gentlemen have accepted the presidency of the sections:—Section 1. Sanitary Science and Preventive Medicine—Thomas Wrigley Grimshaw, M.D., Registrar-General of Ireland. Section 2. Engineering and Architecture—Charles P. Cotton, M. Inst. C.E., Engineering inspector, Local Government Board, Ireland. Section 3. Chemistry, Meteorology, and Geology—Charles A. Cameron, Medical Officer of Health, Dublin.

It was resolved—"That the honorary secretary and vice-presidents of the three sections of the Congress be requested to take immediate steps to solicit and obtain

proposals for papers on suitable subjects to be read at the Congress sections in accordance with the rules of the Sanitary Institute."

The Annual General Meeting of the Irish Medical Association

Will take place at the Irish College of Surgeons on Monday, the 2nd of June. As the meeting happens to fall on Whit-Monday, and as there is much matter of interest for discussion and disposal, it is expected that the meeting will be largely attended.

Death of Dr. Fairlie Clarke.

WE have to announce with sincere regret the death of Dr. W. Fairlie Clarke, which occurred at Bonchurch, Isle of Wight, on Thursday last, whither he had gone on account of ill-health. Deceased, who had just attained to the age of fifty, was for many years on the staff of Charing Cross Hospital, and a few years ago was by virtue of his abilities as a surgeon and as a writer on surgical subjects, looked upon as a coming man. Unfortunately, his health, which was never robust, gave way, and he had to relinquish his appointments in London and commence life afresh as a country practitioner. He settled at Southborough, near Tunbridge Wells, and at once occupied a foremost position there; but death soon cut short a life of great promise, and the profession thereby has sustained a real loss. With students the name of Fairlie Clarke was a household word, his "Manual of the Practice of Surgery" being an especial favourite, whilst his writings on Diseases of the Tongue, Opacities of the Cornea, &c., are well known to the profession. Deceased was an M.D. Oxon., an F.R.C.S.Eng., and a Fellow of several of the learned societies.

The Elections at the Irish College of Surgeons.

At the election of Examiners on Tuesday, the 6th, to which we referred last week, all the members of the Courts of Examiners were re-elected, except that Dr. E. J. Quinan was placed on the Midwifery Court in place of Dr. W. J. Smyly, who had retired. For the election of Council, which takes place on the first Monday in June, Dr. Storey, of St. Mark's Hospital, and Dr. C. H. Robinson (whom we inadvertently named as a candidate for Examinership), have announced their candidature, in addition to the numerous claimants whose names we recorded in our issue of May 7.

Destruction by Fire of Peterborough Hospital.

ONE of those possible, but fortunately rare, accidents to which hospitals are at all times liable, befell the General Hospital at Peterborough on Thursday last, when the building was almost totally destroyed by fire. At the time of the outbreak there were, in addition to six patients and the regular nursing staff, present in the house several of the medical staff and visitors. It reflects the highest credit on the fire brigade men and those who lent their most willing assistance, that all present in the hospital were got safely to an adjacent house, placed at the service of the authorities for the time. So sudden

was the conflagration, moreover, that a patient was actually being anaesthetised, prior to undergoing operation, when the fire was discovered, and was then removed along with the other inmates, whose condition rendered self-preservation impossible. Within half-an-hour from the outbreak the whole building was in flames, but by strenuous exertions the greater part of the surgical appliances, the medical library, and a considerable quantity of bedding and furniture were saved from destruction. The bulk of the property was thrown out of the windows, but unfortunately two men engaged in this work were very seriously injured, one being crushed by falling timbers. The Dean and Chapter placed at the disposal of the medical officers a large empty house, and this will be used *pro tem*. The hospital was insured for only £3,000. It was presented to the city by the Fitzwilliam family, and has since been considerably enlarged by munificent benefactions.

The Irish Poor-law Inspectorship—Death of Dr. Roughan.

BY the death of Dr. Roughan, of Galway, the Irish Local Government Board has lost, last week, one of its most efficient medical inspectors. While we express the deep regret which all those associated with Dr. Roughan feel, we take the occasion to express the hope that the usual politico-religious job will not be perpetrated in connection with the appointment of his successor. The only person who can have a claim on the ground of special merit and qualification to the office of Medical Poor-law Inspector is one of those who, by following the plough as a medical officer in the Irish Poor-law Service, has acquired an intimate personal knowledge of the working of the system. Other candidates for office may have all the intelligence, activity, and industry necessary, but we repeat that no one is fit for the duties but a Poor-law medical officer, and we trust that no one else will be appointed. It is a gross injustice to the service that those who have by long years of official service shown themselves judicious, industrious, and competent should be passed over for the benefit of some competitor whose chief claim may be that a relative did some influential person an election service; and it seems to us that, before anything is known of candidates, a claim for the preference should be publicly made on behalf of the Poor-law Medical Officers of Ireland.

The Use of Membrane of Egg for Skin Grafting.

IN a case of extensive burn unhealed after six years, Dr. Wilson, of Louisville, has made use of three different kinds of skin grafts, namely, from the skin of a young rabbit, from the human skin, and from the inner membrane of a perfectly fresh hen's egg. Of the three he much preferred the egg membrane as being much more readily obtained, and one egg will supply any number of grafts needed.

The Diseased Meat Trade in Dublin.

As a commentary on the trade in pleuro-pneumonic meat carried on by the Dublin boards of guardians, we may note that within the past month the sanitary

officers of the Corporation seized six and a-half tons of diseased meat, most of which, we fully believe, was put upon the market by the sanitary guardians, for almost the whole of it consisted of beef. Only nine hundred-weight of the whole quantity was voluntarily tendered for examination, all the rest being for sale as sound meat; and when it is recollected that the amount detected probably forms a minute fraction of the whole quantity exposed for sale, it is easy to see where the pleuro-pneumonic beef sold by the Dublin guardians goes to.

The Queen's College, Cork.

LAST week, in reply to a further series of questions by Mr. O'Brien, Mr. Trevelyan stated that the professor of anatomy at Queen's College, Cork, had made no rule that two students should be simultaneously engaged in dissecting each part of a subject. That was only done under extreme necessity. All the fees went to the support of the school, and not to the professor. This statement by the Chief Secretary fully confirms the facts stated by us when we recently wrote on the subject.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

THE SCOTTISH CONJOINT SCHEME.—Following these remarks we publish an abstract of the conjoint scheme put forward by the corporations. It will be noticed that the examinations are to be three in number, and at periods not far distant from each other, thus keeping the student tolerably close to his work. There are two objections which we have to make. The first is the placing of elementary anatomy in the first and anatomy in the second examinations without defining the extent of the elementary anatomy required. We have seen two octavo volumes of nearly one thousand pages devoted to the elements of anatomy, and we have heard that there is a university in Scotland where the interests of students are watched over with parental solicitude, and where it is suggested that the fact of elementary anatomy occurring in the first examination has necessitated a second course of anatomy with an additional fee to the teacher. Of course, as far as the corporations are concerned such a suggestion is impossible, but we hope for the sake of the student that elementary anatomy will be more clearly defined. The second objection we have to make is the absence of any rule by which the candidate may be prevented from passing the examinations at shorter periods than those defined, thus the second and third within a week or so of each other. To allow a candidate to pass a number of examinations at the end of his curriculum we submit is a mistake, for in keeping up the primary subjects the final and more practical must be neglected.

THE SCOTCH CONJOINT SCHEME.—The following is an abstract of the scheme of conjoint examination to be conducted by the Royal College of Physicians of Edinburgh, the Royal College of Surgeons of Edinburgh, and the Faculty of Physicians and Surgeons of Glasgow:—The examinations shall be held in Edinburgh and in Glasgow, it being arranged that at every third period they shall be held in Glasgow, and at the other periods in Edinburgh. That there shall be three professional examinations, named herein the first, the second,

and the third examinations. To the first examination candidates shall be admissible at the end of the first year (embracing a summer and winter session) of study, on producing certificates of attendance on the prescribed courses of subjects embraced in the examination. To the second examination candidates shall be admissible at the end of the second year of study, on producing certificates of attendance on the prescribed courses of subjects embraced in the examination. To the third examination candidates shall be admissible at the end of the full period of study, on producing certificates of having completed the entire curriculum. That the subjects of the first examination shall be chemistry, practical chemistry, elementary anatomy and histology. That the subjects of the second examination shall be anatomy, physiology, materia medica and pharmacy. That the subjects of the third examination shall be principles and practice of medicine, including therapeutics, medical anatomy, and pathology; clinical medicine; principles and practice of surgery, including surgical anatomy, operative surgery, and pathology; clinical surgery, midwifery and diseases of women; medical jurisprudence and hygiene. That a candidate on passing the third examination shall be admitted and receive the diplomas as Licentiate of the Royal College of Physicians of Edinburgh; Licentiate of the Royal College of Surgeons of Edinburgh; Licentiate of the Faculty of Physicians and Surgeons of Glasgow. That the total fees payable by candidates in respect of the examinations and qualifications shall be twenty-five guineas. Of this there shall be paid, at the first examination, five guineas; at the second, five guineas; at the third, fifteen guineas. For each examination after rejection, at the first examination, three guineas; at the second, three guineas; at the third, five guineas. This document is signed in the name and by the authority of the Colleges named, by the several Presidents.

GLASGOW DEATH-RATE.—For the week ending with Saturday, the 3rd inst., the deaths in Glasgow were at the rate of 27 per 1,000, as compared with 29 in the previous week, and 31, 26, and 25 in the corresponding periods of 1883, 1882, and 1881 respectively.

HEALTH OF EDINBURGH.—The mortality in Edinburgh for the week ending with Saturday, the 3rd inst., was 89, and the death-rate 19 per 1,000. Diseases of the chest accounted for at least 50 deaths, and zymotic causes for 11, of which 1 was due to fever and 3 to measles, the intimations of these diseases for the week being 6 and 52.

SMALL-POX IN GLASGOW.—Dr. Russell, the medical officer of health, reports that there have been 12 fresh cases of small-pox registered, as compared with 21 in the preceding fortnight. Seven belong to the Eastern District, 3 to the Northern, and 2 to the Southern. Of these 9 were removed to hospital, and the remaining 3 were treated at home.

UNIVERSITY OF EDINBURGH.—The following scholarships, bursaries, &c., have been awarded, after examination, at the close of the winter session:—*Faculty of Medicine*: The Vans Dunlop Scholarship in anatomy, institutes of medicine materia medica, and pathology, to R. F. C. Leith, B.Sc.—*proxime accesserunt* being Frederick T. King and J. C. Lamont; the Vans Dunlop Scholarship in subjects of preliminary medical examination, to William Smith—*proxime accesserunt*, Robert Buist and William Fraser, M.A.; the Thomson Bursary, in the same subjects, to John Wilson, a preferential candidate; the Senior and Junior Mackenzie Bursaries in the senior and junior classes of practical anatomy—the senior to James M. Campbell and John Garvie, and the junior to A. C. Cox; and the Senior and

Junior John Aitken Carlyle Bursaries, in the subjects of anatomy and institutes of medicine, and anatomy and chemistry respectively, to W. Fraser Wright and James R. Bibby.

VITAL STATISTICS.—At the eleventh ordinary meeting of the Royal Society, an interesting paper on "Scottish Vital Statistics" was read by Mr. George Seton, secretary in the General Registry Office of Births, Deaths, and Marriages, Scotland. Mr. Seton said it was frequently remarked that the science of statistics in its various branches was, like the law, "gloriously uncertain," and accordingly it was alleged that, from the same set of figures, two intelligent men could draw very different conclusions. Interested motives, preconceived opinions, and illogical conceptions, constituted some of the principal causes of perverted conclusions; and both facts and figures were very liable to misrepresentation. Hence the tendency, in many quarters, to distrust the deductions drawn from figures of almost every kind—more especially in the columns of official reports, and the prospectuses of commercial enterprises. The disregard of what may be termed "disturbing influences" was probably the most frequent cause of erroneous deductions from the published figures. Thus in one town district, with a population of 20,000 persons the mortality of the year was found to amount to 35 per 1,000; while in another, with the same population, the mortality was only 20 per 1,000. A casual reader would be apt to jump to the conclusion that the former district was very much more unhealthy than the other, whereas, if he took the trouble to reflect and inquire, he would probably find that in the one district there was a large hospital or infirmary drawing cases from every corner of the country, and with an 'abnormally large mortality'; while in the other there was nothing of the kind; or that in the one the condition of the house accommodation, drainage, and water supply was very faulty, and in the other quite the reverse. For many reasons, more or less obvious, the mortality returns present even greater contrasts than those applicable to births and marriages. Speaking generally, the number of deaths was materially influenced by the density of the population, but this circumstance had been so frequently adverted to that it was unnecessary to produce any confirmatory evidence. The normal mortality of a closely-packed population might, however, be sensibly lessened by the judicious introduction of sanitary improvements. Weather, of course, exercised a potent influence on the mortality returns in every corner of the kingdom. In conclusion, Mr. Seton stated other disturbing influences than those indicated in the case of each of the three events, but he thought sufficient had been said to show that considerable modifications ought to be made in many instances when dealing with figures illustrative of Scottish vital statistics.

Correspondence.

WHAT IS A MEDICAL ADVERTISEMENT?

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—It appears to me that it is time the above question should be satisfactorily and honestly answered. Some few years since much commotion was caused by the British Medical Association, through its branches, all over the kingdom, denouncing any form of medical advertisement, even to the notice or review of a medical work in a lay paper. What have we come to within the past few weeks? A recent medical work, or at least a popular medical work written, as the advertisement states, by eminent medical men, is now being issued in sixpenny serials. These sixpenny numbers are written by various special authorities,

and no one can deny that these special authorities are men many of whom hold distinguished positions in the profession. The authors have various titles and occupy posts of distinction, from that of attaché to the Royal Household, down to ordinary membership of the staff of leading metropolitan hospitals. They number Fellows of the Royal Society, Fellows of the Colleges of Physicians and Surgeons. In short they are, as the posters state, most eminent medical authorities. Well, lately, in the railway stations, on the walls of dismantled buildings, on the boardings of those now erecting, side by side with the playbills of theatres, placards of soaps, nigger entertainments, or those other attractive wall decorations, which enliven the time of loiterers, has appeared, not only the announcement of the work, but, in some places, also the list of the most distinguished medical authors of these serial numbers of this famous "Book of Health," and of some their professional titles. Within the past few years a highly popular medical directory—I beg its pardon, I should have said "dictionary"—has been, if I mistake not, "noticed" in several popular periodicals, and is sold at many fashionable booksellers, for the benefit of the public. In it, the bewildered "innocent" in search of a physician can readily arrive at a conclusion who he should consult from the numerous quotations from the writings of living authors, arranged etymologically for his convenience, which are contained therein. It is a valuable addition to the library of "Sir Georgius Mida." Certainly, some authorities are taken good care of. Now, Sir, I am not one of those who are squeamish or thin-skinned in the matter of medical advertisement. Let us understand, however, what we mean by advertisement. Let me give some examples of what I consider we may fairly understand to be such:—

- a. Letters to the daily papers on medical topics, which might find more legitimate discussion in the medical journals;
 - b. The circulation, under different forms, of pamphlet literature, whether under the cloak of philanthropic zeal for the public welfare in some hygienic discovery, redressed up sanitary hash, or the indirect circulation of the "eminent authority's" name appended to a pamphlet on anything from a health resort to a water closet; this includes certain contributions to periodical literature;
 - c. The exposure for sale in shop windows or on chemists' counter of eminent specialists' work on medical subjects connected with their specialty, and of their appliances in instrument makers' shops to which the public have access;
 - d. Printing the names and addresses of the staff, and the individual surgeon's name, on hospital papers, or painting them up on boards outside hospitals;
 - e. The delivery of public lectures on medical and semi-medical subjects, and the announcement of the distinguished lecturer's name for days beforehand in the public press and by posters, and carefully compiled summaries of the "able lecture" in the daily papers the morning after its delivery to "a crowded audience";
 - f. Advertisements in the daily papers of the books of medical men and the insertion of reviews of same;
 - g. Placarding or permitting to be placarded on buildings, and in the public thoroughfares, the name and qualifications of any medical man;
 - h. The announcement on a surgery window of attendance and medicine, on the part of Dr. So-and-so, at so much per head per week;
 - i. Wrapper circulars of genuine, patent, or quack medicine, recommended by some eminent physician;
 - j. The writing of a semi-medical, semi-popular work, which, it is well-known, will find its way into the hands of the public, and increase the fame and reputation of the writer;
 - k. Certain advertisements in the *Lancet*, a periodical widely read in most clubs and public libraries throughout the United Kingdom, and sold at many railway bookstalls;
 - l. The establishment of hospitals and societies for the cure of anything or everything under the sun, from corns to inebriety;
 - m. The daily bulletin of the pulse, temperature, appetite, hours of sleep, number of sneezes, of some distinguished patient.
- Now, Sir, please note, that I am not objecting to any of these means of advertising. I do not wish to criticise anyone who takes this method of placing his name before the public; and I should refuse myself to be bound by any

"unwritten law," through which "a coach and four" is every day commonly driven by those who most profess to observe it. What I want to know is, are all these forms of circulating a man's name from the Thames to the Pyramids to be regarded as "advertisements?" If they are, then I say at once, let us all be honest with each other! Let not sentimental hypocrisy, protected by a west-end door-plate, be permitted to shield the aristocratic consultant, as long as that same consultant can resort to any of the less objectionable of the above means of advertisement that can safely be indulged in without attracting attention. Let us "call a spade a spade." In short, let us be even a little honest. If the "struggle for existence" in the medical profession compels the resort to advertisement, in some shape or form, let it be honestly acknowledged that it does so. Then let us not be ashamed to confess the need. Is it not time that the chrysalis of professional sham should be smashed and the moth-grub of pharisaical pretence exposed? At present nought, save the "hollow ghost" of a difference exists between the advertisement which is considered legitimate and that which is unprofessional. It is time that we open our eyes to facts, hear no more of "advertisements," when, side by side with the names of an artistic troupe of itinerant minstrels, we can read those of some of the most "eminent" of the professional men in London, as sponsored by the *Lancet*, and hope to purchase their ideas, on various special subjects, for the sum of sixpence, at any railway stall.

I am, yours, &c.,

ANTI-HUMBUG.

DENTAL EDUCATION AND DIPLOMAS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—While thanking you for your kind notice of the Dental Hospital of Ireland in your last issue, I feel bound to express my dissent from the last paragraph of your commendatory article. For some time past the dental press in England has, from time to time, thought fit to cast reflections on the Irish College for the action taken by that licensing body in the matter of granting *sine curricula* examinations in dentistry. It is not to be supposed that an august corporation, deservedly possessing a prestige second to none in the United Kingdom, should condescend to answer all the slanders that have been thus either thoughtlessly or maliciously fulminated against it. Far more suitable to its dignity is the course that the College has hitherto adopted—to remain with its serenity undisturbed by these little hostile criticisms, strong in the conviction that it is judicious and in the main right—embodying as it does a liberal and enlightened policy, in helping forward the spirit of the Dentists' Act. Placing within the reach of every reputable non-advertising dentist its *sine curricula* diploma, exacting from each successful candidate a solemn declaration that in the future this diploma shall not be sullied by unprofessional conduct, the Irish College has exerted a strong moral influence to strengthen the wavering, and confirm the good, in a reputable career. Remember that the Irish College creates no dentists at its *sine curricula* examinations. The only creation of dentists that has occurred in recent times has been by Messrs. Tomes and Turner, and their following, from whom arise all the hostile critics above alluded to. From this creation have arisen, I should say, 2,000 new dentists throughout the Kingdom, chemists, druggists, druggists' boys, &c.; each of whom has been given his document of registration, which, neatly framed and glazed in the so-called dentist's office, proclaims to all that the practitioner is legally qualified. I am far from blaming Messrs. Tomes and Turner for this, I regard as unavoidable this great influx of the, to say the least, dubiously qualified at the commencement of the working of the Act. But I think Messrs. Tomes and Turner should have exerted their influence to persuade all the licensing corporations in the United Kingdom to open for a time, at least, their doors to all reputable men in the Dental Register, I think this would have been an enlightened policy. They having by their action enfranchised this motley horde should have done something to enable the better men to obtain a distinguishing mark. They, however, argued otherwise. "The English College," argued they, "held its doors open for four years. The diploma during that time was obtainable on easy terms, the day of grace is

now over, ye cannot enter now." Perhaps the English College, in justice to its curriculum *alumni*, was bound to act thus. Diplomas granted *sine curricula* by any licensing body can never have the same value as the diploma *cum curricula* of the same corporation. The English College may have reflected that their curriculum licentiates had an interest which it was not advisable to disturb, each a vested interest in being able to say, "my diploma dates since 1863, which means that I hold a diploma of greater value than those granted during the years of grace."

But whatever the motives which guided the decision of the English College, the better men had, after the passing of the Dentists' Act, a distinct grievance, in that it left them undistinguishable from the utterly unqualified. It is a matter of history that the English College refused to assist them; and thus the duty devolved on the other corporations to satisfy the legitimate demand for a practical examination from this injured class. Now Mr. Turner, who has had a great deal to say to all this movement, had, at a meeting recently held in Edinburgh, a fling as usual at the Irish College. His strongest point was that the Irish College had granted 316 dental diplomas *sine curricula*, which was a much larger number than had been granted by the English College during its years of grace. He did not tell his audience the exact number of diplomas granted by the English College during the years of grace, nor the percentage of rejections at these examinations; nor did he contrast the difficulty of those examinations with the examinations *sine curricula* of the Irish College; though all these matters were essential to fair contrast. And further, he left utterly unnoticed a vital difference between the conditions in 1859 and those in 1878, which impelled dentists to apply to the Corporations for examination, and which entirely accounts for the much greater number of applications for examination which have been sent in at the later than at the earlier date. Recollect the moving force in 1859 was the private fiat of the English College. In 1878 the moving force was the Act of the Imperial Legislature. The influence of the former extended in this matter little beyond London. The influence of the latter permeated every crvice of the United Kingdom, and extended to the Colonies, therefore the number seeking a *sine curricula* degree now is naturally much greater than was the number twenty years ago.

In truth, the action of the Irish College in the matter of inaugurating the dental diploma has been nearly an exact parallel to that of the English College when that body began dental work. The English College in 1859 opened its doors to all existing reputable dentists. The Irish College in 1878 did the same. For a certain period the examinations were chiefly practical; so it is with the Irish College. After their curriculum was set in order the English College closed its doors to all who had not been in practice before 1859. The action of the Irish College has been more stringent, for long before her curriculum was set in order she closed her doors to all who had not been in practice before 1878. The English College, after the commencement of its curriculum examinations, insisted on all those who were still admissible *sine curricula* being obliged to pass the same examination as candidates *cum curricula*. The Irish College has always let it be understood that this will be her line of action, that once the curriculum examinations commence, all who have still the right to come up without certificates will have to pass the harder examination.

But it may be said the Irish College has been a long time in setting in order its dental curriculum. Naturally, it has been a long time. It must be remembered that the whole dental question came upon the College by surprise. Institutions for the training of dentists had to grow up. The Council of the College acted with prudence and caution. It has always been their policy to grant recognition to those institutions only which submit to, court, and pass the ordeal of official inspection. The Dental Hospital of Ireland has been growing since 1879. Its arrangements have only been perfected since October, 1883. As the requirements for the curriculum of the Irish College embrace two years' attendance on Dental Hospital work, the curriculum examinations cannot come into operation till some time in the year 1885. I confidently repeat that when this time comes the Irish College will turn out a set of dental practitioners possessed of as high a qualification as can be obtained in the kingdom.

One word about our present dental licentiates, those on whom the Irish College has conferred the *sine curricula* diploma. The Irish College has no reason to be ashamed of

these as a class. While a few have turned out black sheep and have had to forfeit the diploma, the vast majority are conducting their practices creditably and respectably, and many not without distinction. Take, for instance, Mr. Verrier, of Weymouth, distinguished all over Great Britain for his continuous gum work; or Mr. Quinby, of Liverpool, who has recently written a charming and most useful dental work. These men are types of a most worthy class, whose sympathy the Irish College has by its liberal action enlisted. As a class, I think these men need not fear comparison with English *sine curriculo* licentiates; and I have no doubt when the curriculum diploma is granted by the Irish College it will be at least on a par with that granted by the English College, both in the certificates of study required for admission to examination and in the tests of knowledge required by the examiners.

Differing, then, as I do from you to some extent in this matter, I fully agree with your wish that when the curriculum examinations commence to be held no distinction may be made after that date in the examination tests applied to the curriculum and the *sine curriculo* students.

I am, yours, &c.,

R. THEODORE STACK.

[We confess to a feeling of great surprise and some regret at finding Dr. Stack, whose earnestness in the cause of dental education has been so well proved, entering the lists as the defender of the continued issue of dental diplomas to persons who make no pretence of having been educated in the speciality; it seems to us that the prospects of raising the qualification of Licentiate in Dental Surgery is much discouraged when gentlemen of Dr. Stack's position, while they beckon with their right hand to the very few aspirants for entry at the narrow gate of the dental profession, hold wide open with their left hand the wide door for the ingress of a multitude of persons uneducated in their business and socially contemptible.

But Dr. Stack's arguments are inconclusive, and his statements in some respects wanting in accuracy, for the true facts as regards the Irish College of Surgeons are these:—When the Dental Act passed in 1878 the College threw its doors open to all registered dentists, not for one "year of grace," but for three. We do not greatly blame the College for having, in this respect, followed the evil example shown it by other institutions, for, though "years of grace" are nothing less than a means of enabling ignorant persons to buy themselves into a position which they have not earned by brains or study, they are generally recognised as a necessarily evil accompaniment of any legal reform of a profession, and as an expedient for filling the coffers of licensing institutions, and the Irish College of Surgeons could hardly be expected to be more virtuous in these respects than its neighbours. It is said by Dr. Stack that it only followed the example of the English College, which granted for four years, and still would grant if asked, its dental licence without proof of education, to certain persons who could pass an examination. Yes, but to whom? The English College threw its doors open in 1859 to those who could prove that they were actually and reputably practising the dental speciality, and the College would not to-day admit *sine curriculo* any candidate who was not *bond fide* in dental practice in 1859, i.e., twenty-five years ago, a complete guarantee, as we think, of the education and respectability of the applicant. The Irish College, on the other hand, offered and offers the same welcome *sine curriculo* to all persons registered as dentists in 1878, and who are they? Let the Minutes of the Medical Council for February, 1881, answer. The Dental Register contains—*a*. Qualified surgeons, a fraction per cent. of the whole number; *b*. Holders of dental diplomas, 15 per cent.; *c*. Unqualified dental practitioners and mechanists, besides chemists and chemists' assistants, barbers, tobaccoconists, and other persons not practising

dentistry, 84 per cent. From this latter class exclusively—a few of them respectable and experienced, though unqualified dentists, the great majority of them tradesmen and their assistants—the Irish College of Surgeons has taken, and continues to take, its dental licentiates. But it will be said that the College admitted none until it had obtained proof of their respectability, and taken guarantees that they would abstain from advertising and other unprofessional practices in the future; and this statement has more or less truth in it; but, as a matter of fact, the testimonials of character were signed by persons of whose reliability the College could possess no information whatever, and indeed, one of the first official acts of the College was to expel from its dental licence an obscene quack and swindler, who had been duly testimonialised, examined, and passed, his certifiers of respectability being, as was afterwards discovered, persons of the same character and pursuits as himself. As regards the undertaking of future good conduct given by each of the dental *alumni* of the College, it is notorious that, in numerous instances, they proved to be waste paper, the recipients of the L.D.S.R.C.S.I. proceeding to advertise and otherwise "push business" as if they had never promised to abstain, and that the College in no single instance save that of the obscene quack above noted has withdrawn the diploma.

We should have been well pleased to have permitted these bygones to be bygones, but that our correspondent and some other leaders of the dental profession have laid upon us the necessity for justifying our complaint against the Irish College, but, having been thus obliged to indict its dental policy, we are called upon to point out that the College shows no shame-facedness in the matter, but, on the contrary, continues and avows its intention to continue the traffic in dental diplomas *sine curriculo* in defiance of the expressed opinion of the dental journals and the British Dental Association, and in violation of its pledge to the Medical Council.

In March, '79, the College laid before the Medical Council a dental curriculum which it deemed sufficient, stating thereupon (see Minutes of G. M. C.) that "after August 1, 1881, no candidate should be admitted to examination who had not pursued" the course set down. In the following July, '79, a committee, of whom the representative of the College was one, was appointed by the Medical Council to bring the dental curricula of the three kingdoms into uniformity, which they did, and thereupon the College repeated its expression of readiness "to accept the regulations laid down by the Medical Council," one of which was that candidates should be admitted *sine curriculo* only up to August, 1881. But when the period to which the College had thus pledged itself arrived, it simply tore up its pledge, and continued the admission of candidates *sine curriculo*, without paying the Medical Council the compliment of informing it that the bargain was broken. More recently still, when a Professor of Dental Surgery had been appointed, and a proper school of dentistry established, a further effort was made to induce the College to purify itself from the taint of this diploma trade, and to keep its pledges to the Medical Council, and it refused to do so, and still continues to furnish the chemists' boys and mechanics who call themselves dentists with the parchment of the L.D.S.R.C.S.I., and all the privileges, honour, and glory thereunto appertaining. As to the examination which the College holds, and which is the only substantial guarantee which it possesses of the quality of its licentiates, all we wish to say is that opinions greatly differ as to its sufficiency

as a test of competency, and our strong belief that, *per se*, it is an utterly inadequate ground for granting any diploma. We have therefore condemned the action of the College in this matter, and we do not think that Dr. Stack's letter furnishes any sufficient justification for it. Nor can we conceive that his defence of the *sine curriculo* diploma is really in earnest, knowing as we do that he, himself, was leader of the effort made in 1878 to induce the College to admit to the L.D.S. no one, howsoever respectable or experienced, save fully-qualified surgeons.—Ed.]

ON THE ANTISEPTIC TREATMENT OF PHTHISIS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Dr. Gwynne, though an advocate of the treatment, seems to admit that it is not really antiseptic. As a further illustration of this fact, I will adduce the following circumstance:—In the coal and culm districts of Ireland the lower classes spend a great deal of their time in an atmosphere very strongly charged with sulphurous acid. And yet, according to my experience, phthisis is more rife in these localities than anywhere else. Now sulphurous acid is a very strong antiseptic, and you will find distinguished practitioners adopting it as a treatment, unaware that here it has been ineffectual from generation to generation.

But if the new treatments are not really antiseptic, why not call them simply local? That the local treatment of phthisis has a great future before it I have no doubt, but here, as in surgical pathology, we have a great deal to lose by the use of misleading terms. It is unscientific to class a number of remedies as antiseptic, and call them all useful as such. We ought rather to study the local effects of each drug on its own merits. Carbolic acid, for instance, and its allies, have probably an astringent and devitalising influence on tuberculous tissue. It probably tends to allay the irritation set up by tubercle. Dr. Gwynne finds iodine the least successful. This might very well have been expected from the nature of the disease, it being one in which vascular activity tends to run high, and irritation therefore is contra-indicated.

But in local treatment we are met by a great initial difficulty—the impossibility so far of local insight. When comparative physiology has succeeded in establishing fistulæ into tuberculous cavities, and by endoscopic examination has compared the different local effects of remedies, it will have made a great advance in therapeutics. We may then, perhaps, almost dispense with inhalation, and in some cases actually inject into the lung the required remedy.

I am, &c.,

T. ESMONDE CAHILL.

Literature.

LECTURES ON THE LOCALISATION OF CEREBRAL AND SPINAL DISEASES. (a)

[SECOND NOTICE.]

LECTURES X., XI., and XII. are mainly taken up with the relations and functions of the roots of the optic nerve. Though we have read these chapters closely the conclusions we arrive at are the very contrary of satisfactory. The special relations of the several parts, and the connection they have one with another are to us very obscure. We must add, however, that the author is not by any means dogmatic; but guards himself again and again by cautious expressions. This very caution it is which shakes our own opinions, and, necessarily, our conclusions on the subject. If the author wavers so much, how can the reader accept his teachings? Besides, too, the experiments detailed as being performed on dogs, and of which there are engravings given, can they be accepted as absolute truth? We answer in the negative. At the beginning of our notice of this volume we had to express a similar opinion, and the chap-

ters more immediately before us confirm it. Thus, at page 165, when discussing the way the nervous fibres pass from one side of the pyramidal tract to the other, the author states that three varieties have been observed, and then he goes on to detail these, and says that in so many per cent. the direct is much less important than the crossed fasciculus, in the proportion of 9 to 90; whilst in other cases, again, this proportion is exactly reversed. For ourselves, we were not aware of these differences, which explains, as the author observes, the fact that the paralysis may be on the same side as the lesion, which, however, he says is "less frequent than has latterly been maintained." We have seen one instance of this kind, that is, where the lesion of the brain was on the same side with the paralysis; but there was no minute dissection in this instance to show how the nervous structure was distributed.

The second part of the volume is taken up with "Spinal Localisation, including the Anatomy and Physiology of the Pyramidal Tracts." In the several lectures of which it is composed we find the anatomy of the cord very minutely described, and traced up into the brain itself; and these subjects are illustrated both by comparative anatomy and experiments on the lower animals—just as the author did when speaking of the brain proper. We cannot but observe too, that the author is very familiar with the writings of all the parties who have in any way contributed to throw light on the subject—English, Italians, Germans, and French are all quoted, and get in turn their meed of praise for what they have done. In Lecture XI. we have a highly interesting discussion on the results to the patient, of what the author calls an intra-cephalic hæmorrhage, that is, in other words, if a party be affected with hemiplegia from the cause detailed, how far may he recover the power over the leg and arm? To answer this question the author reminds us of some of the minute anatomy, both as regards the nervous structure and the vascular supply, to which, in an earlier part of the volume, he had directed attention. The lesion, we may observe, is in the central masses, and what is now known as lenticular nucleus is the part specially injured by the hæmorrhage, which is particularly liable to occur in this part of the brain, owing to its special vascular supply and the tendency of these vessels to form military aneurisms. It will be readily understood that if the important parts such as the rotund capsule be only compressed, complete recovery may take place, and the motor power be restored, but, on the other hand, if the internal capsule be injured, and the ventricular cavities penetrated, the case is one of great gravity. Now, can this latter state be diagnosed? Our author says it can, and that the phenomenon known as ankle clonus shows itself when the case is grave, and the paralysis is of cerebral or spinal origin. But if the paralysis be connected with locomotor ataxy, or infantile paralysis the ankle clonus is habitually absent. Some few exceptions, the author states, do occur to these laws, but they are so rare as not to vitiate the general result. So far back as 1863 these points were discovered by Vulpian, the author, and others, and have been acted on ever since; in other words, the French School claim priority for the discovery of these facts.

Into a detail of the ankle clonus, or—as the author calls it in another place—"spasmodic paralysis," we cannot enter here; suffice it to say that fourteen or fifteen days usually elapse from the onset of the attack before the phenomenon of ankle clonus declares itself, and that this state frequently precedes, by several weeks, that rigidity of the limb or limbs which, when it ensues, the author looks upon as irremediable. In our own experience this rigidity does not ensue as soon as is stated by the author, but when once established it was incurable. We have only seen it affect the arm—but very slightly—and the leg; but the latter was not in a healthy state, the patient either dragged it, or in walking, brought the leg round in a half-circle, there being also a rigidity. The patient, too, is liable, in our experience, to suffer severe pains in the arm, which seemed to be purely neuralgic, and any attempt to make the limb straight caused much pain. We have not seen cases where the facial muscles took on contradiction on the paralysed side, but our author states such is not uncommon, and he further mentions that, in very rare cases, a certain amount of improvement may take place in limbs which for years were affected with contraction. He offers no explanation of this phenomenon.

There are many other points of great interest, and prac-

(a) "Lectures on the Localisation of Cerebral and Spinal Diseases." Delivered at the Faculty of Medicine of Paris by J. M. Charcot. Translated and Edited by W. B. Hadden, M.D. London. London: The New Sydenham Society. 1883.

tical moment which still remain. But we find our space forbids, and we think enough has been stated to induce others to read this interesting volume. They will get many suggestive thoughts from its perusal, as it holds out the prospects of arriving at the intricacies, which must still be allowed to surmount that wondrous portion of our frames, the nervous system.

PARRISH ON ALCOHOLIC INEBRIETY. (a)

THE purpose of this treatise, as it is stated in the preface, is far from clear, and the reader is at a loss to comprehend whether it is a highly magnified temperance tract or an attempt at a scientific exposition of a subject which has already been well beaten. The style is unequal, in parts lucid and forcible, in parts circuitous, laboured, and missing its mark. The general plan of treatment is, as the author himself fears, capable of improvement; and the frequent reference to the opinions of other men who are quoted and requested again and again renders the book incongruous in the extreme. In his opening chapter Dr. Parrish asks who are inebriates, and plunges forthwith into a learned discourse on adaptations of foods, drinks, and medicines to the human economy. He loses sight of the main issue raised by his question in a wordy labyrinth of his own creation, and it is virtually left unanswered. Proceeding next to consider the vice and crime aspects respectively of inebriety, he himself wanders between the definitions of vice and disease, and confuses crime with obvious insanity in two of his clinical cases.

The proposition that inebriates proper are not inclined to criminal acts is very fully illustrated by several authentic and apparently reliable quotations. Inebriety is next treated of as a disease, and then follows an interesting chapter on solitary in the inebriates, sequential to which appear differentiations midnight form of "Tendencies to Special Vices," "Traumatic Inebriety," and "Hereditary Inebriates." On the pages devoted to a consideration of the relations of inebriety and insanity appear several excellent and effective passages. With considerable force, and supported by reference to the cases of two young lawyers who died insane, the author urges the wisdom of occasional debauch for brains overwrought and verging on mental disease. Here we have no difficulty in seeing that Dr. Parrish confronts the views of temperance advocates in a spirit of boldness as manly as it is fair and scientific. But in this recognition of insanity he assumes too much for legal acumen where he observes that the law cannot see it unless it does something. "It must hurt or kill, it must steal or burn, or do some overt act before the eyes of the law can even discover its existence." The contention of medical men is that the law frequently fails to discover its existence even then. The question of appropriate institution treatment naturally occupies a place in this book, and it is unnecessary to add that the idea of confining inebriates in asylums for the insane is distinctly discouraged. The conclusions are summed up in a summary which is excellent so far as it goes, but which might have been amplified with advantage. The work is appropriately dedicated to the memory of Dr. Donald Dalrymple.

EPITOME OF SKIN DISEASES. (b)

WE believe that Dr. Tilbury Fox's book on Skin Diseases is as good a work as any published on the subject, but the epitome now before us has little or nothing to recommend it. In the first place, it is hard to understand for what class it is intended, being little better than a note-book, and having very small space devoted to treatment. It can, therefore, be of no use to the practitioner who is already conversant with the subject. The student who wishes to study skin diseases can have very little assistance from a work which at most devotes a page and a-half to the most important diseases. Secondly, we are strongly of opinion that affections of the skin are in themselves so important that anything that would prevent the student of medicine devoting sufficient time to their study ought to be condemned. This epitome, which can only be intended to assist in cramming, cannot be recommended. Small as the work is, there are numerous printer's errors.

(a) "Parrish on Alcoholic Inebriety from a Medical Standpoint." Philadelphia: F. Blakiston, Son, and Co.

(b) "Epitome of Skin Diseases." By the late T. Fox, M.D., and Colcott Fox, M.B. Third edition. Pp. 211.

THE FIELD OF DISEASE. (a)

ANYTHING coming from the pen of this author commands expectation and respect; and this increases the regret with which we perused, and now criticise, this volume. It is simply a popular account of the multifarious diseases and infirmities which afflict poor humanity, and is alike useless to the educated physician and to the intelligent public. To the former it will convey no information, and the latter will no doubt experience a lively sensation of alarm on perusing it, and will rise with an uneasy apprehension of having half the diseases in the nosological calendar. In this way it will no doubt bring much grief to the professional mill; but we do not see how in any other respect it is calculated to be of service to anybody. Though it describes the leading features of the various maladies, it does not pretend to give any instructions as to treatment; and this is perhaps its most commendable feature. The volume is beautifully printed and brought out.

PHARMACY, MATERIA MEDICA, AND THERAPEUTICS. (b)

THIS is by far the best of the manuals issued by Messrs. Renshaw; it is, moreover, one of the best treatises on the subject that we have ever perused. It may be divided into six parts. The first, about 70 pages, is a good practical treatise on manual compounding; it is profusely illustrated, and would, along with a little practical work, render the student in a short time a manual expert in the branch. Part 2 is the *Materia Medica* from *Acacia* to *Zinziber*. The alphabetical order is adopted, and the subject is well and clearly put forth. In Part 3 the Therapeutics of these medicines are given, and too much praise can hardly be bestowed on this portion of the volume, in which the very latest therapeutical researches are concisely and clearly given. Part 4 is devoted to new remedies of a non-official character, and this is particularly interesting and valuable. Chrysophanic acid, damiana, codeia, convallaria majalis, croton, chloral, eucalyptus globulus, hamamelis virginica, iodoform, eseria, pilocarpine, jequirity, nitro-glycerine, paraldehyde, mullein, rhamnus frangula, salicin, thymol, vaseline, and a host of other new remedies, are succinctly but fully described, with all necessary information as to their uses and modes of application. Part 5 treats of the administration of medicines, with admirable directions as to prescription-writing, in which parsing and syntax are fully gone into in such a way as to make the matter plain to the feeblest Latin scholars. We trust that this portion will be studied; and if it be we predict that that extraordinary abortion "Doctor's Latin" will become a thing of the past. We regret to see that the author adheres to the old-fashioned Arabic symbols, 3, 5, &c., which are dangerous, from their similarity. We wish he would have cast them aside in favour of the more modern oz., dr., scr., & *alia talia*. Part 6 contains tables, weights and measures, and a valuable index of poisons, and what to do in cases of poisoning. The whole book is practically a dictionary; but an admirable index makes any portion of its contents instantly available.

To students the book is invaluable; and we have made it the standard book of our own *materia medica* class. To the practitioner it will be equally useful, for it is not too large for a ready reference book for the carriage or the study table. Anything that is wanted can be found on the moment; and, if the account be brief, it is sufficient for all practical requirements. Busy practitioners cannot read big books; but there is no practitioner who cannot find time to read and master Whittle's little volume. If he do he can safely say that he is up to the advanced standard of pharmaceutical and therapeutic progress. Few branches of the medical art are advancing more rapidly than therapeutics; but our author is well to the front.

St. Mary's Hospital, London.—The festival dinner of this hospital was held at the Freemasons' Tavern on Wednesday last, under the presidency of Lord Carlingford. In their report the Governors stated that during the past year great advancement had been made in the hospital. The liberal

(a) "The Field of Disease: a Book of Preventive Medicine." By Benjamin Ward Richardson, M.D., LL.D., F.R.S. Medium 8vo, pp. 1014. London: Macmillan.

(b) "Pharmacy, Materia Medica, and Therapeutics." By William Whittle, M.D. Second Edition, crown 8vo, pp. 602. London: Henry Renshaw.

bequest of a benefactor had enabled the Governors to erect new buildings; and extensive structural improvements had been made in the old building. The new out-patient department had been opened for the reception of patients, but funds were needed to complete the new wing. The hospital was overcrowded, and many patients had to be refused admission for want of room. During the year the institution had treated 2,322 in-patients, 12,258 out-patients, 10,566 casualties, and 259 married women (attended at their homes), making a total of 25,405 persons relieved. Donations and subscriptions were announced in the room amounting to £2,400.

Royal Medical Benevolent College.—The annual dinner of this charity was held at the Langham Hotel on Wednesday last. Sir Joseph Lister presided, and in proposing the toast of the evening, "Success to the College," said it was now thirty years since it was established. Its objects were twofold—first, to provide pensions and comfortable homes for duly-qualified medical men and their widows in reduced circumstances; and secondly, to provide a sound, liberal, and complete education for the sons of medical men. With respect to the first object, there were no less than fifty pensioners receiving twenty guineas each per annum, and about half of these were provided with comfortable rooms in which to spend the evening of their days. In regard to the second object, the College educated upwards of 200 persons who were resident, besides day scholars, and no less than fifty boys were in the position of receiving their education gratuitously. Some provision had also been made in the direction of educating daughters of medical men in similar circumstances. As yet that had been done only on a small scale, and it was desired to extend this branch of the College. The Chairman made an earnest appeal for support to the institution, which produced in the room subscriptions to about £885.

Death of Drs. Angus Smith and Wurtz.—Yesterday by a sad coincidence two of the greatest scientific chemists of the present century, men of about the same age and representative character, died. We refer to Professor Wurtz, the distinguished French *savant*, whose death in Paris is announced by telegram, and Dr. R. Angus Smith, F.R.S., equally distinguished in this country, whose death occurred at Colwyn, North Wales, after an illness of some months. Both have left imperishable monuments of their great minds, and the announcement of their death will be read with respectful regret.

The Anti-Vaccinators and Small-Pox.—The *Globe* thinks it a great pity that the anti-vaccinationists—who, by the way, seem to be in a state of eclipse just now—have not had their own way. During the last fortnight 346 fresh cases of small-pox were reported, and, but for compulsory vaccination, the outbreak ere this would have assumed the dimensions of a plague. That would have given a prophetic *raison d'être* to the late earthquake, and a deep significance to the fireball at Blackfriars. As it is, those portents are still unjustified by results.

Killed on the Railway.—A melancholy accident occurred last week to Dr. J. Foulkes Jones, of Towyn, Merionethshire, who, whilst walking along the line, was knocked down at Flint by the Irish Mail from London, breaking an arm and leg, and being otherwise seriously injured. He was taken to the Chester Infirmary, where he died after much suffering on Monday last.

Pass Lists.

Royal Colleges of Physicians and Surgeons, Edinburgh.—*Double Qualification.*—The following gentlemen passed their first professional examination during the April sittings of the examiners:—

Robert Archer Nesbitt, William Gregory Davies, William Henry Clark, Benjamin Allen Maturm, William Arthur Powell, Richard Harrison, Samuel Blackwell Fenn, Nathaniel Ingram Edghill, Edward James Sheppard, Richard Kelly, Albert Edward Tunstall, Alexander O'Reilly Blackwood, William John Morton, James Edmund Leach, David Denholm Black, James St. Johnston, Richard Arnold Johnston, Allan Mill, Joseph Sanbuck Scott, Frederick Buckham, Alfred William White, George Thomas Smith Hughes, John Wingfield, Louis Emile de Boucherville, William Henry Carter, James McGaw, Edwin Priestley, William Beale Marston, Robert John Willis, Hervie Theophile Dardier, John Connell, John Thomas Haworth, James Whitelaw Alexander, Morgan John Morgan, Edwin Evanston Jones, John Edgar Tisdall, Anthony Daly Dunn, Alfred Henry Whitwell,

James Thornhill Woodhouse, Henry Powell, Robert John Beecome, James Williamson Patrick, Clarence Beesley, Thomas Godley, Duncan Robert Macdonald, Arthur Fowler Turner, Patrick Austin Moriarty, David Davies, Robert Thomson Paton, Vincent Peter Mart, Devereux Gwynne Hughes, Michael Fitzgerald, Frank Reginald Longden.

The following gentlemen passed their final examination, and were admitted L.R.C.P. Edinburgh and L.R.C.S. Edinburgh in April and May:—

George Todd, Charles Builand, Frank Laird, Frederick William Salter, Lewis Gordon Lawson, John Scott Haldane, Ernest Evan Llewellyn, John Leslie Clarke Cox, Richard James Sallie Wheller, Hugh St. David Griffiths, Sydney Morse, Henry Robert Heather Bigg, Cyril Somerset Earle, Robert Balfour Graham, Herbert William Gibb Doyne, James Joseph Wandlas Pearry, Michael Domville Hart, Alfred Edward Drury, Harold Arthur Tuxford, John Joseph McNulty, Alex. McKelvie, Alex. Ernest George Langschmidt, Edward Campbell Hearne, Hugh Griffith Hughes, Henry Goodwyn, Percy Sprague Oram, George Vincent Fourquemin, Richard Hugh Brew, William Griffith Evans, Philip Edmund Perot, Walter Wignall, Thomas James Randolph Clarkson, Griffith Gryffyd Jones, Francis William Robert Scott, John Francis Thomson, Bouvier Francis Primrose McDonald, John Nickolson Constable, John Kenas Goodall, Colin Campbell McFarlane, Crisbie Bignall Harvey, David Gibson Inksetter, John Thomas Jones, John William Jones, Evan Jones, James Warwick Elliott, Arthur Edward Newbery Browne, George McClean, Henry William Faulkner, William Gregory Davies, William Disbrow, Brydone Jack, Samuel James Camor, Thomas Kean, John Winchester Spear, William Park Lyon, Vincent Octavius Taylor, George William O'Flaherty, David Gilbert Donaldson, Charles Alfred Mitchell.

Royal College of Surgeons, Edinburgh.—The following gentlemen passed their first professional examination during the recent sittings of the examiners:—

Henry Hugh Williams, Arthur Edward Nevins, Walter Smithies, John George Uppleby, Ernest Edmund Taylor, Robert Sinclair Smith.

The following gentlemen passed their final examination and were admitted L.R.C.S.E.

Robert Henry Blakie, Skene Keith, John Thomson, William Kirman Paul, Robert Smallies, Kotapurvala Jansettee Framjee, Samuel Garland Sharpe, Charles Gilroy King, James Charles Francis Whitcher.

The following gentlemen passed their first professional examination for the Licence in Dental Surgery:—

Leonard Latham Wilde and James Leslie Fraser.

The following gentlemen passed their final examination and were admitted L.D.S. Edinburgh:—

James Graham Munro and Alfred Henry Thomas.

Notices to Correspondents.

DR. ROBERT J. LEE.—Your paper on "Antiseptic Inhalation and the best Method of Conducting it" is marked for early insertion.

LARGO.—The first examination for the degree of Bachelor of Medicine takes place on June 6th, biology being first on the list of subjects, followed by chemistry, physics, and practical laboratory work; for this your "Handbook for the Physiological Laboratory," by Harris and Power, will be sufficient. You will need a more modern chemistry than the one you have.

A SECOND YEAR'S MAN.—Write to the Editor of the *Students Journal*; it is a subject that never comes across our path.

ON THE USE OF TANNIN IN NASAL POLYPI.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—At page 433, the use of tannin in the treatment of nasal polyp is attributed to Dr. Bell, of Canada. A glance at the "Medical Digest" will show, at Section 506: 4, that Mr. T. Bryant demonstrated the specific value of the drug as snuff in 1867, and its efficacy is such that there is seldom any occasion to inject a solution into the tumour.

Yours, &c.,

RICHARD NEALE, M.D. Lond.

South Hampstead,

May 8, 1884.

MR. A. A. PERCY (Glasgow).—Your patent is another illustration of the axiom that "there is nothing new under the sun." We have seen exactly similar articles in Newcastle-on-Tyne more than a year ago.

MR. MONTAGU WILLIAMS (North-Eastern Hospital for Children) is thanked for his interesting report.

ST. PETER'S.—We do not possess the information at the moment; but it is always possible to obtain it at the cost of very little trouble. If it is desirable to carry out the inquiries now, we shall be glad to put you in communication with a gentleman who can materially assist your undertaking.

DR. MARTIN.—You do not mention the doses you have been accustomed to prescribe. Undoubtedly the remedy is of little use unless given in fair amount at frequent intervals until the desired effect is produced. Five grains every six hours for thirty-six or forty-eight hours is not too much. It may be combined with other lowering measures with advantage.

MR. HANNAY.—You are quite right. The College of Surgeons in England will not in future require that rejected candidates, when applying for re-examination, shall present a signed certificate from the teachers of their school. The pass and pluck list is, likewise, thing of the past.

MR. CUMMING.—You cannot be prevented at the next examination. See reply above.

DR. SANDERSON.—The tumour is most probably cystic and fatty.

SHAM MEDICAL DIPLOMAS.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—The annotation headed as above in your issue of 23rd April comes *à propos* as anticipatory of the measure of medical reform promised for the present session, unless the African, Franchise, Shipping, or Cattle questions should overpower the present Parliament. But should a general election make its way, whether opportunely or not, let us hope that fewer lawyers and professional patriots will find a place in the new House than in its present unhappy composition. In the realisation of that hope alone is the chance of the public health or the doctors' questions being considered or satisfactorily amended. For while law, railways, ships, land, mines, and miners count so many representatives in the Commons, neither the doctors nor their patients can be permitted to encroach upon the public time.

Under the present state of the law, any man or woman may practise the profession of medicine for gain, and nobody has a right to object. Hence the announcements of those charlatans which meet us at every street corner, and in the columns of low-class journals.

Assuming for a moment the existence of quack lawyers, how long would their announcements be allowed the light of day by those who are ever so greedy of fees, and who have the privilege of making laws for us which are no sort of protection whatever? What an instant outburst of legal enthusiasm should we witness for the immediate suppression of the unqualified offenders!

When a Medical Bill, formulated by the Duke of Richmond, was introduced into the House of Commons about five years ago, Mr. Serjeant Simon, Q.C., and Mr. Thomas Burt, M.P., were its two chief opponents. The Franchise question seems now to be an immediate probability, and in anticipation thereof Mr. William Crawford, Durham, has been selected by the miners as their candidate to contest North Durham at the next election. That upon the medical question he does not endorse the views of Mr. Burt may be learned from reading the following extract from his address to his constituents in anticipation:—

"UNQUALIFIED MEDICAL MEN."

"You should not only protest, but positively refuse having these unqualified men pitched amongst you, either by owners or other qualified men. It is quackery of the worst kind. A qualified man is put down as the *colliery doctor*, and men are supposed to subscribe to him, but as he cannot possibly attend himself he appoints an assistant, who is sometimes not qualified as a medical man. He has not taken a diploma and is therefore not licensed to practise. Sometimes these qualified men draw from collieries, as clear gain, many pounds in the fortnight more than they pay their unqualified assistants, and yet the qualified man is seldom seen on the spot. Whether your doctor be a principal or an assistant, insist upon it that he must be of your own choice and a qualified medical practitioner."

If Mr. Crawford succeeds in reaching the House of Commons, let us hope that he will succeed in winning over a sufficient number of honourable members as shall ensure for our profession

JUSTICE.

DR. CARRUTHERS.—The reports ought not to be posted later than Friday, as otherwise they are likely to be delayed until too late to be made use of.

R. F. P.—Many thanks; name and address sent as requested.

L. E. G.—Not for a month, at least.

MR. RICHARDSON.—There can be very little doubt the system by which the affairs of the institution you name are regulated is in many respects needful of being reformed. It can only be dealt with satisfactorily, however, and at the same time thoroughly, under circumstances that we are not in a position to command; so that we have long past left the matter to be dealt with by those whom we have been content to direct in the right path for securing the end you have pictured. So far good progress has been made, but even now the whole is not quite ripe for final exposure.

A COUNTRY DOCTOR AND A GENERAL PRACTITIONER IN THE COUNTRY both write on the same subject, that of advertising consultants. As the letters, however, reveal facts which those to whom they refer might consider it libellous to publish, we are compelled to decline the risk of laying them before our readers.

A. R. P.—We cannot answer your question any further than by saying that the Bill has not yet been read a first time in the House of Commons. Its fate is probably a good deal dependent on the progress made with public business.

UNGT. SULPH. CO.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Replying to a correspondent in your last issue that the above is commonly known as "trooper's" ointment, allow me to state that this is not so, but that blue (mercurial) ointment goes by that name, and its use is quite familiar for the cure of "crabs," or body lice, infecting the pubes and armpits, pediculi pubis. Your correspondent would find liq. calc. sulph. a much cleaner and more expeditious dressing for the cure of itch.

Yours, &c.,

N. HANNAH.

Rock House, Ashton-in-Makerfield,
May 12, 1884.

Meetings of the Societies.

WEDNESDAY, MAY 14TH.

EPIDEMIOLOGICAL SOCIETY OF LONDON.—At 7.30 p.m., Council Meeting. At 8 p.m., Dr. Joseph Ewart, The Colonisation of the Sub-Himalayas and Neilgherries, with Remarks on the Management of European Children in India.

ROYAL MICROSCOPICAL SOCIETY.—At 8 p.m., Dr. P. Herbert

Carpenter: The Minute Organisation of the Nervous System of Crinoids.

THURSDAY, MAY 15TH.

HARVEIAN SOCIETY.—At 8.30 p.m., Mr. Edmund Owen, A Case of Hypospadias (sex of the child originally mistaken).—Dr. Cheadle will re-open the discussion on Scarlet Fever.

FRIDAY, MAY 16TH.

ACADEMY OF MEDICINE IN IRELAND (Medical Section).—At 8 p.m., Living Specimen: Dr. H. C. Tweedy, Case of Tinea Favosa. By card: Dr. C. J. Nixon, Cerebral Ramollissement.—Dr. H. C. Tweedy, Microscopic Slides showing Achlorion Schönleini. Business: Discussion on Mr. J. B. Story's paper, On Atrophy of Optic Nerves, and Paralysis of First and Fifth Nerves from probable Brain Tumour. Papers: Dr. C. J. Nixon, Reflex Paralysis.—Dr. K. Franks, Intussusception.—Dr. Walter G. Smith, Lupus, and its Treatment.—Dr. T. More Madden, A Case of Delirium Tremens in a Child eight years of age.—Dr. H. C. Tweedy, Notes on a Case of Tinea Favosa.

ROYAL INSTITUTION.—At 8 p.m., Professor Odling, The Dissolved Oxygen of Water.

SATURDAY, MAY 17TH.

ROYAL INSTITUTION.—At 8 p.m., Professor Bonney Microscopical Geology.

Vacancies.

Armagh Union.—Workhouse Medical Officer. Salary, £120. Election, May 20.

Bucks County Lunatic Asylum.—An Assistant Medical Officer. Salary, £100, with board and furnished apartments. Applications to the Clerk to the Committee of Visitors by May 15.

Coombe Hospital, Dublin.—Assistant Master. Applications to Master, or at Coombe Hospital.

Dunshaughlin Union, Dunbayne Dispensary.—Medical Officer. Salary, £125. Election, May 17.

St. Marylebone General Dispensary, Cavendish Square.—Resident Medical Officer. Salary, £105, with furnished apartments, &c. Applications to the Secretary by May 19.

Sunderland Infirmary.—A Senior House Surgeon. Salary, £100, with board and residence. Applications to the Chairman of the Medical Board by June 2.

Appointments.

BINDLEY, V. N., M.R.C.S., Assistant Surgeon to Her Majesty's Convict Prison, Dartmoor.

BREWSTER, W., M.R.C.S., Resident Medical Officer to the York Dispensary.

CHALMERS, G., M.B., C.M. Ed., Medical Officer for the Newbottle District of the Houghton-le-Spring Union.

MORRISON, J. T. J., B.A., B.S. Cantab., F.R.C.S. Eng., Resident Surgical Officer to the General Hospital, Birmingham.

MUDGE, T., M.R.C.S., Medical Officer for the Western District of the Redruth Union.

NISBET, J. T., M.B., C.M. Ed., Resident Physician to the Royal Hospital for Sick Children, Edinburgh.

SMITH, J. M., M.B., C.M. Aberd., Medical Officer for the First District of the Romford Union.

SPICER, F., M.B., M.R.C.S., a Resident Medical Officer to the Royal Free Hospital, Gray's Inn Road.

STEWART, G. T., M.D., F.R.C.P. Ed., a Consulting Physician to the Royal Hospital for Sick Children, Edinburgh.

TATHAM, C. J. W., M.R.C.S., Assistant Medical Officer to the Warneford Asylum, Oxford.

Births.

DICKSON.—May 7, at South View, Bath Street, Jersey, the wife of John Edward Dickson, M.B., C.M., of a son.

WILSON.—May 5, at Minto House, Leytonstone, Essex, the wife of Albert Wilson, M.D., of a daughter.

Marriages.

SMITH—JONES.—May 8, at St. Cyprian's Church, Liverpool, George Francis Kirby Smith, F.R.C.S., to Amy Ethel, daughter of the late Robert Norris Jones, of Liverpool.

Deaths.

ARNOLD.—May 2, at Closebrooks, Antibes, France, John Arnold, M.D., of Port of Spain.

BAINBRIDGE.—May 6, at his residence, the Heriots, Droitwich, W. H. Bainbridge, F.R.C.S., aged 78.

CARNEGIE.—May 4, at Chesterfield, John Carnegie, M.A., M.D., aged 50.

CLARKE.—May 8, at Bonchurch, I.O.W., William Fairlie Clarke, M.D., F.R.C.S., of Southborough, Tunbridge Wells, aged 50.

EARLE.—May 6, at Guernsey, Edward Septimus Earle, F.R.C.S., L.R.C.P., late of Brentford, Middlesex, aged 50.

GALE.—May 5, Henry Stanley Gale, M.B. Lond., of Hyde Road, Manchester, aged 47.

MAY.—May 8, at Sidmouth House, Reading, George May, F.R.C.S., aged 85.

ROUGHAN.—At Palmyna Terrace, Galway, Dr. George F. Roughan.

WILLIAMS.—April 27, at his residence, Southsea, Henry Francis Williams, M.D., Deputy Surgeon-General H.M. Indian Medical Service (retired).^a

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 21, 1884.

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Original Communications.

ON THE INCREASE OF INSANITY; WITH SOME SUGGESTIONS FOR THE REFORM OF OUR LUNACY LAWS AND PRACTICE. (a)

By T. MORE MADDEN, M.D., F.R.C.S.E.,

Obstetric Physician Mater Misericordie Hospital, Physician Hospital for Sick Children, formerly Examiner in Obstetric Medicine, Queen's University Ireland, and former Vice-President Dublin Obstetrical Society.

In the "Transactions" of this Academy, I recently discussed certain mental and nervous complaints, and I now desire to call attention to some medico-legal aspects of this subject. At the same time I shall offer further evidence of my former contention that insanity and cerebro-nervous disorders have lately increased to a very serious extent amongst all classes. This is more especially marked amongst women, in whom mental derangements are frequently traceable to reflex irritation from uterovarian causes, and owing to the general non-recognition and neglect of these sources of cerebral disturbance many women are now needlessly and improperly confined in lunatic asylums. Secondly, I wish to point out that the present administration of these institutions, and the laws by which this is controlled, tend to various abuses amongst which that just referred to may be numbered.

Finally, I venture to offer some suggestions for the better administration of such asylums, and for certain amendments which appear urgently called for in the existing lunacy laws.

In the subjoined statistics will be found the clearest evidence that insanity has rapidly increased and is still increasing in these countries, whilst its curative treatment has not advanced in the smallest degree. This non-improvement in the curative treatment of mental diseases, is probably largely due to the fact that all questions relating to insanity and other cerebro-

nervous disorders are too generally abandoned by medical practitioners to those specialists who, being officially connected with lunatic asylums, are therefore conceded an exclusive and vested interest in all that relates to psychological medicine. It appears to me, however, that the questions included under this heading equally concern every medical practitioner, who may be called on to diagnose and treat the incipient stages of mental derangement, and those diseases which, if neglected, may eventuate in madness, and on whom the law still imposes the responsibility of signing the warrant for the confinement of those restrained as lunatics.

The statistical evidence afforded by the official and other reports to which we are about to refer of the increase of insanity and of its greater prevalence amongst women is so conclusive, that it seems difficult to realise how any person of ordinary intelligence, not being a medical superintendent of a lunatic asylum or a commissioner in lunacy, can dispute the fact.

At the present time 1 in every 414 of the population of England and Wales, is a registered lunatic. In the year 1800 there was only 1 lunatic in 7,300 of the population (Dr. Powell). In 1806 a Select Committee of the House of Commons reported that the total number of lunatics in England and Wales was 2,248. In 1819 there were 6,000 (Burrows). In 1823 6,000. In 1826 upwards of 14,000 (Halliday). In 1845 when the Commissioners in Lunacy came into office there was one lunatic in 800 of the population, whilst by the last or thirty-seventh annual report of the same commissioners we find that the number has risen to 76,796 or one in 414, being an increase of 1,923 insane persons since the previous year's report. Of these, 42,482 were female lunatics and 34,482 males. The increase in the number of female lunatics within the year was 1,188 and that in male lunatics only 676. Notwithstanding these statistics, however, the Commissioners of Lunacy in their last report still deny the actual increase of insanity, and endeavour to explain their own figures away, or to minimise their importance as far as possible.

In Scotland also the increase of insanity is shown by the last official reports; whilst in Ireland, which some

(a) Read before the Academy of Medicine in Ireland.

recent writers say is comparatively free from this visitation, the proportion of insane persons is greater than in any other part of the British Empire. Since 1851 the population of Ireland has decreased from 6,574,278 to 5,159,839, and yet within this time there has been an increase of 41 per cent. in the number of registered lunatics. In 1881 this amounted to 9,980 or one in 1,291 of the population, and at present it has risen to 13,820 that is one in 369. But if we add to this the 6,000 lunatics who were shown by the last Census Report, which reflects such great credit on the Registrar-General, Dr. Grimshaw, to be at large throughout the country, then there are no less than 19,820 lunatics in Ireland, that is one to every 214 of the population. Of the lunatics under restraint in public asylums 6,866 were males and 6,955 females, and of those in private asylums 385 were female and 236 male lunatics. The proportion per cent. of stated recoveries in cases of insanity, notwithstanding the boasted progress of psychological medicine, appears to be no greater at present than was the case in the earliest period of which we have any record in the history of lunatic asylums. The oldest of these institutions in England, is Bethlem, and there nearly two hundred years ago, the proportion of recoveries was actually much higher than is now the case in any of our lunatic asylums. Thus, from 1684 to 1703, 1,294 insane patients were admitted into Bethlem, and of these 890 or in the proportion of 2 in 3 were cured (*Tyson cited by Burrows*), coming down to a more recent period in the Stafford asylum, during the ten years from 1818 to 1828, 43 per cent. of the patients admitted were cured. About the same time in the Lancaster Asylum the proportion of recoveries was 39 per cent, and in the Wakefield Asylum 42 per cent. (Pritchard). In 1874, according to the official report for that year, the proportion of stated recoveries to admissions in the public and private lunatic asylums of England and Wales, was 40.53 per cent. This has not been since exceeded, and in the last year reported on, the proportion of recoveries was still smaller.

The foregoing statistics prove that insanity is yearly increasing in prevalence amongst all classes, and that this increase is most notable in women, whilst its curative treatment has made no apparent progress.

I may now add a few words on some of the causes of this growing tendency to mental disorders observable of late years. These causes are moral as well as physical, and both largely arise from the changed conditions of society within the last couple of decades, the race of life being now too generally run at a pace destructive alike of mental and bodily health.

Amongst the many circumstances which thus conduce to the increase of insanity, are the prevailing tendency to alcoholism in all classes, now so apparent to those who, as medical practitioners, are most conversant with the inner life of modern society. Secondly, the growing luxuriousness and sensuality too generally characteristic of the youth of the present day. Thirdly, the forced system of education, by which the mental powers are over-strained and prematurely exhausted in the efforts to acquire that superficial smattering of pseudo-knowledge which is now deemed universally essential. And, fourthly, the misdirected tendencies of modern female education in youth, and the neglect of suitable occupation for women in after life, must be recognised as powerful moral factors in the etiology of insanity.

Having already fully discussed the predisposing and exciting physical causes of reflex cerebro-nervous disorders in women, and especially the influence of peri-uterine irritation in their causation, in the transactions of the Dublin Obstetrical Society and of the Academy of Medicine, as well as in the *American Journal of Obstetrics*, Dr. Quain's "Dictionary of Medicine," and in the *British Medical Journal*. I shall not now again dwell on them, I may, however, add that further experience has proved that more than thirty per cent. of all patients under observation in the gynaecological department of one of the hospitals with

which I am connected, show some symptoms of nervous, hysterical, or mental disturbance consequent on their gynaecological complaints.

The functional connection between the cerebro-nervous and reproductive systems in women, is evinced at every catamenial period, from the first appearance of menstruation to its cessation at the menopause; as well as every deviation from normal menstrual action, by the general manifestation at these times of hysterical or nervous symptoms. In chronic ovarian uterine complaints and in all forms of displacement of the uterus, the reflex consequences of peri-uterine irritation are demonstrated by various cerebro-nervous derangements ranging from hysteria to epilepsy and insanity.

A peculiar tendency to nervous or mental excitability generally accompanies pregnancy. And the reflex peri-uterine causation of certain cerebro-nervous disturbances is still more marked during parturition in puerperal convulsions, and after delivery in puerperal mania.

The period of the change of life or menopause is one of special interest in this connection, and in many instances I have seen women from this cause exhibit such excitability of mind and temper, perversion of the moral faculties and disturbances of the mental powers, that it was most difficult to say whether or not that undefinable boundary line, which separates sanity from lunacy, was passed or not. Under these circumstances I have more than once been instrumental in delivering women thus affected, from needless restraint in lunatic asylums, and by appropriate treatment, assisted in their complete restoration to mental as well as physical health.

The number of such cases that have come within my own cognisance, and the growing tendency to place all patients suffering from any mental derangement, however trivial and transitory, in lunatic asylums, where little, if any, attention is given to the treatment of the morbid conditions just referred to, justifies the conclusion that, amongst the fifty thousand female patients now in our lunatic asylums, there are many who should never have been admitted, and others who might be cured of the cerebral consequences of peri-uterine irritation by medical care, and who in the absence of such treatment, are now improperly detained in these institutions.

I therefore venture to suggest some much needed reforms in the laws and system of lunacy administration, under which these and other abuses are thus possible.

The facility with which any person can be legally consigned to a lunatic asylum is entirely indefensible. There now are upwards of twenty-four thousand medical practitioners on the British Medical Register, and any two of these, however inexperienced they may be, can, by their certificate (the other required legal formalities being of entirely secondary importance), imprison any man or woman in these realms in a lunatic asylum. That this power is well used as a rule is unquestionable. But that it is liable to abused must also be obvious. Not long since I was asked to give a lunacy certificate in the case of a lady who had been a patient of mine, and in whom I could discover no evidence of insanity. Another physician also refused to pronounce the patient mad. And yet within a few days, on the same document signed by others, she was sent as a lunatic to a private asylum. Those who gave this certificate may probably have been right, those who refused may of course have been wrong. Still a case like this, which I am sorry to say, has not been singular in my experience, serves to show that a question of such importance should not be left to the arbitrary and irresponsible judgment of any two gentlemen who happen to be on the Medical Register.

It would be easy to remedy this by enacting that no person should be confined as a lunatic save on the certificate of two official and responsible medical Visitors or Inspectors in lunacy. Moreover, in the case of supposed female lunatics one of these officials should be a physician, who has had some actual clinical experience of the various special functional disorders of women, the reflex

consequences of which may eventuate in insanity or simulate it.

The law relating to the care and custody of the insane and the official administration by which this is supervised, differs widely in the several divisions of the United Kingdom. In England the authorities charged with the duty are the Commissioners in Lunacy under the Act of 1844. In Ireland almost similar functions are discharged by the Inspector-General of Lunatics, nominated in 1845. And in Scotland still larger powers in this respect, are exercised by the Board of Commissioners in Lunacy, established in 1858.

(To be continued.)

THE HISTORY OF ANÆSTHETICS.

By W. ROGER WILLIAMS, F.R.C.S.,
Surgical Registrar to the Middlesex Hospital.

THE numerous experiments made to prevent pain in surgical operations bear so delightful a testimony to the humanity and self-sacrifice of their authors, that the recapitulation of them cannot be other than an agreeable task. Instructive, too, because the history of their successes and failures may lead others to new discoveries. Labour in this field has been fruitful beyond all expectation, but still much remains to be done. Indeed, it is now generally admitted that the essentials of anæsthesia are not satisfactorily attained by any of the agents in ordinary use. Hence the need for further inquiries. Unfortunately, modern investigators are hampered by recent unjust legislative enactments forbidding experiments on animals, and sadly discouraged thereby. Among the thirty or more substances proved to possess anæsthetic properties, no doubt, if we knew more of their nature and how to employ them to the best advantage, there might be found at least one more suitable in every respect than any of those now in use. Nevertheless, though not absolutely perfect, the modern practice of allaying pain in surgical operations by the inhalation of various narcotic vapours may be described, without the least exaggeration, as one of the greatest and most beneficent discoveries of modern times.

It is now such a matter of routine, that we are apt to forget it originated only some forty years ago. The merit of making this great discovery undoubtedly belongs to America.

The prosecution of individual claims gave rise to many heated and acrimonious discussions. Time has softened these. The rival claimants are dead now. We can review the question in a calmer spirit.

Long before the introduction of any of the anæsthetics now in use a variety of measures had been suggested and employed for producing insensibility to pain. The fumes and extracts of mandragora, (a) Indian hemp, (b) and other soporific drugs, (c) had been so employed by the mediæval, ancient Roman, Greek, and Chinese surgeons.

With regard to the mandrake (*Atropa mandragora*), the accuracy of the ancient statements concerning its narcotic properties has been proved experimentally in our time by Dr. B. W. Richardson.

In the 16th and 17th centuries, Valverdi and others caused stupor by pressing on the carotid arteries after the manner familiarised by modern grotters. Compression of the nerves, suggested long previously by the celebrated Ambrose Paré, was tried in 1784 by Moore (d). Mesmerism and hypnotism have also been essayed.

By far the most important epoch in the history of modern chemical science is the century 1720-1820. This period embraces the discoveries of Hales, Black, Cavendish, Priestley, and Davy—the fathers of English chemistry—and of Bergman, Scheele, Lavoisier, and Berthollet abroad. Previously, very little was known of the nature and properties of the various gases and æriiform substances. Now, a flood of light was thrown on this difficult subject.

The most successful in these researches was Priestley, than whom no single person ever discovered so many new and curious substances. Among other things, he discovered *nitrous oxide gas* in 1772. This he did by exposing the so-called *nitrous air* (nitrogen dioxide)—then recently discovered by Hales—to the action of moist iron filings, liver of sulphur, and other easily oxidisable substances, thus depriving it of a portion of its oxygen and reducing it to the condition of nitrous oxide (nitrogen monoxide) or *dephlogisticated nitrous air* as he called it (a). By a great variety of most ingenious experiments, he succeeded in demonstrating the chief properties of this remarkable substance, and in all probability he would have discovered the toxic and anæsthetic properties also, had he employed larger animals instead of mice, which died when immersed in it. For further particulars of these and many other interesting experiments the curious reader is referred to Dr. Priestley's celebrated work entitled "Experiments and Observations on Different Kinds of Air."

The great interest excited by these discoveries reacted powerfully on the medical world. Pneumatic chemistry called into existence a new branch of therapeutics—pneumatic medicine, as it was named by its founders, who hoped to cure diseases, and especially consumption, by the inhalation of various gases and vapours. A "Medical Pneumatic Institution" was set up at Clifton, in 1798, by Dr. Beddoes, with huge reservoirs of gases for the use of patients.

The celebrated Humphry Davy, then just out of his apprenticeship, was appointed superintendent. Though not successful in the immediate object for which it was founded it was so in another sense; for here Davy made his masterly researches concerning nitrous oxide gas. In 1800 he discovered that, when inhaled, it produced a peculiar intoxicating effect, with irresistible propensity to muscular exertion, and often to laughter, whence its popular name of *laughing gas*. He also discovered its anæsthetic properties, and successfully inhaled it himself to relieve the pain of cutting a wisdom tooth. (b) He made numerous experiments with it on animals. In his account of these experiments there occurs this memorable and oft-quoted sentence. (c) "As nitrous oxide, in its extensive operation, appears capable of destroying physical pain, it may probably be used with advantage during surgical operations in which no great effusion of blood takes place."

Those desirous of pursuing the subject further should read his work entitled "Researches Chemical and Philosophical chiefly concerning Nitrous Oxide." Strange to relate, notwithstanding their completeness, nothing came of these remarkable observations. Their real import was not understood until nearly half a century later.

Dr. Hickman, in 1828, suggested the use of carbonic acid gas, in imitation of the experiments performed on dogs for ages, at the Grotto del Canale.

The modern practice of anæsthesia, though it may have benefited indirectly by these experiments, was not the immediate outcome of any of them; it originated to a large extent independently. The honour of making this discovery rests chiefly with three American doctors—Horace Wells, Charles Jackson, and William Morton.

One winter's night in December, 1844, a number of the inhabitants of Hartford, the capital city of the State of Connecticut, assembled to hear a lecture on nitrous oxide and other gases, from Dr. Colton, a well-known popular

(a) *Chirurgie* of Theodorice, lib. iv., cap. 8. *Dioscorides*, lib. iv., cap. 76. *Pliny—Hist. Nat.*, lib. xix., cap. 39, and lib. xxv., cap. 94. *Apuleius, De Herborum Virtutibus*, cap. 131.

(b) *Herodotus, Cary's transl.* 1, 202; iv. 74. *Natural Magic*, Baptista Porta, viii., 1. *Comptes Rendus de l'Acad. de Sc.*, t. xviii., 1849, p. 105, par M. Julien.

(c) *Medical Gazette*, vol. xli., p. 515. *Scriptural—Mark xv.*, 36; *Amos ii.*, 8. *Pope's Odyssey*, iv., lines 302–320. Most of these were first quoted by Sir James Simpson; I have introduced them here for the convenience of the curious reader.

(d) "A method of Preventing or Diminishing Pain in Several Operations of Surgery." London. 1784.

(a) "Experiments and Observations on Different Kinds of Air." London. 1774. Vol. i., page 315.

(b) "Researches, Chemical and Philosophical, chiefly relating to Nitrous Oxide." 1800. P. 464-5.

(c) *Op. Cit.*, p. 556.

lecturer, who tried the effect of the first-named gas on several of the audience. Among those present was Dr. Horace Wells, a dentist of that city. He noticed that a person under its influence sustained a severe injury of his leg without apparently feeling any pain. Dr. Wells was so impressed with this fact that next day he got the lecturer to give him the gas; and whilst under its influence he had a molar tooth extracted, without feeling the least pain. As he recovered from the effects of the gas his first words were:—"A new era in tooth-pulling." (a)

The modern practice of anæsthesia dates from this operation. Dr. Wells appears to have been unaware of Sir Humphry Davy's experiments. He found the peculiar intoxicating effects described by Davy due to mixture of the gas with the atmospheric air; for when precautions had been taken to exclude the latter, only anæsthetic effects ensued from its inhalation. (b) He gave the gas to more than a dozen of his patients, and with complete success. Elated with this good fortune he quickly obtained permission to make public trial of it at the Boston Hospital. Unfortunately, the bag was removed too soon, and in extracting the tooth the patient uttered a piercing cry. (c) The sceptical audience rudely hooted and hissed, and he was laughed at as an ignorant pretender. (d) Now, Dr. Wells was a modest and retiring man; he felt the insult deeply. Home he went mortified and in disgust, and never afterwards resumed his experiments in public. He soon fell ill from vexation, retired from his profession, engaged himself in stuffing and exhibiting birds, and in the sale of shower baths. Subsequently, he visited Europe as a picture dealer, then returned to America, became more and more unsettled in his mind, and finally died by his own hand in January, 1848. So the world ever rewards its greatest benefactors!

For a long time Dr. Wells' just claims as the discoverer of modern anæsthesia were ignored—indeed, we are only now beginning to do justice to his memory. He, at least, never attempted to make a secret of his great discovery, and to use it for his selfish ends. In a liberal profession it is no doubt more graceful to abstain from all exclusive rights, and to trust to that kind of reward which ought to follow a good reputation; but it must be admitted that such trust has too often been misplaced, and until the public manifest a more generous, a more just disposition, towards its benefactors, we have no right to complain of any one who desires to secure for his own family the benefits of his own invention.

"On making the discovery," says Dr. Wells, (e) "I was so much elated respecting it, that I expended my money freely, and devoted my whole time for several weeks, in order to present it to those who were best qualified to investigate and decide upon its merits, not asking or expecting anything for my services. I was desirous that it should be as free as the air we breathe. Judge, therefore, of my surprise after the lapse of many months, when I was informed that two individuals (Drs. Jackson and Morton) had claimed the discovery, and had made application for a patent in their own names."

We truly may apply to Dr. Wells the well-known words of Socrates—"Crito, we owe a cock to Asclepius, discharge the debt, and by no means omit it."

The use of nitrous oxide as an anæsthetic, for the time being, died with Wells; and the discovery was again in danger of being lost. Dr. Colton's praiseworthy efforts to reintroduce it were in vain until 1863; when he succeeded in getting a few practitioners to try it. Its use spread rapidly, so that in 1867—the year of the Interna-

tional Exhibition—he was able to visit Paris armed with a record of 20,000 administrations without a single accident. He met with very little encouragement from the Paris Faculty. However, in the spring of the following year, his apparatus was brought to London by Dr. Evans, an American dentist resident in Paris, who administered the gas before the staff of the Dental Hospital, and thus introduced the practice into this country. (a) At first, the most unreasonable prejudices were entertained against it, and several years elapsed before its use became at all general. Finally, common sense prevailed. It has now been administered over 20,000 times at the London Dental Hospital (b) and with but a single fatality. (c) At the Colton Dental Association of New York, it has been given over 100,000 times in that city without causing a single eath. (d)

Of all anæsthetics this is the safest, quickest, and least disagreeable. Unfortunately, with it insensibility can only be maintained for a few minutes, at the most. Hence its employment has hitherto necessarily been restricted to short operations such as those of dental surgery. Clover, however, used it as a precursor to the administration; and herein he has found many imitators. (e)

Recently, M. Paul Bert (f) has succeeded in overcoming the above objection by giving, instead of the pure gas, a mixture of it and oxygen gas, in the proportion of 85 volumes of the former to 15 volumes of the latter, under increased atmospheric pressure, in a special chamber constructed for this purpose. The necessity for the latter part of this provision arises from the fact that when the mixture of the gases is inhaled alone, complete anæsthesia cannot be produced, owing to the full complement of nitrous oxide (45 volumes to 100 volumes of blood) not being taken into the lungs during respiration. But under the above-mentioned increased pressure, sufficient nitrous oxide is inhaled to produce anæsthesia, and sufficient oxygen to prevent the supervention of asphyxia. Thus, prolonged anæsthesia can be maintained.

After many experiments on animals this method has been tried at the Paris Hospital by Pean and others; and with complete success. I have not yet heard of its employment in this country. Anæsthesia thus induced is quickly recovered from, and without any ill effects. It claims to be the safest method known, but all such statements are premature. Experience alone can decide this question. The requisite apparatus in its present form is too cumbersome and expensive for general use. Although in this respect, the invention appears somewhat crude, it is probably destined in its future developments to render great service to humanity.

(To be continued.)

CONSUMPTION VIEWED IN RELATION TO EVOLUTION AND MOLECULAR ENERGY.

By WILLIAM H. PEARSE, M.D.,

Senior Physician to the Plymouth Public Dispensary.

(Continued from page 444.)

As examples of stovism I may cite, Kate H., æt. 4, has phthisis of left lung. The mother is sunken across eyes, her nose unduly to left, alæ nasi still. She is subject also to cold shiverings between the shoulders and down the back.

Charlotte M., æt. 21, came for wasting, which has been going on for two years; has very slight physical signs on right supra-spinous region, has enormous amount of hair. Her mother and father each lost a

(a) "Official Documents relating to the Discovery of the Anæsthetic Properties of Sulphuric Ether, &c." Dr. Colton's statement in the Appendix, pp. 91, 95, &c.

(b) *Op. Cit.*, Dr. Morton's statement, p. 29, &c.

(c) Dr. Wells' pamphlet, "History of the Discovery of the Application of Nitrous Oxide Gas, Ether, and other Vapours, in Surgical Operations." Hartford. 1847. P. 6, &c.

(d) Official documents, Dr. Jackson's statements, p. 472; also Dr. Morton's volume, p. 47.

(e) Dr. Wells' pamphlet on "Discovery of Nitrous Oxide, &c." P. 14.

(a) Vide "Coleman's Manual of Dental Surgery." London. 1831. Chapter on Anæsthetics.

(b) "Trans. Inter. Med. Con." 1881. Vol. iii., p. 529.

(c) *British Medical Journals*, 1883. Vol. ii., p. 729.

(d) *Traité d'Anesthésie Chirurgicale*. Par J. B. Bottenstein. P. 26. Paris, 1880.

(e) *Lancet*, vol. 1873, p. 33.

(f) "De l'Emploi du Protoxyde d'azote dans les Opérations Chirurgicales de longue durée." *Le Progrès Médical*. P. 161. 1880.

sister of phthisis. Her mother is a delicately built woman, with unduly oblique features toward the left; she had when young, and still has, a great amount of hair.

William L., *æt.* 21, died after about six weeks illness from phthisis; his mother has sunken line across orbits and root of nose, and large nails; about fifty years of age, "she has never needed a doctor."

Mrs. H., *æt.* 40, has been two years under treatment for phthisis; her sister, *æt.* 35, has wavy hair, the upper incisors bright translucent enamel, and are all gone laterally, the index finger nails not so fully developed as the others.

The series of successive individuals of a species or genera, show, if viewed from the narrow period of individual life, or from historic periods even, the law of "continuity" in the main; but the facts of "variation," in harmony and partship with cosmic evolution and progress, are ever present. "Continuity" contains the less obvious, but all important series of "variation." It cannot be unimportant for the physician to recognise the co-relations of phthisis with the more prevailing atavic variations of the body. In a familiar sense, the use of the terms "structure" and "function" are separate; but more profoundly, they are not separate, but are parts only, of one series. It may be worth while to illustrate the relation of the various stages and symptoms of phthisis to hereditary and atavic law.

Ellen L., *æt.* 38, came for "weakness, wasting and fluttering of heart." No decided physical signs in the chest; has been failing for a year; has much indigestion; burns at night; for six months past has had cold shivers down the back; had no child the first twelve years of her marriage. The right thumb, index, and middle nails hollow; the left same finger-nails hollow, but less so; hair in vast amount. All the upper incisors decayed when young. Her mother, and mother's three sisters, died of phthisis.

Mrs. S., *æt.* 38, has her nose markedly out of the mesial line, and to the left; the terminal cartilages unsymmetrical. Her child, *æt.* 10, has much strumous abscess of the neck. Viewing phthisis as a natural contained deviation of normal structure and parts, it is easy to observe its correlations with certain organs, segments, limbs, or nerve regions of the body, and to trace the "form" of atavism and heredity. It is not so easy to trace the same general "form" in symptoms, because that the series of pre-phthisical symptoms, although they have in the main a pretty uniform or generic course, yet they vary much in individuals, or in the minor circles of species. Pre-phthisical deviations in symptoms change also with the different ages of the individuals, *e.g.*, the symptom may be amenorrhoea from 16 to 18; after that indigestion may be the symptom. But although the pre-phthisical record in symptoms is less obvious than in organic forms, not the less it is easily recognised.

Mary D., *æt.* 46, unmarried, a fine country woman, aquiline nose; upper incisors not gone; had one child eighteen years ago; came for "weakness," sinking at epigastrium after food. Hands cold; feet always cold. Her two brothers—two fine men—both died of phthisis.

Mary H., *æt.* 21, a fine, well-nourished young woman, came for "weakness;" pain at epigastrium after food; "tearing pain over sternum;" cough; "I feel so weak when I get up in the morning, that I am only fit to go to bed again;" feet very cold at night; sensation of cold trickling down back; burns much at night; "could go all day without eating." No decided physical signs in chest. Right and left thumb, index and middle finger-nails very small and hollow. Nose, mesial; sunken orbital region; terminal cartilages broad and non-symmetrical. Hair coarse, and much of it. Five of her father's brothers died of phthisis.

Annie M., *æt.* 22, has end of nose sharp and thin and to the right; teeth not gone; "always have been subject to indigestion for many years, as long as I can remember;" menses not regular; no appetite; feels

extremely weak; feet cold at night; no physical signs in chest. Father and one sister died of phthisis.

Ellen C., *æt.* 28, has had pain at epigastrium and over sternum for many years after food; salted food and cheese agree best; "always shaking with the cold; feet dreadfully cold;" "I seem so weak, I have no strength to do anything;" "menses always were scant, now only a sign." Flat across eyes; hands immense and cold.

Rosa H., *æt.* 25, has had two children; came for "weakness;" "burns, and has cold sweats;" much pain at the epigastrium after food; has wasted lately; was once very stout; hungry at night, cannot eat during the day; cannot eat fats, but very fond of raw onions, pickles, and salt food. Hair in immense amount; eyebrows heavy; upper maxillary bone and nose slightly to right; terminal cartilage of nose unsymmetrical; no decided physical signs in chest. Mother died of phthisis.

John S., *æt.* 35, a fine man, with decided phthisis of both lungs, most marked in left; was quite well up to two years ago, when he began to shiver; this and the failure of appetite were the first things he noticed wrong. Hair great in amount; eyebrows very heavy; the hair on breast not great in amount, but on left infra-clavicular region is evolved in well-marked spiral curves. Feet very cold; "naturally cold after I go to bed." One brother died of phthisis; seven sisters alive.

Mrs. S., *æt.* 21, died of phthisis; her sister, *æt.* 16, has hæmoptysis. Father and mother alive; the mother has the line of eyes and bridge of nose much sunken.

These few cases, and I might greatly extend their number, will serve to illustrate the "form" of atavism and heredity in symptoms and structure. The different members of a family or series of generations, are units of an absolute chain. When phthisis, in its common meaning, shows in an individual, we must seek the "form" of the disease, not only in such case, but often in a long series of antecedent individuals and in different shapes or symptoms. It is important to state this, because the corollary is, that methods of prevention must be sought in commensurately wide generic conditions. But one may ask what name can we give to a series of symptoms, as weakness, wasting, amenorrhoea, burnings, cold neuroses, indigestion, &c., in their varied interappings; and still farther in their correlation with profound anatomical variations. As true parts of phthisis, they seem to point to a wide nerve involvement in relation to molecular "energy;" and lead us toward a generalisation connecting phthisis with the profound order or series of organic evolution itself. Surely, in the study of phthisis, and in any hope we may entertain for its prevention, these earlier stages have a great place; they are parallel to the first and earliest direction of variation in species. Just as these latter are deeply subject to physical and vito-physical environment, so we may be certain that the earlier deviations or "variations" of phthisis, may be very much under our control. But it is to close out philosophical Method if we are to view these interlapping deviations or variations as so many nosological entities or diseases! Although the phenomena of atavism, both in relation to the forms of different parts of the body, and in relation to function, are being constantly thrust on my observation, I am quite unable, either from "travelling instances" or from induction from numbers of examples, to perceive the exact order of the series.

Having thus glanced at the "form" of heredity and atavism, in relation to the complex and varied phenomena of phthisis, we may fairly further ask, Are there any anatomical correlations, or symptoms, or conditions which form part of the pre-phthisical series? It is as true in the involved and complex series of biological phenomena as it is in the more elementary sciences, "that any accession to our knowledge of nature is sure,

sooner or later, to make itself felt in some practical application." ("Prel. Discourse," par. 43.)

Anatomical.—The object in stating the anatomical correlations more commonly associated with phthisis is not alone for our immediate use in enabling us to put in a right prophylactic mode of life those who have a tendency to phthisis in the future, but to help us to a perception and knowledge of the deeper and wider "form" of this complex deviation, or disease. From the nature of our daily calling, in a yet profoundly unenlightened age in all that relates to biology and the presence of law in organic phenomena, we are ever in danger of being pushed back into the method of viewing diseases as so many entities or circumscribed existences; the immediate phenomena of disease are apt to impress us more than do their deeper and greater laws or conditions. Hence it cannot be unimportant to note the more fundamental correlations in Nature, which, however seemingly remote, are true parts of the entire phenomena of phthisis. We may well remember the injunction of Bacon ("Novum Organum," book ii., aphor. xxxii.): "For whatever withdraws the understanding from the things to which it is accustomed, smooths and levels its surface for the reception of the dry and pure light of true ideas."

That progeny do more or less resemble their sires proves that the varied and complex future of the individual must be differentiated in the spermatozoon; nor can we doubt but that the tendency to phthisis, &c., is even so early differentiated. But the organic evolution is not an absolutely closed or limited circle, but progressive; and although individual types of man are in the main already differentiated in the early ovum, yet as the ovum itself and all life are in absolute indivisible parthood and correlation with external nature and all-pervading "modes" of "energy," so it is clear from philosophical analogy that physicians can lessen or increase the latent tendencies to variation into phthisis by certain environment, (a) or treatment, or modes of life, and this *a priori* expectation is fully borne out by practice.

I have not been able to reduce the profound anatomical deviations to a definite order of series, but they involve markedly the superior maxillary and nasal bones, the clavicles, the circle or segments of the upper ribs, the hands, the skin system, &c. Nor, as before remarked, can we separate function from structure—the two are inseparably of one series. This is at once recognised in the ear and eye, in relation to sound and light undulation; and it must be as true in relation to the more complex vital processes. It is, however, convenient to group functional symptoms under approximative alliances and heads—ever, however, keenly looking for a recognition of their generic nature and common "form."

Just as we recognise in physics that "nothing is created, nothing lost," but that all the variety of phenomena are correlated interchanges of "mode" only, so in the vastly more complex organic realm do we know, *a priori*, that all changes, both of what we call health and disease, are ultimately correlated modes in an absolutely orderly series. Hence the causes or occasions of disease are not to be looked for mainly in single facts or phenomena, apparently near in time or place. It cannot, therefore, be unimportant to state the prevailing anatomical deviations and symptoms associated with the eventual phthisis. An approximative proposition may be fairly stated—that the evolutionary "energy" is deficient in those who eventually pass into phthisis, and that, although great variety of type is existent in them, yet these variations from the most perfect form and health are but oscillations in very constant circles.

I hope that the following sketch may help to indicate the profounder "form" of phthisis, and to show us

"how" (a) it is that at certain ages the vital "energy" and conservative power ceases in certain individuals, allowing even the flourishing of a bacterial "blight;" and further, that the recognition of the order and method of the "reversion" or devolution of vital failure may help us to a method of prophylaxis.

That any attempt at classification of phenomena, as variously more or less related to the bone, skin, &c., can never be absolute, because that the different parts of the human body are minor to one greater and general unity; and if this is true anatomically, it is more pressingly true functionally, and to the physician especially.

Symptomological.—In seeking to perceive the profounder "form" of phthisis, the earlier changes of function, or deviation from the series of prevailing vital rates of health, may be viewed in relation to the order, in time, of their occurrence, or as to their frequency; and in our present ignorance of the profounder molecular pathology, the two series—both as related to the stage or period of occurrence, and to frequency—must be studied in correlation with nerve distribution and segments, and with nerve centres. Very prevailing earliest functional deviations are in varied degrees and types of "weariness" and "languor." If it should seem to any mind that such seemingly simple phenomena have a small place in biological deviation, I may remind such one that the history of knowledge in all sciences shows that the greatest laws have been traced by the study of the most simple "instances."

Different patients have expressed themselves as follows:—"When I awake I am more tired than when I went to bed." "Easily tired." "Tired and worn-out in strength." "Tired easily without any exertion." "My strength is gone entirely" (not wasted). "I don't know what to do, I am so languid." "I often feel as though I could lie down and do no more." "Deadly weakness." "Weak one day, strong another." "Awful weariness; seem as if I should die from sheer weariness." A fine young woman, not wasted, whose nails were sunken and very undeveloped, said: "I am weak, very weak; I can hardly get about when I get up; I feel only fit to go to bed again." Not only are these phenomena prevalent and early in the series, but they are often of long duration before any other symptom is complained of, and before there is actual physical change in the lungs. Surely such phenomena point only to modes of vital "energy" and molecular vito-physics, and *a fortiori* lead us to expect remedies, even deductively reached, by the laws of Isomers, Correlation, and Continuity.

But it is wiser to draw a simple picture of Nature than to generalise too early, and therefore I will enumerate the other prevailing earliest deviations of the normal states of function:—

Cold, Neuroses, and Burnings.—J. S., male, *æt.* 35, with phthisis of both lungs, said that he was quite well up to two years ago; then he used to shiver. "This and the loss of appetite were the first things I noticed." I am naturally cold after going to bed." Eighty-four cases of phthisis said that they had suffered from cold feet at night; six said that they had not so suffered. Sixty "delicate" cases had suffered the same; fourteen had not. Cold feet, especially at night, is a most important early stage or symptom of phthisis—a true part of the series of the deeper deviations of nerve "energy" which so often ends in phthisis; a symptom very generally neglected, and with fatal consequences.

Such expressions as follow were made:—"Feet deadly cold at night;" "Feet awfully cold for years;" "Feet always cold for five or six years;" "One foot cold at night;" "Feet stone cold;" "Feet cold in all my growing up." Though less marked and less frequent than in the feet, this profound nerve lesion and failure is found in the hands; sixty-one of the "delicate" and

(a) Environment includes diet, because that the alimentary canal is truly an external part of the body.

(a) See Kingsley's "Madame How and Lady Why," for the meaning of the word "how."

in actual phthisis showed this symptom. We see this disturbance of "energy" involving the upper and lower spinal nerve distribution, and necessarily involving the inter-cranial parts and relations of the cerebro-spinal axis. It is for the philosophical anatomist to say how far these neuroses of the extremities are of allied series to the more vital disturbances of nerve function as seen in the indigestion, amenorrhœa, &c., or to the deficient innervation of lung growth, which constitutes the final phthisis. Out of these sixty-one cases of cold hands, thirty had hands of medium size; in twenty-six they were abnormally large; in four abnormally small; and one had extremely long fingers. One may remark here, although at present seeking to draw a sketch of function only, yet structure ever presents itself, even in its most fundamental regions—viz., in the nervo-osseous system, and that the correlation between the size of the hands and the disturbed innervation of coldness, seems to open to us some partial view of the actual order of the process of evolution. That a young man with abnormally cold and large hands should sometimes have a strong tendency to phthisis, is a fact in correlation with the profounder laws of the order of the evolution of the body and with the molecular "energy" of nerve structure.

Cold Neuroses in Varied Regions and General.—Patients expressed themselves as follows:—"Cold creeps down my back;" "Always cold; if I sit by the fire, cold shivers run down my back—cold behind, as the saying is;" "Cold feeling in back;" "Very cold at night;" "Cold, yet burning for a year or two;" "Suffered much from cold always;" "Shiver much with the cold" (not connected with cold weather). "Cold after any exertion" is a frequent statement, as though the supply of "energy" or its mode, were unstable. "Always cold, all the summer;" "A cold feeling creeps me—I don't know what to do with myself, spasms follows;" "Never warm—sleepy and cold on awakening." A correlation of these cold neuroses exists to heredity and atavism.

The mind fastens itself with avidity on such early deviations, for if we could grasp their true "form," we should probably be far on toward the method of compassing its wider course into phthisis. The study seems to open more on the side of molecular vito-physics, than even on that of anatomical evolution.

(To be continued.)

Clinical Records.

CASE OF PROLAPSE OF THE FUNIS.

Under the care of Dr. A. J. BLAIR.

A few weeks ago I had an interesting case of midwifery at Blackhill. The head and funis presented, and as this was my first case of funis I devoted a great deal of attention to it, in order that I might bring matters to a satisfactory close. The patient, Mrs. H., is a farmer's wife, and the mother of five children, all of whom are living. I saw her early, before the membranes ruptured, and while the long diameter of the child's head occupied a position which corresponded exactly with the right oblique diameter of the pelvis, a diameter which, as you know, it occupies in preference to either of the other two known as conjugate and transverse. The os was dilated nearly two-thirds, and easily dilatable, the vagina soft and well lubricated with mucous, and as yet she had not had a single pain in severity far beyond those that usually attend the approaching end of the first stage. As the readers of the *Medical Press* are aware a great deal has been said about the management of these cases of prolapse of the funis, and, as I thought I might have cause to impeach myself with having acted with undue precipitancy if I failed to deliver her safely by a method which some obstetrical writers regard as fraught with danger to the child, I was timorous enough to try in the first place to return the coil, if possible, by the most commonly advised plan of procedure, before I could feel myself justified in attempting to treat on my own responsibility the case before me in accordance with the method which crowned my efforts with success. Failing

in this endeavour to restore the cord to its normal *habitat*, I now gathered up and stored past the coil in the left sacro-iliac synchondrosis as far beyond the stationary head as I could, withdrew my fingers, introduced the long forceps, rotated gently the head, then, keeping the cord stationary with the fingers of my left hand, I used traction forcible enough to bring the spheroidal head beyond the margin of the brim, after which, keeping the forceps still in position, I roused, with a little ergot, the hitherto delightfully inactive uterus to action, and thus completed the case. The result was that I delivered the woman of a living child. Now, had I assumed an expectant attitude after being baffled in my attempt to return the coil, and had refrained from using the forceps until the cord had been brought under an amount of pressure sufficient to interrupt to an alarming extent the placental circulation, as it would have been when the powerful bearing down pains of the second stage had arrived, I do not think the chances would have been in my favour. I acted promptly, without pursuing blindly the reposition scheme of Brown, or the postural method of Thomas, of New York, and, without entertaining the slightest idea of turning; and as a result I succeeded in bringing to a successful termination, by a little skill and simple means, one of our most troublesome cases in midwifery. Perhaps I am open to censure for not having turned and delivered in that way. To have followed the stereotyped instructions of most midwifery text-books, would have been to do so, but the operation of turning in an uncomplicated case, such as mine was, would have been malpraxis in the extreme, notwithstanding, that the state of the soft parts and os, afforded me strong presumptive evidence that the operation could have been performed with ease by the person operating. Turning would seem to be a favourite operation with some, it has been performed frequently, and at a time it was almost universally held to be the only effectual method of dealing with these cases; but at the present day the other and much safer modes of operative procedure take the lead. The disuse, therefore, into which this once most popular operation of turning seems to have fallen, would go a great length in convincing me of its utter uselessness in cases of funis, nor am I the least astonished that it should be so far abandoned because the conversion of a head and funis presentation into that of a bootling or breach does not in any way lessen the risk to the child, for, as Professor Leishman says, "the operation being performed there is still the critical period of the passage of the head during which, although everything be done which skill can achieve, the child already enfeebled may succumb from the renewed pressure on the cord." In cases of turning we have not only to turn, but we have to apply our forceps as well, thus subjecting the mother to the double danger of turning and the use of the forceps, if there really be any danger in their use. If this be true, then the course pursued by me in this instance was the best possible course I could have adopted, at least, so says Madam Lachapelle, and Professor Leishman, in his most excellent treatise on the subject, strongly advocates the use of the forceps whenever they can be applied, thus asserting for them an evident superiority over every other means at our disposal. Nor is this all, no other operation in midwifery practice exposes the mother to less danger than the one I performed, and, if we are to believe the carefully compiled statistics of the late Dr. Churchill, no other operation reduces the risks of the child to a greater degree. Such then being the case, I am myself strongly inclined to plead for the forceps a superiority over turning, and over reposition of the cord, when the cord has to be maintained in position by means of an elastic catheter for the reasons, that turning is an operation much more dangerous to the mother, than the use of the forceps long or short; when performed, the life of the child is as insecure as before we commenced the operation. Turning is an operation always undertaken on behalf of the child, unless in complicated cases, such as placenta prævia, when we operate exclusively in favour of the mother, hardly ever troubling ourselves about the state of the cord, so alarming are the other symptoms, or if we do take into consideration the state of the cord it is only to admit it as of secondary importance, and the objection I would argue against reposition of the cord is that, it is sometimes practically impossible to restore the coil and keep it in position by means of an elastic catheter, besides the use of the catheter in a manner necessitates the removal of our fingers from within the uterus and vagina, and if you take away my fingers from about these parts you deprive me

of all power to manipulate accurately the presenting parts, and being so deprived, it must of necessity follow that death will result to the little creature whose life I had undertaken to save.

Ballynure, Co. Antrim.

AN ANALYSIS OF FIVE CASES OF SYPHILIS UNSUCCESSFULLY TREATED BY McDADÉ'S FORMULA.

Reported by J. W. MARTIN, M.D.

In the *British Medical Journal*, March 10th, 1883, p. 44, Dr. Marion Sims gave an interesting account of the use of the *Stillingia Sylvatica* (Queen's Delight), in the treatment of syphilis, in combination with other herbs. It was first noticed as used by the medicine men in the Creek Nation of Indians in Montgomery County, Alabama. The secret passed into the keeping of a coloured man named Lawson, belonging to M. N. D. Barnett, cotton planter, residing in Montgomery County; by him it was said to have been largely and successfully used in treating the hands on Mr. Barnett's and the neighbouring estates. Dr. George W. McDadé's attention having been drawn to Lawson's treatment of syphilitic cases, he managed to secure the formula, which Dr. Sims hoped might be called "McDadé's formula," the ingredients of which are as follows:—

R Fluid ext. of smilax sarsaparilla;

Stillingia sylvatica;

Lappa minor (Burdock);

Phyllocacca decandra (Pope root) a a 3ij;

Tr. of xanthoxylum carolinianum (prickly ash) 3j.

One teaspoonful to be taken in water three times a day before meals, and gradually increased to tablespoonful doses. Cure said to be effected in a few weeks.

In the *Therapeutic Gazette*, March 15, 1884, p. 110, vol. v., No. 3, New Series, Assistant-Surgeon John Godfrey, M.H.S., give a report of five cases of syphilis treated by him in the Marine Wards, Town Infirmary, New Orleans, with McDadé's formula. Beginning with 3j. doses, he increased them to 3ij. doses, and in one case to 3iij., the course extending over periods varying from eighteen days to one month. With the exception of a slight improvement in one case, the results were most unsuccessful and disappointing. The treatment in every case had to be changed for potass iodide. The changes being accompanied by rapid and marked improvement.

It is of course impossible to say if the drugs used were at fault, but it is fair to presume that such was not the case.

It is evident that further and more extended trials must be made with this plan of treatment before its claim for undoubted usefulness can be established, at the same time it would be unwise not to put it to further proof, as it is well known that uniform success or want of it, is not obtained by all experiments alike, and the very fact of its having been so favourably noticed by Dr. Sims, entitles it to most careful and respectful consideration.

Transactions of Societies.

ACADEMY OF MEDICINE IN IRELAND.

PATHOLOGICAL SECTION.

A MEETING of this Section was held at the College of Surgeons on Friday evening, March 28. Dr. CORLEY, Sectional President, in the Chair.

TWO EXAMPLES OF RECENT COLLES' FRACTURE.

Dr. BENNETT made the following communication: The specimens were examples,—the first of fracture without comminution of the lower fragment; the second, of comminution of the lower fragment, the result of impaction of the upper into the lower. Having referred to his paper read before the British Medical Association in Cork, 1879, the author showed the agreement of these specimens with those exhibited by him at that time. He dwelt particularly on the simple fracture as proving that even under the condition of extreme violence such form of fracture was possible; for instance, where the patient had fallen from the topsail yard of a vessel at sea to the deck. The author agreed that, as he had already shown

fractures without comminution of the lower fragment, with reciprocal impaction of the fragments, and lastly, fragments with complete shattering of the lower fragment, all were proved by post-mortem examination to be possible.

The PRESIDENT said he had seen a great many of Colles' fractures, yet he felt diffidence in expressing an opinion which was not in accord with that of Dr. Bennett, who had made fractures a subject of special study. But he thought that post-mortem specimens of this kind of fracture were not so valuable as might at first sight appear. The usual Colles' fracture resulted from a much less amount of violence than must have occurred in cases which ended fatally, and gave rise to post-mortem examinations. The former generally results from falls on the hands, and it was impossible to say that they were typified by such a case as Dr. Bennett had described, and which was attended with comminution of the lower fragment. The Colles' fractures most commonly met with were transverse, and (contrary to what the late Dr. Smith taught) were frequently impacted. He did not think their knowledge of this description of fracture was advanced by examples of fractures that had resulted from falls from third or topmost windows which were attended with much greater violence and injury to the bones than in the case of the typical Colles' fracture. For these reasons it would be always possible for a great deal to be said both on one side and on the other.

Dr. CROLY concurred with the President as to the value of the paper in reference to the present subject of fractures resulting from severe falls. He had had opportunities of making some dissections, and one of them had attracted so much attention at the Surgical Society that it was referred for examination to a committee, who reported that in their opinion the fracture was caused by penetration. It was a remarkable fact that the late Prof. Abraham Colles never made post-mortem examination of any cases of his fracture, and the description he had given of it had not been improved on by those who had had opportunities of making post-mortem examinations. The only thing learned from recent investigations was that there might be fractures with or without penetration—fractures comminuted, and also in different directions. Dr. R. W. Smith drew attention more than Prof. Colles did to the fractures that occurred close to the wrist-joint, and experience proved that the characteristic displacement of Pott that had penetration was not often seen, so that students who had not got it photographed on their memories might overlook fractures, and treat them as sprains. Any cases he himself had had were impacted fractures, and presented characteristic displacements, but with a total absence of crepitus.

The PRESIDENT remarked that Dr. Gordon, of Belfast, who was an authority on Colles' fractures, minimised the abduction of the hand, and declared that the amount of injury done to the ulnar extremity and to the external lateral ligament was not much. Dr. Bennett's case, and also that referred to by Mr. Croly, showed that that view was erroneous. The styloid process was torn away, showing that the amount of injury to the wrist was great.

Dr. BENNETT, in reply, observed that conclusions could not be drawn, at least without qualification, either from ordinarily-obtained specimens or from dissections in which there had been great violence. The specimen he had shown proved that even when the violence was of the greatest description, it was possible to have a Colles fracture without impaction, and with the lower fragment perfectly unbroken. He had shown that in ordinary injuries produced by falls in the street, &c., comminution occurred in two cases out of every five. If his argument were right, and he saw no reason to doubt the validity of it, comminution was the result of impaction. Dr. Croly's specimen proved the existence of the impaction which Prof. Smith had denied. In nearly all the specimens preserved the radius only was kept, and in consequence of the absence of the ulna he had no statistical information to offer as to the number in which the styloid process of the ulna had been torn off. Nevertheless, that occurrence was common, and Malgaigne had figured it in his plates, and represented detachments of the ulnar styloid as a typical part of the injury. He himself had many specimens in which both ulna and radius were preserved, proving that, although the ulnar styloid was often torn off in the fracture, its lesion was not by any means a necessary feature of the injury.

MITRAL OBSTRUCTION WITH COMPLICATIONS.

Dr. QUINLAN brought forward a case of mitral obstruction

with vegetation in the passage leading to the aortic valves and cardiac hypertrophy. He said it was taken from the body of a girl, *æt.* 20, who had a history of rheumatic fever with apparent endocarditis, but without any record of treatment for the latter. During life she exhibited general serous engorgement of the body, congestion and oedema of the lungs with dyspnoea, and constant attacks of cardiac asthma. There was presystolic murmur at the apex of the heart, and at the base there was also a slight systolic murmur. The second sound was perfect and there was no visible pulsation. The pulse was thready and weak. There was a great increase in the area of the cardiac dulness and a powerful apex impulse. These symptoms caused a diagnosis of mitral narrowing with some vegetations in the passage leading to the aortic valves along with hypertrophy of the heart to about double the natural size. There was great oedema, particularly in the right side, a circumstance which was attributed simply to dextral decubitus. During the last fortnight of life the large branches of the vena cava swelled enormously, evidently owing to the formation of a fibrinous clot in the right auriculo-ventricular opening, and during the last few days there was great oedema of the lungs, and death was very lingering, a circumstance which was attributed to the formation of a clot in the mitral orifice. The post-mortem examination showed that the heart was much hypertrophied and weighing fourteen ounces. The mitral orifice admitted one finger tip only, and the valves were studded with large hardened vegetations. There were similar vegetations in the passage leading to the aortic opening, but these valves were competent, as shown by the water test. Both auriculo-ventricular openings were occupied by coagula, that in the right leg white fibrinous, and that in the left sanguineous with some white fibrine. There was also slight pericardial effusion.

Dr. STONEY asked on what evidence Dr. Quinlan concluded that the clot on the right auriculo-ventricular was an *ante-mortem* one.

Dr. QUINLAN replied that the patient's difficulty of breathing before death became very great, and the congestion of the bronchus and the vena cava became unceasingly great and at last tremendous. He believed these symptoms were caused by the clot.

Dr. HENRY KENNEDY said that fifty or sixty years ago the late Dr. Hartz published a paper showing the possibility of diagnosing the *ante-mortem* clots.

TUBERCULAR DISEASE OF THE THUMB.

Dr. BENNETT showed a specimen of tubercular disease of the thumb, consisting of half the ungual phalanx of the thumb of an old woman, which he removed last summer. There was an ulcer beneath the thumb nail. She had no glandular disease elsewhere, or trace of trouble in the axilla or any part of the arm. The only thing was the ulcer which had lasted for five or six years, and for which she had been treated in almost every hospital in Dublin, every means being used, short of amputation. The best attempt at diagnosis he could make was that it was the ulcer of cicatrices of Hawkins and Margalli. He believed that it originated with some form of suppuration, and that it then progressed and finally resisted all treatment. It was watery, excavated, and extremely sensitive at the edges, and when a probe was passed it could be felt that the bone was exposed, though not naked. There was no rough or carious bone. Other treatment having failed, and the pain being such as to oblige the patient to give up her occupation, he amputated the extremity of the thumb, and the case had since done well. Dr. PURSER had examined the specimens, which presented the characters of well-defined tuberculosis.

Dr. PURSER said the reason why the specimen was called tubercular ulcer of the thumb was for want of a better name. By tubercular was meant a growth containing some peculiar micro-organism. In the present specimen he had not looked for a micro-organism, but the characters of the growth as discovered by an ordinary examination were those of tubercle with certain differences. In tubercle there were numerous little groups of cells, each constituted with a grand cell in the centre, and these cells had a peculiar form of protoplasm, characteristic of tubercle only. In the present case some of the small cells were epithelioid, and others lymphoid; but there was no evidence of causation, and that was the point in which the case differed from ordinary tubercle; but the growths themselves had quite the appearance of recent tubercles.

Dr. BENNETT said that, although he had not at first recognised the character of the ulcer, he concluded that amputation was the best course. This, however, was the first sample of the disease that he had seen. Tubercular and scrofulous diseases affected the bones both of old and young, and were liable to be mistaken for malignant diseases, but a superficial tuberculosis existing on a surface for five or six years, and causing absorption of the bone by its pressure were facts quite new to him.

MAMMARY TUMOUR.

Dr. BENNETT read for Dr. H. MacNaughton Jones a communication on sectional and microscopic drawings of a mammary tumour removed from a patient, *æt.* 40. The tumour had been quiescent for some years. Of late it commenced to grow more rapidly and there was occasional pain. The general health was otherwise good. The tumour was hard and lobulated. There was slight retraction of the nipple. One or two axillary glands were enlarged. The entire breast, with the affected axillary glands, were enlarged. The diagnosis was uncertain before operation as to the nature of the tumour. The sections, well-shown on the drawing, appeared rather to confirm the view that the tumour was of adenocarcinomatous nature, and not, as was thought, scirrhus. The cystic type was well seen. The complex character of the tumour rendered its histological differentiation difficult, save to a very experienced histologist. The cells filling the tubercles and sacculi were very small, and were not heterologous. All preserve the regular circular-outline. The termination of a duct crowded with cells was well seen in drawing No. 1. In parts, the tumour had the appearance of a fasciculated sarcoma or fibroma. The tumour was removed last August antiseptically. The wound healed without the formation of pus, and the patient was going on well. The painless nature of the growth, and the very slow progress were against the supposition of carcinoma, but the microscopical appearances when the tumour was cut into, were in favour of scirrhus. The sections were made by Mr. George Walton.

The specimens exhibited were decided by several members of the Academy to be examples of scirrhus carcinoma.

The Section adjourned.

LIVERPOOL MEDICAL INSTITUTION.

THE Thirteenth ordinary meeting of the Session was held on Thursday, April 17th, the President, Dr. GEE in the Chair.

SPECIMENS EXHIBITED.

Dr. BARRON: 1st. Specimen of osteo-arthritis of carpus and hand from aged female, showing eburnation of the articular surfaces of several of the carpo-metacarpal and phalangeal joints, with the production of osteophytes, widening and flattening of the articular surfaces and the production of great deformity; 2nd. One internal cuneiform bone which consisted of two vertically superposed halves, which had been united together by two articular surfaces and an interosseous ligament. The development of the internal cuneiform from two centres is extremely rare.

CANCER OF BLADDER, ACCOMPANIED BY CALCULUS.

Dr. ALEXANDER showed an enormously thickened bladder from which a stone had been removed four days before death, by supra-pubic lithotomy. The specimen was taken from a man, *æt.* 40, a watchmaker, who had been successfully lithotomised when 19 years of age. He enjoyed fair health from that time until a few months ago when he began to fail. During the last few weeks he had become dull and apathetic, suffered from incontinence of urine, and from internal pains. When Dr. Alexander saw him, the bladder could be felt as a hard, irregular mass, pressing upon the abdominal wall above the pubes. A stone was detected by the sound, but it was fixed at the upper part of the bladder and so surrounded by hardened tissue that its size could not be clearly ascertained. Cancer was not suspected, the kidneys were evidently disorganised, and operation contra-indicated. When the patient became worse the friends pressed for an exploration, and under the circumstances the supra-pubic incision offered the best region for exploring the bladder. The stone was with some difficulty removed, but the downward course of the patient seemed to be unaffected. The cancer was evidently the infiltrating variety, and probably arose from the irritation of the calculus. It affected nearly all the bladder except a

small area round the right ureter, one kidney was completely destroyed and the other partially.

**SACCULATED FEMALE BLADDER CONTAINING A STONE
—STONE AND SAC REMOVED BY OPERATION.**

Dr. ALEXANDER showed that this was the fourth case on record, Dr. Gibson, Sir Henry Thompson and the late Mr. Lyster, of Liverpool, removed the calculi in the three cases. In none of the cases was the sac removed as in this one. The tumour formed by the sac and its stone was about the size of a pigeon's egg, it protruded from the vulva and arose from the vagina by a narrow neck, into which a sound could be entered by reversing its beak just as it reached the bladder. The tumour was complicated by prolapse of the anterior vaginal wall, and produced pain in walking and in evacuation. It had existed probably for six years, but only troubled her during the last two. The stone was removed by cutting into the tumour over the most prominent part. Three weeks after, the sac being still large and the prolapse troublesome, the roof of the vagina was completely removed, the sacculation of the bladder ligatured at its neck like a hernial sac with strong catgut and the sac removed. The cut edges of the vaginal walls were united by silver wire sutures in the middle line. No troublesome symptoms followed, and the patient was discharged quite cured.

Mr. REGINALD HARRISON remarked that cases of encysted stone in the female bladder were of extreme rarity. He would like to know if Dr. Alexander was certain of the precise situation of the cyst? He saw a case in association with the late Dr. Lyster, in which the cyst was not in the bladder, but in the floor of the urethra. A stone was removed about the size of a walnut. If Dr. Alexander's after treatment had been adopted, the course of recovery would have been less tedious.

Mr. RUSHTON PARKER related a case of

**OLD DISLOCATION OF SHOULDER, FOLLOWED BY ANEURISM
AND LIGATURE OF THE SUBCLAVIAN ARTERY.**

The patient was a woman, *æt.* 36, who had had a fall and fractured the forearm. This was set by a surgeon in the town, and the patient at the time made no allusion to anything being wrong about the shoulder-joint. She was admitted into the Royal Infirmary some time after the fracture had united, and six weeks after, the dislocation was reduced, very considerable force being required to effect the reduction. The head of the humerus passed into its position without any noticeable sign, except that the shoulder resumed its normal shape. Six days afterwards there was considerable ecchymosis and a pulsating swelling. From the situation, he concluded, that these arose from aneurism of the sub-scapular artery. The swelling increased in size, and he decided to ligature the subclavian artery. This was done, and in due course, the patient recovered and was discharged.

HEMIOPIA.

Mr. RICHARD WILLIAMS related the case of a young gentleman, a solicitor, *æt.* 22, who had consulted him on the 10th December, 1883, for defective sight, and who thought he had strained his eyes in studying for his examination, which he had just passed. With the exception of an error of refraction there was nothing abnormal in the eyes. A scotoma was discovered, which soon developed into right homonymous hemiopia. With the exception of some pains, apparently neuralgic, about the head, there was no other symptom, either general or local. The patient was seen in consultation by the President, and subsequently by Dr. Hughlings-Jackson, who thought the case one of central embolic lesion in the region of the optic thalamus. Shortly after, severe headache and vomiting came on, with derangement of the sense of smell, and loss of power in the right side. The intellectual faculties became affected, memory being very defective. All these symptoms became aggravated, and the patient died on the 1st March, 1884. There was no history of syphilis. No post-mortem examination was made as the patient lived a long way in the country. Two interesting questions arose as to the nature and the seat of the lesion, and Mr. Williams thought the opinion of Hughlings-Jackson must be set aside, in view of the subsequent development of the symptoms. He believed the case to be one of rapidly growing tumour originating in the substance of the left optic tract, producing in the first place a scotoma which developed into hemiopia as the whole thickness of the tract became involved, and then by extension to the roots of the olfactory nerve anteriorly, and to the crus cerebri above, the other symptoms already men-

tioned might be explained. The absence of optic neuritis in the early history of the case was probably due to the absence of pressure, and that symptom might possibly have made its appearance along with the other signs of pressure during the last three weeks of life, after the patient had been withdrawn from observation.

DISCUSSION ON DR. CATON'S PAPER ON PNEUMONIA.

(Concluded from page 401.)

Dr. W. WILLIAMS said that his mortality from pneumonia at the Liverpool Southern Hospital had been 40 per cent. He had seventy-two cases since 1875, with twenty-nine deaths. Regarding the question of pneumonia being epidemic, it was remarked that the period of high mortality at the Northern Hospital was not coincident with that at the Southern. He thought the mortality depended much on the length of time elapsing between the commencing of the disease, and admission into hospital. He had seen no evidence of contagion. An equable temperature (63 or 64 deg.) was important in the treatment.

Dr. BOSTOCK had been living in Kent during last summer, and had seen a series of cases that favoured the view of infectiveness. A father, mother, and five children well fed and clothed, dwelt in a small house, outside of which was a cesspool. The only drain in the house was in direct communication with the cesspool. The weather was hot and dry, and the foul smell of the cesspool was brought into the house through the drain. A child was taken ill with high temperature and developed pneumonia, and within three weeks the whole of the five children contracted the disease. All recovered. He thought the disease in this instance was from a septic source. There was one difficulty, however, that required solution. Were there then two forms. One from sepsis and one, the old-fashioned form, from "cold?"

Dr. CARTER said there appeared to be two main propositions in the paper—1st. That at certain periods the type was especially fatal, and 2nd. That this fatality, if not all, was principally, due to a bacterium. He should be inclined to question both propositions. He should say it was rather non-fatal in extra hospital practice, but more fatal in hospitals, and especially in sea-port towns. Besides, the habits and general condition of the classes of patients should be taken into account. Out of 100 of his cases, 40 were sailors and 27 labourers. The paper gave no report of the length of time between the first rigor and admission into hospital; this was an important point as Dr. Williams had pointed out. It was generally about a week and often more. He had had 101 cases with 25 deaths, 1 died before the patient was seen by himself, 4 occurred within 24 hours of the patients' admission, and 6 more within 48. A fall in temperature coinciding with a rise in the pulse, he looked upon as a bad symptom, the same when delirium came on late. He did not see his way to accept the theory of infection, the disease was not communicable, it was limited to one part of the body, and it might occur twice in the same individual, its onset was often very sudden, it appeared never to be communicated to those who made post-mortem examinations.

Dr. ARCHER thought intemperance was an evil factor as regarded recovery. Many pathologists seemed going mad at present on micrococci and bacilli, he did not think they had anything to do with phthisis or pneumonia; they might with the specific fevers.

Dr. ROBERTSON had never observed any infectiousness in the disease at the Liverpool Workhouse. It had not been proved, that the organisms met with in the disease were not the product of decomposition. He practised blood-letting in selected cases.

Dr. BARR did not believe much in the influence of micrococci.

Mr. HAMILTON complained that so little had been said about the most important points in the discussion, viz., the micro-organism and their importance. So much depended on the accuracy of the views at present put forth. He thought that the facts brought to light by the best microscopists showed that pneumonia had a septic origin, if this were proved it would bridge over a difficulty. The fact that pneumonia was not infectious did not prove that it was not of infective origin, as was the case in phthisis, which was infective, but perhaps not infectious.

Dr. DAVIDSON thought it was a pity that treatment had drawn the discussion away from the etiology. Pneumonia was different from other inflammations from cold, from bronchitis which had a more gradual rise and deservence.

terminated suddenly, often by crisis, this, and the fact that, five cases occurred within so short a period was an argument in favour of its being an infective disease, not infectious. There was more in pneumouia than mere irritation from a cold.

Dr. WORRAL and J. STOPFORD TAYLOR also spoke, the latter mentioning three cases that had occurred in such a manner as to lead to the belief that the disease was sometimes infectious, after which

Dr. CATON replied, and said he thought there might be two types of the disease—an epidemic and a sporadic, as there certainly were in the pleuro-pneumonia of cattle—one infectious, and one not so.

Special Articles.

THE 13TH CONGRESS OF THE GERMAN SOCIETY FOR SURGERY.

[FIRST NOTICE.]

THIS Congress was held as is usual in Berlin from Wednesday to Saturday in Easter week (April 16th to 19th), under the presidency of Excellenz von Langenbeck. Great numbers of the leading spirits of German surgery are always attracted by this Easter gathering, and the present occasion was no exception to the rule. Some who on former occasions graced the meeting by their presence were unfortunately absent. Amongst this number were Bardeleben, Thiersch, of Leipzig, and Billroth. Volkmann was elected vice-president. An attempt was made to postpone the time of meeting for subsequent years to the Whitsuntide holidays, but the attempt failed. Another resolution was, however, carried, viz., that the Society elect distinguished surgeons as honorary members. The number, however, will be limited to twelve.

The papers and discussions were quite up to the average, and cannot fail to leave their mark on the practice of the near future. The following brief *resumé*, for which we are indebted to the fuller report of the enterprising *Deutsche Medizinische Zeitung*, will give an indication of the direction of German thought in the domain of surgery.

The first paper was by Dr. F. Neelson, of Rostock, "How do the Clinical Conceptions of Sepsis, Septicæmia, and Pyæmia adapt themselves to the Newer Experiences of Pathology?" The paper professed to explain that wound diseases arising from the admission of impurities from the atmosphere, dirt, &c., when they are not specific diseases, as erysipelas for example, were a combination of three processes, viz., of putrid intoxication, of inflammation at the seat of inoculation, and of the growth and development of bacteria in the blood. These three together gave rise to the affection called septicæmia. This compound septicæmia might be modified by spreading along the lymph- and blood-channels to remote parts in which metastatic inflammations produce an affection that bears a resemblance to pyæmia. It was not pyæmia however, this being a disease *sui generis* like variola or glanders, which require no wound for their origination.

Herr Küster, of Berlin, followed with a paper on "The Employment of Sunk Sutures, particularly in Plastic Operations." Such employment of sunk sutures is evidently, in the opinion of the author, a step towards the attainment of the ideal in surgery. The problem of the day, as he says, is the discovery of some method of so putting up a wound that without further touching or change of dressing healing shall take place. The method proposed by Herr Küster is recommended by him as a step towards the solution of the problem, and thus towards the attainment of his ideal. It consists in closing wounds by layers of sutures, i.e., sutures at different depths so that pressure as nearly equal as possible shall be exercised over every part of the wound. He particularly recommends it for perineal operations. In the discussion that followed Eschmarch, Schroeder, and Mikulicz confirmed the statement of the author that, by his method the formation of pockets was avoided, and in many cases a drainage-tube rendered unnecessary.

König, of Göttingen, read a paper on the question, "Whether the Indication for Resection in Tubercular Joint Disease in View of the Increased Danger of General

Tuberculosis from the Joint Affection was Well Founded?" The writer had observed cases in which general tuberculosis had supervened on tubercular joint affection, and he considered that the question should be answered affirmatively.

Herr Cramer, of Wiesbaden, read an account of an exceedingly interesting case of "Ferment Intoxication caused by a Blood Cyst," in which a patient, a young woman, for two years suffered from acute symptoms, persistent fever, cough, diarrhoea, abdominal pains, insomnia, loss of strength, &c. Finally a small fluctuating tumour was discovered in the left thigh, the removal of which was recommended by Langenbeck who was consulted on the case. This tumour was accordingly removed, and "at a stroke" all the symptoms disappeared.

Herr J. Wolff, of Berlin, read a paper on "The Law of Transformation of the Internal Architecture of Bones in cases of Pathological Change of the External Bony Form," in which he showed that the trabeculae of the long bones were arranged in the lines of greatest resistance, and that when disturbance of these lines had taken place from fracture or disease the arrangement of the trabeculae became altered to suit the new requirements.

Herr A. Bidder (Berlin) read a paper giving particulars relating to a tooth that had been extracted and re-implanted, and another on an improvement in a knee extension apparatus.

Herr Schede showed a splint for the gradual flexion of the knee-joint.

Herr Wagner read a paper founded on six cases of "Dislocation of the Cervical Vertebrae," four of which recovered.

Herr Küster followed with a "Case of Fracture of the Odontoid Process with Compression of Spinal Cord." The case was specially of interest from a medico-legal point of view. The patient was a girl, 18 years of age, who was seized by the hair by her mistress and dashed violently against a beam. On the same day she was seen walking in the street. In the evening she complained of pain in the neck and went early to bed, on attempting to rise the following morning she fell with her head against the commode. On being removed home, a distance of 8 miles, symptoms of compression came on. The assault was the ground of a trial on which the experts examined could not agree as to the injuries sustained, some not believing that the patient could have walked after the assault if the injuries had been such as they were said to be by Herr Küster. The writer himself sought to reconcile her walking after the receipt of the injuries, not to an incomplete fracture, but to the symptoms remaining in abeyance until compression took place some time during the night succeeding the assault. He then read a paper on "A New Method of Amputation of the Middle of the Foot."

Herr Grawitz (Berlin) followed with a paper on "The Development of Tumours of the Kidney from Separated Particles of Supra-Renal Capsule." He remarked that the nodules (knoten) met with in the kidney were variously named in literature until at last the designation adenomata became the one in force. These adenomata were small, mostly cortical, and of significance in relation to their pathogenesis. The writer was of opinion that they generally had their origin in small particles of supra-renal capsule which had wandered and become embedded under the renal capsule. In support of the correctness of this view he offered the following arguments:—1st. That detached fragments of supra-renal capsule tissue are frequently present in the kidney structure, and with such frequency that the tolerably frequent occurrence of these small tumours can be explained by them; 2nd. That these separated particles correspond in their situation to that in which the small struma nodules are met with; 3rd. That the kidney tissue itself is not generally in a position to afford such products; and 4th. That the structure of these small struma nodules corresponds histologically to the growths met with in the supra-renal capsules.

Herr Credé, jun. (Dresden), showed a young man from whom he had removed a circular goitre. The growth completely encircled the trachea and œsophagus so that the two ends lapped over each other behind for a distance of about 1 c.m.

Herr Baumgärtner showed some similar preparations, the growth in each case entirely surrounding the trachea.

Herr Credé then exhibited a patient from whom the spleen was removed in 1881. The man, a mason by trade, was

quite well and followed his occupation. No swelling of lymph glands had taken place.

Herr V. Haeker, of Vienna, then showed a primary sarcoma of the spleen removed on the 20th of March by Prof. Billroth by laparotomy. The patient made a good recovery. At the operation adhesions of the tumour to intestine were met with at the hilus, some were separated and some ligatured and then separated. The artery and vein were isolated, secured by double ligature, and separated. The pancreas was also partially adherent, and a portion 3 to 4 c.m. in length was removed along with the tumour. No disturbance followed the removal either of spleen or of portion of pancreas.

Herr Albrecht, of Brussels, read a paper on the "Morphological Significance of Clefts of the Jaw, Lips, and Face."

Herr Neuber (Kiel) demonstrated a new method of hip-joint and knee resection adopted in the Kiel Clinio, and also an improved mode of suturing the divided ends of intestine by means of a tube of decalcified bone, which disappeared in a few days.

Herr Volkmann exhibited a boy whose hip-joint had been resected. The boy limped, but he had been able to walk long distances after the operation. Movement had not been so perfect in this case as usual owing to suppuration.

Herr Uhde mentioned a case of V. Langenbeck in which the result had been so perfect that the patient walked as well as any other man.

Herr Baumgärtner (Baden Baden) followed with a paper on "*Cachexia Strumipriva*." The paper contained a report of 19 cases in which goitres had been removed by operation; of the 19, 3 were dead; of the remaining 16, 10 were partial extirpations; of the remaining 11 (?) cases of total extirpation, four somewhat late plainly showed symptoms of illness which had been described by Kocher under the name of *cachexia strumipriva*. The first case was that of a girl, 16½ years of age, who a year after total extirpation showed certain external changes. She had a puffed up face and a certain inertia of bodily movement and thought. These symptoms became more marked in the course of the next six months, with difficulty of breathing superadded. Paralysis of the left vocal cord was demonstrated before operation. Some improvement showed itself after operation; after about one year complete paralysis of the abductors came on, so that tracheotomy was called for. A second patient, 56 years of age, also showed after operation a certain feebleness of thought and slowness of speech. The larynx was normal before operation, but about six months afterwards difficulty of breathing came on, and eighteen months after operation, tracheotomy was demanded. A third case was that of a young woman, 23 years of age. About six months after operation puffiness of the face and eyelids came on, with stiffness of the hands, but no alteration in power of locomotion or speaking. Eight days after operation there was complete aphonia (paralysis of abductors), but after treatment by means of the induced current (40 sittings) the voice was restored. The last case was that of a girl, aged 23, in whom the tumour was the cause of dyspnoea, after operation symptoms somewhat similar to those present in the three preceding cases showed themselves. In the remaining cases no symptoms of innervation of the larynx developed.

Herr Bruns (Tubingen) read a communication on "Sublimate Dressing with Wood Wool."

A description of the dressing and its mode of preparation have already appeared in our columns (p. 173, vol. ii., 1883), so that nothing further is required on these points. The speaker stated that from Jan., 1883, to date, he had employed the dressing in 557 bloody operations, amongst them 48 amputations and exarticulations, 44 resections, &c. Of the cases operated on, 10 died, but none in consequence of treatment. Erysipelas appeared once, and trismus once. A large percentage of the cases healed by first intention. Of the 48 amputations, 37 were of the limbs, and of this number 32 healed by first intention. The process of repair lasted from 18 to 23 days. Of 30 struma-operations, 25 healed by primary intention; three of those healing by granulation were cases in which there was considerable deficiency of cutis. Of 24 cases of resection of the knee-joint and extirpation of capsule 21 healed by first intention. In no instance was it necessary to change the dressing before the end of the first week. If the discharge was profuse a smaller pillow of the wool was laid over the first. He thought the surprising simplicity of the

dry dressing would be specially useful in military surgery. Lister had already spoken favourably of it.

Herr Schede remarked, in reference to the extraordinary power of sublimate over erysipelas, that the favourable results of sublimate dressing made public by him two years ago were attributed to sheer luck, but that this luck had continued, and that with an average annual admission of 4,000 sick into hospital and a daily average of 600 beds occupied, not a single case of erysipelas had been seen arising in the hospital, except some cases of erysipelas of the face that had nothing to do with the dressing.

Herr Mikulicz (Cracow) then read a paper on "Some Modifications in Antiseptic Treatment." He thought the results achieved already were such that essential improvement was scarcely to be expected. The modifications, therefore, could only be in the direction of simplicity. He would first speak of the spray. Most considered that the spray was done away with, but its defenders were of opinion that in good hospitals septic germs were so excluded that infection could no longer take place, but that in a bad hospital the evil results of leaving off the spray would soon be shown. The speaker was in a position to speak upon this point. In Cracow the sick were treated on the ground floor of an old dwelling-house that, for seven years had been used as the maceration room for anatomical preparations. The house stood upon an absolutely malarial soil, so that in the early part of the year a number of people always sickened of it. He had 21 beds, but these were always occupied by from 30 to 35 patients. The arrangements were so bad that it happened in the summer time that he had neither a clean towel nor a fresh compress that he could lay his hands on. Moreover, there was but one assistant. He began in fear to operate without the spray, but he was quickly convinced that it was unnecessary, even under these unfavourable conditions. He divided his operations into two classes—(1) one in which the wounds could be completely closed in, and (2) one in which the wound had a connection with a cavity lined by mucous membrane. In the first class were 123 major operations: 2 died, one after extirpation of a very vascular tumour in the neck, the second after amputation of the breast, of sublimate poisoning. The others healed: in 113 the course was aseptic throughout; in 8 it was disturbed. The second class included 57 major operations: all the patients recovered under treatment by iodoform. During the whole year only one slight case of erysipelas was seen, and no patient died of sepsis.

With regard to sublimate, as soon as it came into contact with the secretion from a wound, it coagulated and formed an albuminate of mercury, which possessed quite other antiseptic properties. He had experimented by adding sublimate to bloody water in certain proportions; he came to the conclusion that in a solution of 1 to 2,000 the process of decomposition was not influenced, and that a proportion of 1 to 1,000 was required to prevent the development of bacteria. Decomposition was completely kept in check only when the proportion was raised to 1 to 400 or 500. He thought sublimate was of special advantage only when it could not be rendered inert by albumen, but when it came into contact with wound secretions it was no better than carbolic acid. Under certain circumstances sublimate might have an increased value from its not being so fugitive as carbolic acid. It was disagreeable, absolutely unsuitable for instruments, and perhaps injurious to the surgeon.

The kind of dressing he considered of little importance, as when the wound was covered by a layer of iodoform gauze it mattered little what was placed outside. Even the decomposition of the secretion exercised no influence on the wound. As to the resorptive power of dressings, he thought the investigations were far too minute. He himself used shavings stirred in a solution of tar until they became of a nut-brown colour. In conclusion, he expressed the conviction that it was a matter of more importance *how* than *with what* you dressed.

THE post of health officer to the town of Calcutta is now vacant, and will not be filled up before the 15th July. The salary is Rs. 1,250 a month, rising by annual increments of Rs. 50 to Rs. 1,500, for which salary the incumbent will be required to devote his whole time to the work of the Corporation.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 21, 1884.

THE DECISION OF THE COUNCIL OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

CONFORMABLY with our prediction of the course that would be pursued by the Council of the College in respect to the resolutions submitted to it from the general meeting of Fellows and Members held on March 24 last, a defiant reply to the just demands formulated at that meeting has issued from the Council. In a certain sense this is satisfactory, inasmuch as it amounts to a formal declaration of war between the ultra-conservative members of the present Council, and those to whom, in right, they owe obedience; and it will serve to render any future misunderstanding of the selfish policy of existing authorities wholly impossible. Further than this, however, it must lend irresistible force to the demand for reform, by showing in a clearer light than any other occurrence could, to what lengths the majority of the Council are disposed to go in the exercise of arbitrary powers assumed by them to be part and parcel of their official rights. In effect, they say to the eighteen thousand odd of Fellows and Members, "We have listened to your proposal that we should agree to your exercise of privileges you have hitherto been robbed of, and though we do not pretend to contest the justice of the request, we do not for a moment intend to resign into your hands any part of the power we have so long enjoyed improperly, and which we shall continue to use or abuse at our will and

pleasure." This is no unfair or uncalled-for description of the attitude assumed by the Council; and we repeat that it is even fortunate that its intentions have been so explicitly explained, for nothing now remains to prevent the carrying out of the measures destined to demolish the tyranny which such action exhibits.

As regards the resolution, number three, declaring that "in the opinion of this meeting, there should be an annual meeting of Fellows and Members, at which the annual report of the Council should be presented, received, and adopted," a less sweeping condemnation was uttered; and it was decided that an annual meeting of Fellows and Members should be called, a report of which shall be presented to the Council. This is an ingenious, but at the same time most transparent, turning of the tables; the report of the meeting is to be presented to the Council, in place of the report of the Council being presented to the meeting; and in view of the circumstances under which the resolution thus framed has been arrived at, it is not possible to look upon it as anything other than an insult to the petitioners. It places the latter in a position of subserviency unique in the history of corporations; it tacitly confirms to the Council an extension of the powers now arbitrarily abused; and while ostensibly yielding the point of annual meeting it makes provision for subjecting the business transacted at such meeting to the revision and approval of an irresponsible and unsympathetic executive. Fellows and Members will not hesitate to describe this latest exhibition of presumption in terms sufficiently forcible to show their appreciation of its bearing and intention; and we can safely predict for the benefit of the Council, that its action in this particular will not be the least effectual of its proceedings in hastening its final discomfiture.

It is not without some slight surprise that we find as many as five members of the Council have correctly estimated the determination for reform that exists among the body of the College; but it nevertheless remains that this number voted for further consideration of the resolution providing for annual election of a president by Fellows present at the general meeting. The gentlemen who thus distinguished themselves by dissenting from the illiberal exclusiveness of their fellow Councillors were, Sir Joseph Lister, and Messrs. Heath, Cadge, Holmes, and Erichsen. The proposer and seconder of the opposition motion to ignore the unanimous demand of a representative meeting of their constituents, were Mr. Hulke and Dr. Humphry. It is thus proved, beyond all possibility of doubt, that only five out of the complete Council—omitting the absentee members, Messrs. Holden and Hutchinson, and Sir Erasmus Wilson, resigned—feel any inclination even to listen to suggestions dealing with modifications of their official licence.

The lesson taught by this demonstration will be lasting and salutary, and the extent to which it is destined to influence collegiate affairs in the future will not be long in manifesting itself. Already an extraordinary amount of activity is being displayed in the direction of organising the forces of the reforming party. Committees, local and general, are already in existence in London

and various parts of the country; and a steadily growing feeling of indignation and resentment is displaying itself amongst the many thousands of practitioners whom the Council of the College has chosen to regard with contemptuous indifference.

After playing the part we have already taken in this controversy, we shall not be accused of partiality towards the Council if we suggest excuses for the conduct of some of its members. The youngest in office of these gentlemen can hardly be supposed to have gauged as yet the full extent of their privileges, and doubtless they very considerably magnify the importance of their own influence in shaping the destinies of the corporation to which they belong. For the time they are blinded, probably, by the unaccustomed surroundings of official dignity, and only the more prescient and the less narrow-minded among them can be expected to forego any part of the dominance they find so grateful to themselves. At the same time, too, though it is in the highest degree painful to be driven to the assumption, we are compelled to think that even more senior members of the Council share the weakness of their junior colleagues, while being also, equally with the latter, unable to correctly estimate the signs of the times. Or is it, that being assured of but a brief space of assumed supremacy, they choose to die fighting for official autocracy rather than yield to demands that are directed straight at a limitation of their prerogatives? If the latter, their attitude is even more undignified than that of one struggling for place at the expense of injustice to many thousand others, not less worthy than himself of the position to which his right is freely challenged.

The battle-field between the Council and the College is now an open one; and accordingly as the numerically greater forces combine and order their attack, so will they obtain success more or less quickly. The end, however long it may take to attain, is absolutely certain; and whether the ungenerous attitude of the Council is changed for one of just responsibility to the College this year or next year or the year after, it cannot be deferred for longer than a very brief period of time. That the members of the Council who have declared for place at any price will be replaced, as the period of appeal to popular suffrage comes round, with candidates who possess a finer perception of the rights of the majority is already definitely assured; the pity is that a complete change cannot at once be effected.

THE SHEFFIELD MANSLAUGHTER CASE.

THE case of Mr. Evans who was convicted last week at the Leeds Assizes for the manslaughter of a patient affords a sad example of the effects of intemperance. A woman's life lost; a professional man's prospects blighted; all for the sensuous gratification of that craving for drink which has so often proved the curse of otherwise valuable lives. Having been convicted of the manslaughter of Mrs. Nettleton whom he was attending in her fourteenth confinement, through gross and culpable negligence, the result of intemperance, it was the painful duty of Mr. Justice Hawkins to sentence

him to five months' imprisonment with hard labour. With the sentence and with Mr. Justice Hawkins' manner in passing it no fault can be found. The case was one of cross-birth, with arm presentation. Instead of giving the necessary help himself, or securing proper assistance, he allowed the time to go by when such help would be efficient, giving way whilst waiting to the habit of drinking to such an extent as to render himself incapable. The result was rupture of the womb and death, interference being too late when it did arrive. The sentence would undoubtedly have been a much severer one but for the sensible view taken of Mr. Evans' conduct by the judge. His words are worth quoting. Having expressed the pain he felt in the exercise of his bounden duty, and having recapitulated the facts that formed the grounds for the jury's verdict, he said, "It is a very sad case. I know perfectly well what effect a verdict like that must have upon your professional prospects. It is a most painful thing, I know, for a man of your education to stand in that dock and receive sentence. I know perfectly well the punishment I am about to inflict on you is one which will probably entail great suffering to you during the time you have to endure it. If you had been careless whether the woman lived or died I should have passed a heavy sentence; but I do not believe that was the case. I believe if you had kept your brains free from the influence of drink, in all probability this poor woman's life would have been saved, and she would have been delivered, as she had already been delivered of thirteen children, in safety and by your aid. But you gave way to drink, and in your inflamed condition, I have come to the conclusion that you forgot what was due to the case. You have already been in prison one month. If you had been brought before me immediately after the commission of this offence I should have sentenced you to six months. As it is, taking into consideration the time you have been in prison awaiting your trial, I order you to be imprisoned and kept to hard labour for five months."

Whilst admitting the justice of both the verdict and the sentence, there are a few comments which present themselves to our minds in connection with the case. The first is the question, How was it that the woman's husband permitted Mr. Evans to continue his attendance the moment he became aware that he was at all the worse for drink, especially when he knew that his wife's case was one of considerable danger—so much so that one practitioner who was called in refused to undertake any interference *and went away*, advising further assistance to be obtained. After this opinion had been expressed, the better part of a day was allowed to elapse before help was secured, then too late. In this respect the husband was decidedly guilty of culpable negligence. The second point we would comment upon is the objectionable custom that prevails of pressing medical men when in attendance on midwifery cases to partake of stimulants, too often in such a manner as to make it almost an offence to refuse. In the case before us it is in evidence that Mr. Nettleton supplied Mr. Evans with brandy or whisky with his tea, and we have no doubt that he did so at other times as

well, and that he in great part contributed to Mr. Evans' lamentable condition and its terrible results.

It is a safe rule for medical men to lay down, never when engaged in their professional capacity, to partake of stimulants at their patients' houses, unless they do so at the proper meal times, i.e., luncheon or dinner, and then only in the strictest moderation. The taking of wine or spirits at other than meal times is a practice strictly to be avoided. Some time or other mischief is sure to result therefrom; and one or another may find himself in Mr. Evans' lamentable position, or even worse. The whole affair is an exceeding painful and much to be regretted one.

Notes on Current Topics.

Notification of Infectious Diseases.

WE recently called attention to the fact that the Burghs (Scotland) Bill has been placed on the notice paper, for second reading, of the House of Commons by the Lord Advocate, and that it is due to the blocking of it by the representatives of the "Vigilance Association" that it has not passed. This Bill extends to every considerable town in Scotland the most stringent and oppressive regulations of the compulsory notification code, and places every member of the profession in these towns under a penalty of fine and imprisonment if they omit to report the ailments of their patients to the sanitary authority.

We revert to this subject for the purpose of thanking the "Vigilance Association"—an organisation of anti-vaccinationists, anti-vivisectionists, and anti-Contagious Disease agitators—for having taken the opposition to this most pernicious Bill out of the hands of the Parliamentary Bills Committee of the British Medical Association. This latter department of the Association was, apparently, entirely innocent of the existence of the Lord Advocate's Bill until we called their attention to it, and it had left the medical profession in Brighton to do battle with the notificationists on their own account, not having taken any public means whatsoever to resist the passing of these measures. The journalistic representative of the Parliamentary Bills Committee has, indeed, been kind enough to advise the practitioners of any locality which is threatened with compulsory notification to "take local action," and asks why they have not applied to Sir Charles Dilke for a hearing against the proposal. The answer is simple. It is not the business of the practitioners of a town to take any such step. They pay their subscriptions as members of an Association whose duty it is to protect the medical public against these invasions of their right; that Association has confided to a certain committee, known as the Parliamentary Bills Committee, the fulfilment of this duty, and it is the function of that Committee to take every means possible to carry out the orders given them, and even if the practitioners of the threatened locality made no objection to the imposition of compulsory notification, to resist such imposition with energy and perseverance in the general interest of the profession. Is the Parliamentary Bills Committee waiting for the

medical men of the Scottish burghs to go to Sir Charles Dilke to ask him to speak to the Lord Advocate to get him to withdraw his compulsory notification clauses? If so, we venture to ask, what is the Committee for? and would not the profession in detail do its own Parliamentary work much more vigorously without any "assistance" from it?

Rectal Anæsthesia.

CONSIDERABLE attention is being excited among physicians in America, on the subject of anæsthesia by the rectum, as advocated by M. Mollière. In the *New York Medical Record* a series of cases, in which this mode of anæsthetisation was resorted to, has been recorded by Dr. W. T. Bull, who gives particulars of seventeen instances. The ether is contained in a bottle from which a tube terminating in a vaginal nozzle from a Davidson's syringe passes, and the bottle itself is placed in a reservoir holding water at about 130° F. This temperature suffices to vaporise the anæsthetic, and as it grows too cold for the purpose more hot water is added. In some cases food was withheld from the patients for some hours, and then vomiting did not occur either during or after the administration of ether. It was found by Dr. Bull that, considering the trials as a whole, a much longer time was required to produce insensibility by this method than by inhalation; but the unpleasant effects on the respiratory organs which usually accompany the latter mode, did not occur, or when present created far less irritation in the majority of instances. He reports, however, that seven out of the seventeen patients passed loose motions, sometimes copious and numerous, and in two instances tinged with blood; and he concludes, therefore, that this is a danger which deserves careful consideration in connection with the new mode of etherisation. The principal advantage it appears to possess, is that of permitting the performance of operations on the face without the obstacles which exist when the ordinary method is resorted to. Its drawbacks of discomfort in manipulation, indelicacy, and the demonstrated risk of dangerous injury to the intestine, seem to contra-indicate its use, except under conditions that make it desirable to substitute means of obtaining anæsthesia for that mode now commonly adopted.

Improper Use of the Title Surgeon.

THE Medical Defence Association were last week prosecutors in a case at the Southwark Police Court, where a charge was brought against a person calling himself a surgeon without having complied with the requirements of the law in respect to registration. The defendant had completed the full curriculum of study and had passed the examination in surgery of the Royal College of Surgeons of England, but had not fully qualified by obtaining also a medical licence. He was, however, in practice as a medical man, and described himself on his doorplate as "Surgeon." The magistrate very properly regarded the offence as proven, and fined the defendant £10, with £5 costs. We cannot in any way complain of this result, although it may at first sight appear a somewhat harsh punishment for the offence. The interests alike of the

profession and the public require that every form of unqualified practice shall be repressed; and in this instance, though ostensibly a surgeon, the defendant was still debarred from occupying the legal status conferred by registration, and was thereby, within the meaning of the Act, an unqualified person. The incident serves forcibly to bring out the necessity for such a reform in examinations as the Medical Acts Amendment Bill provides, for under it the partial qualifications conferred by the College of Surgeons will be no longer obtainable; and no candidate will be required to proceed from pillar to post, in other words, from one licensing body to another, in order to secure a registrable title to call himself by any distinctive professional name. We learn that a case for appeal has been granted to the defendant.

An Example for Imitation.

THE laborious and valuable researches of Dr. Koch, the world-famous discoverer of bacillus tuberculosis, have just been recognised by the German Government in a way that must seem strangely out of keeping to our own dispensers of national honours. It will sound almost incredible to English ministers, but nevertheless it is true, that the Reichstag last week decreed that the sum of £6,750 should be distributed among the members of the Cholera Commission of which Koch assumed the command in Egypt and India. Of this sum £5,000 falls to the distinguished chief himself, his followers receiving the balance. Professor Virchow seized the occasion of this vote to enlogise the work of Koch in the highest possible terms, and very deservedly complimented German science on the distinction achieved by his countryman. In addition to this pecuniary reward, Dr. Koch has been further enriched in honour by a nomination to the Crown order of the second class, and by being presented by the Imperial Board of Health with a life-size bust of the Emperor; and all these marks of appreciation and favour to a scientific discoverer! Our rulers may well gaze aghast at such, to them, incomprehensible outpourings to one whose whole effort has been, not to kill as many human beings as possible in the shortest space of time, but to find means of preventing disease, and curing it where present. Such an example may be emulated at home with much advantage; and it may be that this illustration will serve to show in what respect our insular mode of treating great discoverers may be altered.

THE Lords of the Admiralty have awarded the Greenwich Hospital Pension of £50 a year for Fleet and Staff Surgeons to Retired Deputy Inspector-General of Hospitals and Fleets David Lyall, M.D.

A PORTRAIT of Sir Edwin Saunders, F.R.C.S., Dental Surgeon to the Queen, painted by Mr. Macartney, was last week hung on the walls of the Odontological Society's rooms in the Dental Hospital of London, bearing the following inscription: "This portrait of Sir E. Saunders, F.R.C.S., a trustee and benefactor of the Dental Hospital of London, was presented by his friends and colleagues on the occasion of his gift of the Eastern wing of the building in Leicester Square."

Cremation of the late Professor Gross.

THE Nestor of American Surgery has by his death given renewed impetus to the cremation movement, and this by having demonstrated his practical faith in hygienic disposal of dead bodies by leaving directions for his own to be dealt with in the way most agreeable with the dictates of common sense and health. The late Professor had ordered that he should be cremated in the furnace erected at Pennsylvania, where previously the remains of his own wife had been reduced to ashes. The ceremony, therefore, has been duly performed; and thus one more name, and probably the greatest of all, is added to the history of those whose ante-mortem and post-mortem history have both been a protest against that unscientific and unhealthy mode of burial against which the cremationists of this country are vigorously directing their energies.

Paris Academy of Sciences.

THE Academy has awarded, among others, the following prizes for the year 1883:—*Prix Montyon* (Medicine and Surgery) £300, was equally divided among Dr. Constantin Paul, for his work entitled "Diagnosis and Treatment of Diseases of the Heart," Dr. Henr Roger, for his researches on Diseases of the Heart, and Dr. E. Vallin, for his treatise on Disinfectants. The *Prix Bréant*, 5,000 francs, was awarded to Dr. Fauvel, for his researches on the Etiology and Prophylaxy of Cholera. The sum of 10,000 francs was divided among the members of the Pasteur Mission to Egypt, for their devotion to science, and for the important results obtained by them in their investigations during the last epidemic of cholera in Egypt, and at which the much-lamented Thuillier fell a victim. The *Prix Chaussier* was awarded to Dr. Legrand du Sault for his four volumes on Medical Jurisprudence (*Médecine légale*). The *Prix Montyon*, in the section of Physiology, was awarded to Dr. Paul Regnard, for his memoir entitled "*Recherches expérimentales sur les Variations pathologiques des Combustions respiratoires.*"

The Irish Poor-law Inspectorship.

THE appointment vacated by the death of the late Dr. Roughan has been speedily filled by the appointment of Dr. Stewart Woodhouse, of Dublin, Lecturer in the Carmichael College and Assistant-Physician to the House of Industry Hospital. We expressed last week the opinion which we still hold, that a candidate who has served as a Poor-law medical officer has a special qualification for a medical inspectorship which no one else can possess, and that it is both unjust and unwise to appoint to such office anyone outside the Poor-law service. For this reason we regret the appointment of Dr. Woodhouse; but we must do him the justice to say that if it were desirable to go outside the service for an inspector no better choice could be made. Dr. Woodhouse has acted temporarily for the Local Government Board in a tour of inspection in Connaught, and more recently in sundry inquiries under the Labourers' Dwellings Act, and he has shown himself well fitted for the work now entrusted to him.

Furthermore, the appointment has a special claim upon our approval, inasmuch as it was entirely non-political and—so far as we know—uninfluenced by party or religious bias, and dictated only by a sense of Dr. Woodhouse's fitness for the office.

Port of London Sanitary Authority.

We are informed by the Medical Officer for the Port of London that by a recent warrant of the Treasury the limits of the Port of London have been greatly extended. Commencing above at Teddington Lock, they extend down both sides of the river Thames to an imaginary line drawn from Havengore Creek on the north side to the land's end at Warde Point in the isle of Sheppey on the south side, including both sides of the Medway as far as a line drawn—Colemouth Creek to Stangate Creek, from there to Swale Church, and from thence to Elmley Chapel in the isle of Sheppey, with all streams, docks, basins, creeks, islands, &c. The result of this warrant is to place under the jurisdiction of the Port Sanitary Committee of the Corporation of London an additional district of from 20 to 30 miles in length, and including the important ports of Sheerness, Queenborough, and Port Victoria.

Gynæcology and Socialism.

THE limits of our belief in the naughtiness and vagaries of gynæcology in unscrupulous and ignorant hands are not narrow. But, what will the distinguished and talented author of the Gulstonian Lectures for 1884 say to the following, which we quote from the *London Medical Record* for May 15th, 1884? "It is time (says Dr. Allbutt) that we complete our reaction from this gynæcological tyranny, and that we, of this College, no longer permit ourselves to be snubbed by these brethren of ours, who calmly tell us with their superior airs, that our use of such expressions as uterine neuralgia, irritable uterus, ovarian neuralgia, neurasthenia, and the like comes of a shallow *Socialism*, and is grounded upon the emptiness of our knowledge of uterine diagnosis"! This is really too much, and, as even the worm will turn, we general physicians would do well to resent with all our might any such shocking charge.

Death of M. Wurtz.

THE illustrious French chemist, M. Wurtz, died on Monday, the 12th inst., at his residence in Paris, the event having been sudden and quite unexpected. The deceased was 67 years of age, and was well known in every country where science is cultivated and understood. As Professor of Medical Chemistry in the Medical Faculty of Paris, he succeeded to the late Jean Baptiste Dumas, who predeceased him by but a few weeks; in 1865 he was elected Dean of the Faculty of Medicine, a position he continued to hold until his resignation of the post in 1875. On the Atomic Theory of Chemistry he was a well-known author, his work on this subject having been published in English in the "International Scientific Series." Wurtz was a Commander of the Legion of Honour, and a Life Senator, and in 1865 he obtained the Biennial prize of £20,000.

Lecture Arrangements at the Royal College of Surgeons, England.

THE lectures at this College for the present year will be resumed on Wednesday, the 4th of June next, by Mr. Albert Schafer, F.R.S., who will deliver on that day and on the 6th and 9th of June, three lectures on "Physiology." 1. "The Functions of the Marginal Convolution;" 2. "The Analysis of Voluntary Muscular Action;" and 3. "The Mechanism of Absorption." Sir Henry Thompson, F.R.S., will conclude the course for the present year by delivering, on the 11th, 13th, 16th, 18th, 20th, and 23rd of June six lectures on "Some Important Points in connection with the Surgery of the Urinary Organs."

An Undignified Coroner.

IN the Queen's Bench Division, before the Lord Chief Justice, a case was heard on Friday last arising out of a charge of libel preferred against the *Kentish Observer* newspaper by Dr. T. S. Johnson, Coroner for Canterbury city. The libel complained of accused Dr. Johnson of having behaved in an undignified manner on several occasions while presiding in his own court, and according to the published evidence adduced before the Lord Chief Justice, it would seem that the accusations were not altogether unfounded. Dr. Johnson does not appear to have entertained any very clear ideas respecting the importance of his office, nor of the demeanour which ought to characterise a coroner in his official capacity. For instance, an old woman who attended before him as a witness at a certain inquiry, and who suffered from rheumatism, was advised by the Coroner to "go to the 'Grand Old Man' at Cannes," and the Lord Chief Justice very properly demanded by what right the plaintiff, as a judge, presumed to speak in this manner of the Prime Minister of England. His Lordship further asserted his intention of laying the conduct of the Coroner before his superiors, and he also observed that full shorthand notes of the case should be taken. The action was adjourned till Monday, and eventually resulted in a verdict in favour of Dr. Johnson, with £100 damages. Whilst congratulating plaintiff on having gained the verdict of the jury, it is impossible to feel anything other than regret that a member of the medical profession should have conducted himself in such a manner while fulfilling the important and onerous duties attaching to the coronership of a large city as to call forth the unfavourable comments of the Lord Chief Justice.

The Health of the Country.

It appears from the quarterly return of the Registrar-General, just issued, that during the three months ending March 31st last, 285,545 births and 175,361 deaths occurred in the United Kingdom, the total population being estimated at 35,951,865 persons. The English death-rate for the quarter fell to 3·7 below the mean rate for the ten corresponding quarters previously, and was lower than the rate recorded in any winter quarter since civil registration commenced. The deaths from zymotic diseases amounted to a total of 13,552, scarlet fever being credited with the largest proportion, viz., 3,265. Small-pox carried off 315

a larger number than has been registered in any quarter since the second of 1882; sixty of these fatal cases occurred in "Registration London." 5,141 deaths were uncertified; and it is stated that in Wales 10·2 per cent. of deaths are unregistered.

The Health Exhibition.

THE Exhibition Committee may now be safely congratulated on the assured success of the monster collection brought together at South Kensington under their auspices, for during last week more than sixty-seven thousand visitors were admitted to the courts. Though still by no means complete, the Exhibition nevertheless contains very much more than can be examined by even the most cursory sightseer during a single visit; and when the whole arrangements are perfected, which it is hoped will have resulted in about a fortnight, it will be still more deserving of the favour that is being shown to it. That such a display is capable of imparting scientific knowledge and healthful instruction cannot be doubted, and we hope as time progresses to draw lessons therefrom which shall interest our readers and afford hints for those who may be unable to visit the Exhibition themselves.

THE annual dinner of the Army Medical Department will be held at the Holborn Restaurant on Friday, 30th May.

AMONGST the fifteen gentlemen recommended by the Council of the Royal Society for election to the Fellowship are the following:—Professors J. G. Allman, Isaac Bayley Balfour, J. G. McKendrick, C. S. Roy, and Dr. A. Ransome.

WE understand that Sir Spencer Wells, Bart., F.R.C.S., has received the decoration of Commander of the Royal Norwegian Order of St. Olaf, forwarded by direction of his Majesty the King of Sweden and Norway.

MRS. GOODING, the wife of Dr. J. Callender Gooding, of Cheltenham, committed suicide on Friday last in her bathroom by stabbing herself to the heart with a surgical instrument belonging to her husband. The deceased is stated to have been lately mentally depressed.

AT the last meeting of the Harveian Society of London a vote of condolence was unanimously passed to the President, Mr. Geo. P. Field, on the death of his father, Mr. Octavius A. Field, F.R.C.S., which had occurred since the previous meeting of the Society, of which deceased was its oldest member and Vice-President.

THE third general meeting of the Hospitals Association will be held at No. 11 Chandos Street, Cavendish Square, W., on Wednesday, the 21st May (to day), 1884, at 8 p.m., when Mr. Henry C. Burdett will read a paper entitled "How can the Hospital Sunday and Saturday Funds be made more useful to the Hospitals?"

THE Local Government Board has approved of the purchase by the Metropolitan Asylums Board of the river steamer *Albert Victor*, at a cost of £3,000, to be used as an auxiliary to the hospital ships now stationed in the Lower Thames. Its purchase has become necessary in consequence of the present tendency to an increase of small-pox in the metropolis.

A LUNATIC named Hale, who escaped from the Dumfries Asylum recently, died shortly after his recapture, and an examination showed that several ribs were broken. On the case being reported to the authorities, the arrest of the keepers who had recaptured the man was ordered, but it was found that in the meantime one of them had committed suicide and the other had escaped.

AT a meeting of the Governors of the Apothecaries' Hall of Ireland, held on the 9th inst., the licence was conferred, *honoris causa*, on Professor Rawdon Macnamara, of Dublin, "in consideration of his high scientific and professional attainments, and especially for his valuable contributions to materia medica and pharmacy." It is stated that this is only the second occasion on which the licence of this corporation has been so bestowed.

IN the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follow:—Bombay 27, Paris 26, Geneva 36, Brussels 25, Amsterdam 29, Rotterdam 35, The Hague 26, Copenhagen 20, Stockholm 26, Christiania 19, St. Petersburg 47, Berlin 24, Hamburg 26, Dresden 23, Breslau 27, Munich 32, Vienna 32, Prague 36, Trieste 32, Turin 32, Venice 25, New York 24, Brooklyn 18, Philadelphia 24, and Baltimore 18.

THE deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 21·8 per 1,000 of their aggregate population. The death-rates in the several towns were:—Brighton, Derby 14; Hull 16; Norwich 17; Bristol 18; Salford 19; Sheffield, London, Huddersfield 20; Sunderland, Birmingham 21; Bolton, Newcastle-on-Tyne, Cardiff, Bradford, Oldham 22; Halifax, Wolverhampton, Birkenhead, Edinburgh, Leicester 23; Portsmouth, 24; Leeds, Nottingham 25; Manchester, Preston, Liverpool 27; Plymouth, Blackburn, Glasgow 28; Dublin 31.

THE highest annual death-rates last week in the large towns from diseases of the zymotic class were—From measles, 5·5 in Oldham, 3·1 in Portsmouth, 2·1 in Plymouth, and 2·0 in Nottingham; from whooping-cough, 2·6 in Liverpool, 2·4 in Bolton, and 1·5 in London; from scarlet fever, 1·9 in Leeds, and 1·7 in Sheffield; and from "fever," 2·0 in Portsmouth, and 1·4 in Blackburn. The 20 deaths from diphtheria included 7 in London, 5 in Glasgow, 2 in Edinburgh, and 2 in Cardiff. Small-pox caused 19 deaths in London, 2 in Liverpool, and 1 in Sunderland.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

ABERDEEN ROYAL INFIRMARY.—The annual report of the managers of the Aberdeen Royal Infirmary states that during the past year nearly 2,000 persons were received into the wards, and that 1,800 received advice and medicine as out-door patients. The managers make an urgent appeal to the public for funds, the financial state of the hospital being again viewed with deep concern. The total income for the past twelve months was £3,951, and the expenditure £7,611. An extension of the hospital buildings, to cost from £8,000 to £10,000, is in contemplation, towards the cost of which the sum of £3,118 has been collected.

UNIVERSITY OF EDINBURGH—FACULTY OF MEDICINE.—The Vans Dunlop Scholarship in Physiology and Surgery has been awarded to Mr. Joseph E. Bowser.

MEASLES IN JEDBURGH.—In consequence of the prevalence of measles in Jedburgh, it has been deemed advisable to close the Grammar School, and it is likely that the same precaution will be adopted in regard to the other educational institutions.

THE ROYAL COLLEGE OF SURGEONS OF EDINBURGH.—Owing to a recent decision of the College creating the post of Vice-President, Professor Turner, as the last President, was elected Vice-President during the term of office of the present President.

THE HEALTH OF EDINBURGH fluctuates but little if we take as a basis the reports of the Medical Officer of Health, and on the whole it will compare very favourably with any other city of equal size. This was shown very plainly in the monthly report submitted to the Public Health Committee last week, which gives an average death-rate for the last five years of between 20 and 21 per 1,000 of its population, with scarcely any variation of the deaths during the month referred to. 126 were registered in the New Town, 241 in the Old Town, and 59 in the southern suburbs; and in respect of age, 158 were registered as under 5 years, 174 as between 5 and 60 years, and 94 above 60 years. Deaths from diseases of the chest amounted to 156, or 36·61 per cent. of the whole; while 39 deaths, or 9·15 per cent., were due to debility and old age. Diseases of a zymotic nature proved fatal in 61 cases (14·31 per cent. of the total mortality), and were made up as follows:—Typhus 2; typhoid fever 1; diphtheria 4; scarlatina 5; measles 9; whooping-cough 38; and erysipelas 2. The births registered amounted to 655 (364 males and 291 females), giving a rate of 31·86 per 1,000 of the estimated population. The illegitimate births numbered 46. During the month 391 cases of infectious diseases were intimated, as provided by the Municipal and Police Act—these consisting of 231 of measles, 95 of scarlatina, 44 of typhoid fever, 18 of diphtheria, 3 of typhus fever, and 1 of small-pox.

GLASGOW DEATH-RATE.—The death-rate of Glasgow for the week ending with Saturday, the 10th inst., was at the rate of 29 per 1,000 per annum, as compared with 27 in the previous week, and 31 in the corresponding week of last year.

The Victoria Institute.—A meeting of this institute took place on Monday evening, when a paper on "Evolution by Natural Selection" was read by Dr. J. Hassell, after which a paper on "The Glacial Epoch," by Mr. Macintosh, F.G.S., was read and discussed. Mr. Charlesworth exhibited a rare specimen of a mastodon tooth, recently found in South America.

Correspondence.

WHAT IS MEDICAL ADVERTISING?

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have read with much thoughtful interest the letter in your columns on the above subject signed "Anti-Humburg," who evidently approaches his subject in a catholic spirit. What is "legitimate" advertising? What is "illegitimate" advertising?

To me it appears "legitimate" advertising consists in advertisements in medical papers; advertisements in lists of Hospital Reports; in lists which appear in the Directory; and at least go to the lay governors of hospitals; in delivering sundry lectures before the College of Physicians (the lecturers being chosen by no known rule); and in appearing in the public press when any peer, or still more, any member of the Royal Family, has sneezed unduly, or a diplomatist has had some dropsey in his lower extremities.

Then "illegitimate" advertising consists in advertisements in lay papers—the works of men eminent in the Royal College of Physicians figuring conspicuously in this impropriety; writing a book which is lucid enough to be understood by an intelligent layman who wants to know something about the malady under which he is, or is told, or believes himself to be labouring.

This is a most wicked form of advertising—in the eyes of those who do not, probably because they can not write a lucid book. If it is any consolation for these inept critics, they may make themselves quite easy with this fact, that if a man writes a useful book, nine-tenths of the medical readers of it will continue to take the whole of their paying patients to their private friends, or to the consultants who "dine" them. As long as curiosity survives in the human breast, so long will certain persons persist in knowing what is written on the maladies concerning themselves in treatises addressed to the profession; and whenever such a treatise is written in fairly readable English, so often will the grudging, carping critic decide that it is "written for the public." The cup of his wrath brims over when a patient has got to know something more on any medical subject than he himself knows, and when talked to on the subject his ignorance is patent. That is "illegitimate" advertising with a vengeance! The medical man does not exist for the benefit of the patient; the patient exists for the benefit of the medical man: that is the creed of many. Can it be denied that many men take their patients to consultants, not because they are the best men for the patients, but because it is to the interest of the family practitioners to take them to sundry men? And perhaps some of the patients can detect the little arrangement. How many books have been announced as "preparing for the press" that have never seen the printer; but which have paid the professing author well by connecting his name with some special subject on which he wishes to be thought an authority? The red lamp, the brass doorplate, are these solely "mounted" to guide bewildered messengers to the right door?

There are various ways of being brought before the public; there are various ways of procuring an income. A man becomes attached to a teaching hospital where the surgeon calls in his colleague the physician when another opinion is needed; then they feel the obstetrician should be consulted; then the eyes ought to be examined, and their colleague the oculist is brought on the scene; and so on, and so on, until the pathologist is required; and the "school" can furnish that too. To be one of such a pack, who hunt together, is no doubt a very nice thing for the man who can manage it. Nor is it unknown that certain men of position "dine" the general practitioners who call them in, whether the best men for the patients or not. Is it worse for a man to advertise in lay papers? Is there anything more harmful to the interest of patients in doing this than in either of the two ways of "making practice" just spoken of? Suppose the writer cannot do the first, and does not feel inclined to adopt the latter plan!

The "unwritten laws" of the College are a simple farce, by which those in power can stab at a man whom they do not like; just as their selections are capricious in favour of those they do like. Considering the actual facts of the case, the sooner the old lady in Pall Mall tears up her "unwritten laws" the better. Had we not better get rid of our Phariseism and come out in our true colours, as "Anti-Humburg" suggests?

The way of getting on which suits a man is (or ought to be) legitimate; the way which is likely to avail a rival is (or ought to be) illegitimate. That is about the figure of it. That is our creed and our practice! And so long as the profession tolerates the sham (specially of the College of Physicians guaranteeing the conduct of its Fellows and Members—to each other)—the hollow pretexts which cover sordid motives—the peculiar arrangements which advantage one man to the exclusion of others—so long will it hold the position accorded to it, which is certainly no lofty one,—though perhaps as good as it deserves. As soon as the profession becomes honest and true to itself it will be honoured and respected accordingly by those outside it. A man wants to get on in the world; the first thing to be done is to make the world aware of his existence; the next to keep it from forgetting the fact. One man does this one way; another man another way. Every effort is an advertisement in reality; but one has the sanction of precedent, and therefore is proper: the other has not, and ought to be condemned. To advertise is “to make known,” no matter by what means.

I am, &c.,
PARACELSUS.

WHAT IS A MEDICAL ADVERTISEMENT?

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—As you have opened your columns to a discussion of this burning question, which affects more or less every member of the profession, and as your correspondent “Anti-Humbug” pertinently asks, “What is a medical advertisement?” I will give him my idea of one most objectionable form of it. Last week there appeared the following announcement in all the London daily papers:—“We are asked to state that Baker Pacha, who is staying at Mackellar’s Hotel in Dover Street will to-day undergo an operation by Sir W. MacCormac.” Now who asked the papers to state this? If Sir Wm. MacCormac, then, according to my opinion, that gentleman has been guilty of issuing a medical advertisement which is simply indefensible. Baker Pacha is not such a lustrous star that the world need be told that he is to have a splinter removed from his cheek any more than any other soldier or civilian; nor need the world be enlightened with the knowledge that Sir Wm. MacCormac has been specially retained for this marvellous operation, except for the advertisement such an announcement gives to this gentleman. Following this, two or three days later, your contemporary the *Lancet* (the first to attack small fry, and the first to toady to and to puff the favoured few) describes the operation by Sir Wm. MacCormac, states that it was somewhat prolonged, and then sends round the paragraph to the daily papers for quotation. Again, who sent this information to the *Lancet*, and for what purpose, if not with the object of getting a gratuitous advertisement in the newspapers?

If the Colleges were to look a little more after their heads, than be continually framing rules for the guidance of that large body of men who look upon these newspaper puffs with contempt, they would the better serve the profession, and more effectually stop that indirect advertising which all right-minded members must deplore.

I am, Sir, yours, &c.,
A FELLOW.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have read with pleasure the able letter from “Anti-Humbug” in your last issue on the above subject. In answer to his request that we should call a spade a spade, I send the following cut from the *Edinburgh Courant* of one day last week:—

INTERESTING TO GENTLEMEN.

I, DR. DANIEL SUTHERLAND, Surgeon at the New Medical Hall, 73 Jamaica Street, Glasgow, hereby intimate to all whom it may concern, that I have long studied and treated Confidential Complaints and Weaknesses as a principal part of my Practice, both here and in Edinburgh, though never formerly made known by Advertisement, and it is possible this notice may be construed as a breach of professional etiquette; but I think it very pardonable when I consider the number of gentlemen constantly consulting me

with their Constitutions injured, and Complaints aggravated, after being for months or years the dupes of Quacks and Druggists. I consider it a righteous necessity in the Public interest to advertise the fact that a Member of the Profession proper devotes his time to the study and treatment of these special Complaints. Gentlemen are therefore inexcusable if they fall into the hands of empirical pretenders. I make free to assure Gentlemen entrusting me with their confidence that they may rely upon the highest professional honour and skilled conscientious treatment, whether they visit me at 73 Jamaica Street, Glasgow, or communicate with me by letter, which will have my immediate attention.

I am, faithfully, DANIEL SUTHERLAND,
Licentiate of the Royal College of Physicians, Licentiate of the Royal College of Surgeons; also of the Faculty of Physicians and Surgeons. For seven years Councillor and Trustee of the City of Edinburgh, and Manager of the Royal Maternity Hospital, Edinburgh; President of the Scottish Christians’ Evidence Society; Medalist (Royal College Surgeons) 1867; awarded Queen’s Prize (Science of Chemistry) Kensington Museum, 1868; Public Honour (Royal College of Surgeons), 1869, &c.

Now, Sir, I beg to say that I admire Mr. Sutherland; he comes to the point at once. I admire him far more than his miserable imitator who becomes an Elder in a Free Kirk in Scotland, or a Deacon in an Iron Tabernacle in England. It must be noticed, also, that Mr. Sutherland acts from the feeling of righteous necessity, and that he is the President of the Scottish Christians’ Evidence Society. I have not the slightest doubt, Sir, that if Mr. Sutherland makes a good fortune from his advertisement, which I hear that he is in a fair way of doing, and if he will only bring over from the City of the Montezuma’s some old idol for the Calton Hill, Edinburgh, or the Thames Embankment, and give some good dinners, he will be received into the bosom of a loving profession. Anyone who reads the above advertisement cannot but fail to perceive that Mr. Sutherland has taken a true measure of his countrymen: the happy blending of the commercial with the pious spirit of the country is delightful. His modest desire to be of service to suffering humanity, mixed with the evidences of Christianity, is at once a compliment to the sagacity of the man as to the simplicity of his countrymen. Cant, cant, is what the people want, and cant they shall have, and when I have made money my professional brothers who attack me will forget the past in a good dinner. Mr. Sutherland’s advertisement is to me exquisite.

I am, &c.,
A THOROUGH HUMBUG.

PECULIAR CASE OF DIURNAL THIRST.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—A near relation of my own, of the female sex, about sixty years of age, has been complaining for the last six months with chronic bronchitis. She did not apply for medical advice until lately, and under treatment the bronchitis has almost completely disappeared. She is greatly troubled with an insatiable thirst, which begins after breakfast-time (8 o’clock), and continues until evening, when it takes its departure, to be followed on the next day by its arrival at the same time and so on *de die in diem*. With the thirst comes on very great debility, so that she is unable to do anything except sit and drink; every turning over the leaves of a book is a burden to her. When the thirst departs the great debility goes with it, and she is able to go about her household duties. She generally sleeps soundly at night, and when she awakes in the morning resolves to do a good many things through the day, but is disappointed by the thirst and weakness coming on after breakfast and continuing until evening. I would feel extremely grateful if you or any of your readers could recommend anything that would remove the insatiable thirst and accompanying debility.

Yours, &c.,
G. W. T.

[Our correspondent has omitted to make mention of the condition of his patient’s urinary and cardiac functions. A knowledge of these would assist diagnosis.—ED.]

Literature.

VOICE, SONG, AND SPEECH. (a)

THE volume before us is not so much addressed to medical readers as to the public generally, and more especially to those whose profession or vocation necessitates a frequent use of the voice, either for speaking in public or in singing. It has a dual authorship, Mr. Lennox Browne and Mr. Emil Behnke. Both authors are well qualified to write such a work, the one from the point of view of a specialist on throat affections, the other as a well-known teacher of vocal physiology and the theory of music. Mr. Emil Behnke's little work on "The Mechanism of the Human Voice" is one of the best books for its size, on the subject, that we are acquainted with; and, in the volume before us, he has increased his reputation as an exponent of the physiological and hygienic laws that influence the production and cultivation of the voice. Mr. Lennox Browne has brought his artistic skill and manipulative dexterity to bear in the production of the laryngoscopic photographs illustrating the various registers. These photographs, though we cannot admit that they add anything to our knowledge, are unique of their kind, and at least invest their subject with a certain degree of interest for those who are ignorant of the use of the laryngoscope. The subject is rightly entered on by a rapid survey of some of the simpler forms of musical instruments, and in a simple and popular fashion the anatomy of the human larynx is discussed. The authors adopt the view that the human voice can not be said to have an exact analogy to any form of musical instrument, "it is in its entire no more a reed instrument than a flute, pipe, or a string instrument." The speculative ideas regarding the influence of configuration, and type of body, on the voice are noticed. All we appear at present to be certain of, is the relation here shown between the length and consistence of the vocal ligament, and the pitch and tone. This is, of course, only what we should expect. With regard to the statement, that the presence of the laryngoscopic mirror does not prevent the production of pure vocal tones, we should have thought it superfluous to refer to the fact. Every laryngologist is in the habit of testing the qualities and tone of a singer's voice when recovering from any partial paralytic or congested state. We are cognisant of some distinguished amateurs who rather enjoy this testing of their voices, and the singing of the scale when the laryngoscopic mirror is applied. There is no more important portion of the work than that which has reference to the early training of the musical ear. The eminently practical caution "to avoid the piano and harmonium" and to train by means of the violin or voice, we hope will not be lost on those parents and teachers who read the work. There is one good result which we may hope will be achieved through popularising the knowledge of laryngoscopy. The better understanding of the use of the instrument may help to relieve the public mind of the ignorant ideas with which its application is regarded. We have had far too much of necromancy in this specialty. The laryngoscope opened the door for a vast amount of charlatanism. To magnify the snipping off of a uvula or the removal of a tonsil with a guillotine, into a formidable operation; to impress a patient with a serious sense of the difficulty of touching the vocal cords with a laryngeal brush and a little chloride of zinc, or imbue him with the notion that there is something formidable in the insufflation of a microscopic powder, or to continue these touchings and blowings, *ad infinitum*, has not elevated the science of laryngology. It is full time that the public should come to regard the laryngoscope as one of the simplest of appliances, that most men and women can use for themselves, and to see that the majority of throat affections are such as any practitioner of average intelligence can successfully treat. If for no other reason than this, we are rather glad that this book has been given to the public. The chapters on "Voice Cultivation" and the daily life and "ailments" of the "voice user" are replete with useful information plainly and popularly told. There is an admirable chapter on "Stammering" and "Stuttering," and the differentiation of these vocal defects is concisely given in a tabular form. We

regret to have to make exception to one feature of this work. Evidently the authors themselves recognised the grave irregularity, to use a mild term, of introducing under their supervision a collection of trade advertisements, for they think it necessary to preface this advertisement section by a sort of apology for their insertion. We should be sorry to find this plan of cutting down the expense of the publication of a work generally adopted, or to think that medical authors should either directly or indirectly mix themselves up with a series of pure trade announcements. This plan is the more to be condemned, as several of the advertisements contain allusion to one of the authors or extracts from his writings. We are compelled to make this comment, and feel confident that most medical writers will endorse our criticism of the practice. How far also it is in good taste, or in accordance with professional custom to introduce into a popular work and other pamphlets, excerpts of reviews of purely medical writings, we leave it to the authors themselves to say. As a useful popular book for those interested in song and speech, this work can hardly be surpassed. The illustrations are well executed, and the volume itself both in type, paper, and finish, reflects the greatest credit on the publishers.

Medical News.

King and Queen's College of Physicians.—At the May examinations the following candidates obtained the licences in Medicine and Midwifery of the College:—

Medicine.

Barnes, Ernest Wickham
Baylor, Henry Talbot
Clifford, William
Dutch, Myer Akiba
Evans, Francis Carleton
Greene, James William

Guinness, Thomas Archibald
McGeorge, Mary
Macnamara, Matthew
Minchin, Edward James
Pierce, Thomas

Midwifery.

Barbor, Robert A.
Baylor, Henry T.
Dutch, Myer Akiba
Evans, Francis C.
Greene, J. W.

Guinness, Thomas Archibald
McGeorge, Mary
Macnamara, Matthew
Maher, C. H.
O'Gorman, P.

Society for Relief of Widows and Orphans of Medical Men.—The annual general meeting of this Society was held on Tuesday, 13th inst., Sir James Paget, Bart., President, in the chair. From the report read and adopted it appeared that the members of the Society number 370, the same as in the previous year; eleven new members had been elected during the year, six had died, and five resigned. Fifty-seven widows and five orphans were in receipt of grants, 3 widows less than in 1882; no fresh applications for assistance had been made during the year. A sum of £2,776 had been distributed, and the expenses of the year amounted to £226. The receipts available for payment of grants and expenses had been £3,160. Two legacies had been paid, which, with a life subscription of 80 guineas, had been added to the funded property, making an increase of £311 10s. to the amount standing in the names of the trustees. Mr. James T. Ware and Sir Erasmus Wilson were elected Vice-Presidents, in the place of Sir James Paget, elected President on the retirement from office of Sir George Burrows, and Mr. Charles Hawkins, resigned. Dr. Kempster, Mr. Felce, Mr. Brodhurst, Mr. B. J. Lowne, Dr. Herbert Davies, and Dr. Russell Reynolds, were elected Directors in the place of the six senior who retired by rotation. A grant of £15 was made under a special by-law to the daughter of a deceased member. The chairman, Sir James Paget, in moving a vote of thanks to the editors of the medical journals, was pleased to have the opportunity of expressing how much the Society was indebted to the editors for the kindness and readiness they had always shown in forwarding and making known to the medical profession the great benefits the Society was able to confer on the widows and orphans of deceased members. After the usual complimentary votes the meeting separated.

Notices to Correspondents.

55 CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a distinctive signature or initials, and

(a) "Voice, Song, and Speech." By Lennox Browne, F.R.C.S. Ed., and Emil Behnke. Pp. 322, London: Sampson Low, Marston, Searle, and Livingston. 1883.

avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Review*, may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

AN AMATEUR AUTHOR.—The populations of the cities referred to in your inquiry are given respectively by the Registrar-General thus: London, 4,019,361; Paris, 2,239,923; New York, 1,333,851; Berlin, 1,236,092. The next most populous cities are: in America, Philadelphia, 927,520; in Europe, Vienna, 759,849.

A PUZZLED STUDENT.—The word is used in two senses; derived from the Greek (*apnea*, I breathe not), it is generally used to express a condition in which, owing to an abnormally large supply of oxygen to the blood, the respiratory movements are temporarily suspended. It is sometimes used pathologically as the exact opposite of this, almost synonymous with a *phylax*.

UNGT. SULPH. CO.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR—Dr. Hannah is quite wrong in asserting that "Trooper's ointment" is a common name for ung. hydrargyri. Its common name in relation to pedicul is "blue butter." I reiterate that the essential composition of "Trooper's ointment" is sulphur flour, rendered more active by soft soap, the irritation of which latter is soothed by mallow. A little mercurial ointment is frequently added for the benefit of the "crabs," from which recruits are seldom free; and, in the presence of the soft soap, it is instantly effectual.

Yours, &c.,

CONTRIBUTOR.

DR. C. JONES.—The particulars of the case were fully reported at the time of its occurrence. Little good would be done by recapitulating all the details at this stage of the history.

ROXBURGH.—We are informed that the conjoint scheme of examination agreed upon between the Scotch medical licensing corporations will come into operation on October 1st next, and that it will remain in force for a period of five years; presuming, of course, that legislation does not destroy the effect of the conjunction.

MR. CARNEGIE.—On such a question it is quite impossible that you can obtain an opinion which will carry greater weight than that of the gentleman you have named. It may be at once taken for granted that whatever he considers to be necessary is the only essential to success.

MR. CHILD.—Small-pox is very prevalent in Hackney and other parts of East London at the present time. We are unable to confirm your statement as to the other quarters of the metropolis named by you.

CHLOROS.—There is no reason to regard the preparation as anything superior to the ordinary run of quack remedies. It is also quite usual for those who employ such nostrums to relapse into a state infinitely worse than that they were in before resorting to them. This is probably a compensation insisted on by Nature, on account of the outrage done to law and common sense by the employment of supposed curative agencies the composition of which is entirely unknown to all but the maker.

ON THE USE OF TANNIN IN NASAL POLYPI.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR—At page 461 of your issue of the 14th May, I see a note from Dr. Neale, very properly claiming for Mr. T. Bryant priority to Dr. Bell in suggesting and practising the use of tannin for nasal polypi. Mr. Bryant having used it in 1847, as shown in the "Medical Digest," I would beg space to state that the treatment by tannin snuff (either alone or combined with dried alum) is one of the modes I have adopted for many years, having been taught it before 1860 by my old master, the late Dr. Harward O'Farrell, of Boyle, co. Roscommon, a man as distinguished for his modesty and retiring disposition as for his extensive professional knowledge, transcendent ability, and successful practice, being as an "all round man" certainly not inferior to any one I have ever met. I think it is due to the memory of my old master that I should claim any credit that may be due to priority in the use of tannin and other astringents in the treatment of nasal polypi.

Yours, &c.,

J. W. WYBRANTS OLIPHANTS,
Medical Officer, Downpatrick District.

The Villa, Downpatrick,
May 15, 1884.

DR. ALBERT (Paris).—We should consider the insertion of such an announcement an insult to our readers, and are surprised at your sending it.

DR. D. C. B. (Glasgow).—We will make inquiries as to the authorship of the anonymous work in question, and let you know the result.

MR. E. T. S.—The opinion of our contemporary is perfectly justified. Sorry we cannot take your view of the case.

A SENSITIVE M.D. is thanked for his suggestive letter. The matter shall be considered, and the result communicated. The assurance of disinterestedness is quite unnecessary from the tone of his letter, and the object a decidedly deserving one.

Meetings of the Societies.

WEDNESDAY, MAY 21ST.

HOSPITALS ASSOCIATION.—The third general meeting will be held at 11 Chandos Street, Cavendish Square, W. Paper by Mr. Henry C. Burdett, on the question, "How can the Hospital Sunday and Saturday Funds be made more useful to the Hospitals?"

FRIDAY, MAY 22ND.

CLINICAL SOCIETY OF LONDON.—At 8.30 p.m., Mr. William Anderson, A Case of Pyelo-lithotomy.—Dr. Finlay, Sequel to a Case of Aortic Aneurism.—Mr. Golding-Bird, Two Cases of "Hernie en bissac."—Dr. F. Taylor, A Case of Impaction of Bone in the Larynx.—Mr. B. Roth, Living Specimen—Uncommon Lateral Curvature of Spine, with extreme osseous deformity.

SATURDAY, MAY 24TH

ROYAL INSTITUTION.—At 8 p.m., Professor Bonney, Microscopical Geology.

Vacancies.

Ballina Union, Ballina Dispensary.—Temporary Medical Officer. Salary, 3 guineas per week. Election, May 22.
Birmingham and Midland Free Hospital for Children.—Acting Physician. Applications to the Medical Committee by June 4.
Glamorgan and Monmouthshire Infirmary and Dispensary, Cardiff.—House Surgeon. Salary £100, with board, &c. Applications to the Committee by May 31.
Owens College, Manchester.—Assistant Lecturer in Medical Jurisprudence and Demonstrator in Practical Toxicology. Applications to the Registrar by May 21.
Sunderland Infirmary.—A Senior House Surgeon. Salary, £100, with board and residence. Applications to the Chairman of the Medical Board by June 2.
The General Hospital, Birmingham.—Resident Assistant Surgical Officer. Salary, £70, with board and residence. Applications to the House Governor by May 31.

Appointments.

ALLEN, W. H., M.B. Dub., L.R.C.S.I., Medical Officer for the Sixth District of the Lincoln Union.
CAMPBELL, A., M.B., C.M. Glas., Medical Officer for the Workhouse, Bingham Union.
DUNCAN, W. A., M.D. Brux., M.R.C.P.L., Assistant Obstetric Physician to the Middlesex Hospital.
ERSKINE, J., M.A., M.B., C.M., L.F.P.S. Glas., Surgeon to the Ear Department of Anderson's College Dispensary, Glasgow.
GILBERT, H., M.R.C.S., Medical Officer for the Fifth District of the Wolverhampton Union.
GOSLING, J. H., M.R.C.S., House Surgeon to the Morpeth Dispensary.
GREVES, E. H., M.B., C.M. Ed., Physician to the Children's Infirmary, Myrtle Street, Liverpool.
HUGGARD, W. R., M.D. Q.U.I., M.R.C.P. Lond., Assistant Physician to the West End Hospital for Diseases of the Nervous System, Paralysis and Epilepsy.
LOTHIAN, J. A., M.D., F.F.P.S. Glas., Surgeon to the Glasgow Royal Infirmary.
MCDONNELL, C., L.R.C.S.I., Surgeon to the Dawson Street Dispensary, Manchester.
NUNNERY, R. J., L.R.C.P. Lond., M.R.C.S., Junior House Surgeon to the Macclesfield General Infirmary.
PUGH, R. N., M.B. Lond., F.R.C.S. Eng., Surgeon to the Children's Infirmary, Myrtle Street, Liverpool.

Births.

BARKER.—May 13, at 87 Harley Street, London, W., the wife of Arthur E. Barker, F.R.C.S.I. & E. of a daughter.
BOSWELL.—May 13, at Ashburn, Derbyshire, the wife of Alex. Boswell, M.D., of a son.
BROWN.—May 17, at Sowerby Bridge, Yorks, the wife of W. Perrin Brown, L.R.C.P., of a daughter.

Marriages.

CRAIGIE—DENHAM.—May 14, at 27 Castle Terrace, Edinburgh, by the Rev. Archibald Scott, D.D., St. George's, James Stedman Craigie, M.B., C.M., Musselburgh, to Isabella Eiddle Glover, eldest daughter of James Glover Denham.

Deaths.

COLLINS.—May 10, at his residence, Albert Terrace, Regent's Park, William Job Collins, M.D., aged 66.
COOKE.—May 13, at 107 Grafton Street, Dublin, William Davis Cooke, L.A.H. and L.M., only son of Dr. Cooke, of Clonmel.
MANSON.—May 9, at Baglstone, Strathpeffer Spa, N.B., David Manson, M.A., C.M., M.D., aged 45.
MASSEY.—April 27, of scarlatina, at the London Fever Hospital, Henry Massey, M.D., of Portrush, aged 32.
MULHOLLAND.—May 14, at his residence, 41 Prospect Terrace, Belknap, Cunningham Mulholland, M.D.
MURE.—May 10, at 40 Teddorth Square, London, John Mure, M.D. Ed., Inspector-General of Hospitals (retired).
PHILLIPS.—May 13, suddenly, at Bromley, Kent, Christian Gibson, wife of Robert E. Phillips, M.D.
PINK.—May 6, at Crooms Hill, Greenwich, Henry Northover Pink, M.R.C.S., aged 67.
TWING.—May 12, at the Chestnuts, Walthamstow, Edward Twing, M.R.C.S., aged 66.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 28, 1884.

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THE HISTORY OF ANÆSTHETICS.

By W. ROGER WILLIAMS, F.R.C.S.,
Surgical Registrar to the Middlesex Hospital.

Among those present at Dr. Wells' ill-fated trial of the gas at the Boston Hospital were his former pupil and partner Dr. Morton, and Dr. Jackson, Professor of Chemistry—names destined to play an important part in the subsequent development of anæsthetics. (a)

Desiring in 1846 to use the gas in dentistry, Morton applied to Wells for instructions how to make it. Wells referred him to Jackson, as the latter was a scientific man and an able chemist.

Jackson advised him to use *sulphuric ether* instead, as it possessed the same properties, and was as safe and easier to get. Acting on Jackson's suggestion, on September 30th, 1846, Morton painlessly extracted a bicuspid tooth from a man named Eben. Frost. Thus the anæsthetic properties of ether were first made known. (b) In the following October, several important surgical operations under its influence were performed at the Boston Hospital, Dr. Morton being the administrator, and this introduced the practice throughout the world. It was first used in this country on December 19th, 1846, for the extraction of a tooth at the house of Dr. Boot, in Gower Street, by Mr. Robinson, who administered the ether and performed the operation. (c) A few days later it was successfully used by Mr. Liston, at University College, for amputation of the thigh and evulsion of a toe-nail. Malgaigne and Velpeau employed it in Paris very soon afterwards, and in a remarkably short time it was in use nearly all over the world.

(a) Official Documents, appended to Dr. Morton's volume, pp. 11, 14, 15, &c.

(b) "Report of the Committee of the Medical Association of South Carolina for Investigating the Claims of the Original Discoverers of the Anæsthetic Properties of Sulphuric Ether, &c. Vide *Philadelphia Medical News*, May 12, 1883; also Dr. Wells' pamphlet on Nitrous Oxide, &c. pp. 7 and 8.

(c) Vide *Lancet*, January 2, 1847; and all the medical periodicals of that year.

Probably no great improvement in the practice of medicine ever was established so rapidly. This may in a measure be accounted for by the fact that the properties of ether were not altogether previously unknown. It had often been inhaled, both in America and elsewhere, as an excitant. In 1818 (a) Faraday pointed out that the effects of inhaling its vapour were similar to those produced by nitrous oxide gas; and it was subsequently customary in the college courses, both in Europe and America, to illustrate this fact by various experiments. The resemblance between the action of nitrous oxide and that of the vapour of ether was therefore well-known.

Dr. Wilhite, now of Anderson, U.S.A., was the first who produced anæsthesia with ether, which was done accidentally in 1841.

Dr. Long, an English practitioner, residing in the United States, was the first who performed a surgical operation while the patient was completely anæsthetised by the inhalation of its vapour. This was in 1842. Dr. Long did not hit on this discovery by accident; he reasoned it out in a philosophical and logical manner. Unfortunately, he neglected to publish any account of the experiment. There is, however, no doubt about the accuracy of the facts as above stated. (b)

Dr. Marcy also forestalled Morton by using ether as an anæsthetic in 1844. (c)

Such then are the isolated antecedent facts as subsequently brought to light, when the practice of ether inhalation had been established by Morton, to whom, in my opinion, the chief credit is due; for the history of all great discoveries shows them to have cast similar shadows before.

In January, 1847, and the subsequent spring months, sulphuric ether was first used as an anæsthetic in obstetrical practice by Sir J. Y. Simpson, of Edinburgh. (d)

In the course of this year ether inhalation became more general, so that, in spite of a certain amount of opposition

(a) *Quarterly Journal of Science and Arts*, vol. iv., p. 158.

(b) *Philadelphia Medical News*, May 12th, 1883.

(c) Official documents, p. 37, and Appendix, p. 132, &c.; also Wells' pamphlet on "Nitrous Oxide, &c.," p. 13.

(d) *Edinburgh Monthly Medical Journal*, March, 1847.

and mistrust, there is every reason to believe it would very soon have obtained the complete confidence of the medical profession and of the public, but for the introduction of a new agent—*chloroform*.

The anæsthetic properties of this substance were first made known by Sir J. Y. Simpson in a communication to the Edinburgh Medico-Chirurgical Society, on 10th of November, 1847. (a) From the time he first saw ether inhalation he had been on the look-out for an efficient substitute for it; and he made a variety of experiments with various substances to this end. Among other substances he tried chloroform on the recommendation of Mr. Waldie, (b) of the Apothecaries Hall, of Liverpool, as he stated in a foot-note to his first pamphlet on the subject, which was omitted from his original communication, and from his subsequent writings.

Some months previously, Flourens had communicated to the Paris Academy of Science an account of his experiments on animals with this substance; but he was so struck with its great and dangerous properties, that he was far from recommending its use in surgical practice. A weak solution of chloroform in alcohol—called chloric ether—had, early in 1847, been successfully used by Mr. Jacob Bell, of Leeds, for producing anæsthesia; but the true nature of this compound was not then known.

From the general tenour of Sir J. Y. Simpson's writing rather than from any direct statement, which he avoided making, an impression arose that chloroform was safer than ether. It was immediately used everywhere to a greater extent than ether ever had been. It quickly supplanted the latter, not only in Scotland and England, but in the rest of Europe, and, indeed, of the world, with the exception of America, where, fortunately, ether always maintained its ground. In the light of subsequent experience there can be no doubt that this supersession of ether by chloroform was a great misfortune, which has already cost the world many valuable lives—and is still costing. By those best acquainted with the subject this was soon suspected to be the case. In 1848, Dr. Snow, then the highest authority on this subject, expressed himself as follows:—(c)

"The great strength of chloroform as compared with ether, and the extreme care required in its use, were indeed soon pointed out; these precautions, however, attracted but little attention till the first death from chloroform occurred near Newcastle on the 28th of Jan., 1848. Ether was exhibited by inhalation during eleven months in Europe, and about sixteen months in America, before chloroform was introduced. During all this time no death was occasioned by its use, if we except one at Auxerre, in France, which appeared to have been occasioned by want of air, owing to an imperfect inhaler, and not by the effect of ether. Chloroform had only been employed between two and three months when the above-mentioned death occurred, and this was soon followed by others in nearly all parts of the world. These accidents have prevented many persons from inhaling chloroform, and they have prevented a still greater number from enjoying that freedom from anxiety and apprehension before an operation, which ought to be one of the greatest advantages of any plan for preventing pain. As chloroform possesses advantages over ether in being more convenient and less disagreeable, it continues to be used to the exclusion of the latter agent in most parts of the world."

The concurrent testimony of subsequent observers has but confirmed the justice of these remarks. Schiff's numerous experiments on animals points to the same conclusion. It is now universally admitted that chloroform is a much more dangerous anæsthetic than ether; therefore it seems desirable to discontinue its use in all but a few special cases.

As to the precise amount of risk involved in the admin-

istration of chloroform the following remarkable statements have been made. They are chiefly of interest as illustrating the extraordinary fallacies into which the numerical method may lead even the cleverest and most painstaking men. According to Flourens, the French army in the Crimea, with more than 25,000 administrations, had not a single death. Wellford states that, during the American civil war, the Confederate army, with 22,000 administrations, was equally fortunate. Nussbaum is gravely credited with 15,000 administrations; Billroth with 12,500; and Guy's Hospital with 12,000; each without the loss of a single patient. At length, it occurred to some one that an occasional death ought to be recorded. The Royal Infirmary of Edinburgh set a good example, with its modest estimate of one death in 36,500 administrations. For German hospitals, Kappeler has admitted one in 19,500; and Squibb, for American ones, one in 11,764; whilst Lyman's estimate from English and American sources, was one in 5,860. Richardson, dealing only with English hospitals, reduced the number to one in 3,196, and subsequently to a lower figure. Coles and Andrews, on the basis of English and American statistics, put it at one in 2,873 and 2,723 respectively. Lastly, Rendle, including only London hospitals, cut it down to one in 2,666; and here the matter has since rested.

My own experience has led me to make a further considerable reduction. (a) After a careful examination of the subject from different points of view, I have estimated the number of times a year anæsthetics are administered at the subjoined hospitals, roughly, as follows:—The London, 2,500; St. Bartholomew's, 2,200; Guy's, 2,000; Middlesex, 700; University College, 600. Three deaths a year at the large hospitals during the administration of anæsthetics, though not of common occurrence, have happened several times of late. For example, at the London in 1870, and again in 1875; at Guy's, at St. Bartholomew's and at the Middlesex in 1882; and at University College in 1877.

Two deaths a year occurred at the London in 1877, 1878, and 1881; at St. Bartholomew's in 1878; at the Middlesex in 1872; and at University College in 1870.

At the London Hospital 16 deaths (3 under ether and 13 under chloroform) have been reported in the journals during the last thirteen years, being a mortality on the basis of the above estimate of one in 2,031.

St. Bartholomew's Hospital has had 8 deaths (5 under chloroform and 3 under ether) during the last 8 years, or one in 2,200.

At Guy's Hospital the deaths under anæsthetics amount to one or two a year. (b) This will give a mortality of one in 1,333. In 1882 there were 2 deaths under chloroform and 1 under ether.

The Middlesex Hospital has had 8 deaths reported during the last 15 years (chloroform 5, ether 1, methylene 2), or one in 1,312.

Lastly, at University Hospital, during the last 13 years 9 deaths are reported (8 under chloroform and 1 under gas and ether), or one in 866.

To sum up the average mortality of these various hospitals will be one in 1,600. Of 44 recorded deaths, 33 were under chloroform, 9 under ether, and 2 under methylene.

Of course, it may be held, and with some plausibility, that in a certain proportion of these cases death resulted, not from the effect of the anæsthetic, but from the shock of the operation, the severity of the disease, the feebleness of the patient, &c. But, inasmuch as there are no reliable data for making such distinctions; it seems best to speak of all such fatalities as occur during the administration of anæsthetics, not obviously due to other causes, as deaths under this, that, or the other anæsthetic.

These figures furnish no precise information as to the

(a) *Edinburgh Monthly Medical Journal*, December, 1847; and pamphlet, "Account of a New Anæsthetic Agent as a Substitute for Sulphuric Ether, &c." Edinburgh, 1847.

(b) *Medical Gazette*, 1847. Vol. xi., p. 1,153.

(c) "On Anæsthetics." London, 1858. Pp. 22 and 23.

(a) *British Medical Journal*, 1883. Vol. i., p. 250, at seq.; also vol. ii. p. 662.

(b) *Vide Lancet*, May 12, 1883, in reply to the Glasgow enquiry.

relative danger of the various anæsthetic agents. It has been recently stated, on the basis of somewhat antiquated and not very reliable Anglo-American statistics, that the death-rate for chloroform is one in 2,873, and for ether one in 23,204.

The only perfectly reliable statistics on this subject are those of St. Bartholomew's Hospital, where a careful record has been kept of all cases for the last 8 years. They show a mortality of one in 1,446 for chloroform, and one in 3,049 for ether. It is surprising to find that no attempt has hitherto been made to collect similar information at the other hospitals. Surely the subject is well-worthy of attention.

It cannot be too widely known that these figures are totally inapplicable to obstetrical practice, when, indeed, any untoward result is of singular rarity.

As a substitute for chloroform the so-called *Bichloride of Methylene* was introduced by Dr. B. W. Richardson in 1867. (a) Of late it has been extensively used by Sir Spencer Wells (b) and others. It has been found more rapid and evanescent in its action than chloroform, and less likely to cause vomiting and other objectionable symptoms. It is said to be safer than chloroform; but nine, at least, deaths have already been reported from its use in this country. (c) These repeated fatalities would certainly have led to its complete abandonment here but for the advocacy of Sir Spencer Wells. He has now used it in over 1,200 serious operations without a fatal accident. So much, then, on the score of safety. It has long been recognised as a mixture of some sort. According to the latest analysis by Professor Regnault (d) it consists of seven parts of chloroform and one part of methylic alcohol by weight, or for parts of chloroform and one part of methylic alcohol by measure.

Bromide of Ethyl and *Dichloride of Ethiden* have likewise been successfully used as anæsthetics in a considerable number of cases.

Among other substances the following have been tried:—amylene, chloramyl, benzine, aldehyde, disulphuret, of carbon, iodide of ethyl, and butyl chloride.

ON THE INCREASE OF INSANITY; WITH SOME SUGGESTIONS FOR THE REFORM OF OUR LUNACY LAWS AND PRACTICE. (e)

By T. MORE MADDEN, M.D., F.R.C.S.E.,

Obstetric Physician Mater Misericordie Hospital, Physician Hospital for Sick Children, formerly Examiner in Obstetric Medicine, Queen's University Ireland, and former Vice-President Dublin Obstetrical Society.

(Concluded from page 485.)

THE first Act of Parliament providing for the insane, was the 17 George II., c. 5, commonly known as the Vagrant Act of 1744. By this any two justices of the peace were authorised to confine, and, if necessary, chain any dangerous lunatic, and to apply the property of the lunatic to his maintenance. Eleven years later, by the 14 George III., c. 49, and again by the 26 of the same reign, c. 91, lunatic asylums in, or about London, were required to be licensed and inspected by the College of Physicians. In 1828, the control exercised by the College of Physicians was transferred to a body of fifteen commissioners, and medical officers were required to attend all lunatic asylums. Subsequently, this Board was superseded in 1833 by the Metropolitan Commissioners in Lunacy, appointed by the 2 and 3 of William IV., c. 107, and in 1843 their powers were extended to all lunatic asylums in England and Wales. Ultimately, in the following year by Lord Shaftesbury's

Act, or 8 of Victoria, c. 100 and 126, the present Board of Commissioners in Lunacy over which Lord Shaftesbury presides, and, which consists of three medical and three legal paid commissioners and other unpaid commissioners, was appointed; and charged with the supervision of the vast lunacy system of England and Wales. This Act was further amended by the 16 and 17 Victoria, c. 96, and the 18 and 19 Victoria, c. 105. Amongst the other duties thus imposed upon these commissioners, is that of visiting lunatic asylums in or about London quarterly, and those throughout the rest of England and Wales twice annually.

The Irish lunacy laws date only from the 1 and 2 George IV., c. 34, by which district public asylums and a central criminal lunatic asylum were established in Ireland. By the 7 George IV., c. 90, the inspectors of prisons were charged with the duty of annually visiting and reporting on all madhouses or places where lunatics or idiots were confined. By the 5 and 6 Victoria, c. 23, further provision was made for the licensing and inspection of private lunatic asylums in Ireland, and in 1845, by the 8 and 9 Victoria, c. 107, sec. 23, to the present inspectors of lunatics, the control and supervision of Irish lunatic asylums was transferred.

The appointment of officers of district asylums and the custody of dangerous lunatics were provided for by the 30 and 31 Victoria, c. 118. The management of the estate of lunatics and proceedings under commissions of lunacy are regulated by 34 and 35 of Victoria, c. 22. And by the 38 and 39 of Victoria, c. 67, certain amendments were made in the former laws, relating to the detention of lunatics in public or private asylums. At the same time powers were given for the enlargement of patients on trial on certain conditions, for the detention of chronic lunatics in workhouses, and also for making the property of lunatics in district asylums available for their maintenance.

I shall now add a few observations with reference to the proportions which our lunacy system, as represented by the public and private asylums of Great Britain and Ireland, has reached. I may also refer to the enormous and yearly increasing burden, which by the former is now imposed on the long suffering tax-payers of these countries; and the urgent necessity for certain reforms which would improve the administration of such asylums and benefit the condition of those therein confined, as well as diminish materially the amount of public funds now expended on these institutions.

In so doing, it might be interesting to glance briefly at the rapid stages by which this system has attained its present magnitude. The first, and for many years the only madhouse in England was Bethlehem, of which a committee appointed to inquire into its condition in 1598, reported that the house was loathsome and dirty, and that it was not fit for any man to enter. In 1675, New Bethlehem was opened, and down to the year 1770 the inmates were publicly exhibited, first for twopence and subsequently for one penny a head for admission to all who wished, as Dr. Connolly says, to enjoy that sight. By an Act of 1774 already cited, some attempt was made, apparently without much effect, for the removal of these abuses which, as Dr. Connolly in his learned and eloquent disquisition on this subject has shown, continued down to the commencement of the present century. At length, however, at the Friends' Retreat for the insane, near York, it was demonstrated by Mr. Tuke that "these unfortunate persons might be advantageously treated with kindness and humanity."

From that time institutions for the insane, public and private, sprung up on every side, and vied with each in carrying out the humane and kindly system thus introduced in the York Retreat.

In Ireland, up to the year 1708 there was no provision for the care or custody of the insane. Sir William Fownes, in a letter to Dean Swift, says:—"When I was Lord Mayor of Dublin in 1708, I saw some miserable lunatics exposed to the danger of others as well as of themselves. I then had six strong cells made at the

(a) *Medical Times and Gazette*, 1867. Vol. II., pp. 423, 434, 479, 693.

(b) *Lancet*, 1871. Vol. I., pp. 591, 634, and vol. II., 638; also 1877, vol. II., p. 191. See also Sir Spencer Wells' work on "Ovarian and Uterine Tumours."

(c) *British Medical Journal*, 1883. Vol. II., p. 104, *et seq.*

(d) "Bulletin de l'Académie de Médecine de Paris," Avril 24, et Mai 1, 1883.

(e) Read before the Academy of Medicine in Ireland.

workhouse for the most outrageous, which were soon filled, and by degrees, in a short time, these few drew the solicitations of others, and in 1728 we had in the house forty and upwards (Wild's "Closing Years of Dean Swift," p. 80). The second attempt to provide for the custody of the insane in Ireland, appears to have been in 1711, when cells were made at the Royal Hospital, Kilmainham, for military lunatics. In 1776, ten cells were built for lunatics in the House of Industry, Dublin.

In 1778 this number was enlarged to thirty, and from the general increase of insanity in the troubled times of the Irish rebellion in 1798, it became necessary to add thirty additional cells for lunatics. In 1798 a lunatic asylum was also erected in connection with the House of Industry in Cork. And in 1810 the Richmond Lunatic Asylum was commenced, this was completed in 1814 by aid of a parliamentary grant of £77,000. When the first Inspector, under the Act of 1821, commenced duty, the only public asylums for the insane in Ireland were the two mentioned in Dublin and Cork.

How great is the contrast between these small beginnings and the present extent and number of our lunatic asylums, public and private.

There are now 101,096 registered lunatics in Great Britain and Ireland, of whom 90,869 are maintained at the public expense. Of these 68,846 are in English or Welsh asylums, 8,853 in Scotland, and 13,171 in Ireland. The cost of the support of the public asylums of England last year was no less than £1,033,780, whilst the Irish public asylums are supported at a yearly cost to the taxpayers of £200,000.

The object of these asylums and of this lavish expenditure of public money is to secure the safe custody and curative treatment of the insane, who in their own interest, as well as for the public weal, require restraint in such institutions. I would therefore suggest that these purposes would be better effected, at less cost to the public, were private lunatic asylums abolished by making these first and second class state or public institutions, and part of the system under which the existing public or pauper county and borough lunatic asylums are now administered.

None who have had the opportunities I have had, of visiting the medical institutions of other countries, can fail to return home better pleased with the general good management of our lunatic asylums, public and private, and, with the kindly treatment of the patients in most of them. Nor is it possible to withhold our sympathy from those who, in some instances with great self-sacrifice, devote themselves to the care of the helpless victims of insanity in such institutions. At the same time, however, I have no hesitation in saying that medical men are necessarily placed in a false position when acting either as medical superintendents of public lunatic asylums, or as proprietors of private ones. The duties of the former are most anomalous and complex. The functions of the medical superintendent of a county or borough asylum now comprise those discharged in a workhouse by a master, or in a prison by the governor, or in a model farm by the head steward, with those of secretary to a board of governors. Moreover, they also include all the professional duties appertaining to the house surgeon or resident physician of a great hospital, superadded to which is the performance of whatever special work may be imposed on him as a medical psychologist in charge of insane patients. It is obvious that no person could properly discharge all these duties.

The position of medical proprietor of a private asylum is still more anomalous and difficult. For it includes all the varied and incongruous duties just referred to, and these, moreover, in his case have to be discharged under an inseparable sense of personal pecuniary interests.

If, in Lord Shaftesbury's words in introducing his

Lunacy Act in the House of Commons, "pauper lunatics should be maintained at the public cost, and not be received for profit or as the objects of financial speculation" then there can be no cause why the insane of the middle or upper classes should be differently circumstanced in this respect. The only justification for the imprisonment of lunatics rich or poor is their own welfare and that of society, and no vested right or other interest should be allowed to influence this. Vested rights far greater than those of the proprietors of private lunatic asylums have been very summarily dealt with by Acts of Parliament within the past few years. Hence if the public welfare appears to demand the abolition of private lunatic asylums there seems no reason why their proprietors, being first of course fairly and fully compensated from the public funds, these institutions should not be transferred to the direct administration of the Commissioners in Lunacy, and governed by them as first or second class public asylums. The surplus profits of these institutions might then be made available towards the support of the non-paying or pauper asylums under the same central administration, and thus help to relieve the public funds from some part of the enormous and yearly-increasing cost of our present system of pauper lunatic administration and maintenance. In such institutions the medical functions now discharged by the medical superintendents should be transferred to officers analogous to the masters of workhouses or governors of prisons. At the same time being thus relieved of all extra-professional duties, the medical superintendent should become a resident physician, and be enabled to devote himself to the care and treatment of the patients, in which he should be only subject to the advice and control of a medical board of visiting physicians and surgeons. Amongst the latter, in the case of female lunatic asylums, there should for reasons already stated be appointed one or more visiting physicians who have had some clinical experience of the diseases peculiar to females.

Another desirable reform would be in the direction of the non-restraint in lunatic asylums, though still under supervision, of a large proportion of those chronic and harmless patients now confined therein. Many of these, especially of the weak-minded or semi-imbecile class, might be as well treated, and could be maintained in greater personal happiness and comfort, as well as at considerably less cost outside the walls of lunatic asylums.

Did time permit, I should have been glad to refer further than I now can to the unsatisfactory state of the laws relating to so-called criminal lunacy and the criminal responsibility of the insane. Many years ago I published a communication on this subject in the Proceedings of the Medical Society of our College of Physicians, and since then some of my views and suggestions have been endorsed, or rather, have been appropriated, by others.

It should be needless to argue that the medical jurisprudence of insanity comes within the province of our discussions in this Academy. Mental operations are accomplished through, and are to some extent modified by, the state of the cerebral organisation. Hence disorders of the mind act upon the bodily health, and physical diseases in their turn react on the mental functions. This, however, is yet unrecognised by those who make and those who administer our laws. And judges and lawyers still complacently propound as a truism their fallacious aphorism that "insanity is a fact, and not a disease," and that its existence in any case is to be determined in other facts by the common sense of jurymen, not requiring special knowledge for its investigation. Accordingly, we find ignorant jurymen thus directed by judges who, however learned and eminent in the law, are in this matter little better qualified than the jury, deciding in even cases involving the issues of life and death one of the most difficult of

scientific questions, without any knowledge of the significance of the facts on which their judgment is founded.

The difference between those who possess merely good, plain common sense to direct them in deciding the question of sanity or insanity and those who rest their opinion on scientific knowledge and experience, is analogous to the difference between the power of determining a ship's position at sea by astronomical observation by the skilled mariner and the helpless ignorance of an untaught landsman in his first voyage. Both may contemplate the same natural phenomenon, but the one aided by science and experience is able to deduce therefrom accurate knowledge of a fact concerning which the other, however much good common sense he may possess, can know as little as the lawyer or jurymen generally does of the sanity or insanity of any person who may be brought before him in a court of law.

The danger that lunacy may be easily feigned, and that this may lead to the failure of justice in criminal cases, is an idea generally predominant in the legal mind, and frequently operates to the prejudice of those in whose case this plea is raised. It would be easy to show how groundless this fear is. It certainly may be, and frequently is, very difficult to detect madness in cases where it actually exists. But it is almost impossible for anyone to feign insanity so as to deceive experts in this matter.

There are other questions connected with the medical jurisprudence of insanity to which only the lack of time and the length of this paper now prevents my referring. I may, however, in conclusion, again observe that any future amendment of the laws relating to criminal lunacy should be based on the broad principles of the French criminal law as expounded in the 64th article of the Code Napoleon, viz.:—"Il n'y a ni crime, ni délit lorsque le prévenu était en état de démence au temps de l'action." Finally—medical assessors in lunacy should be appointed with functions analogous to those of the nautical assessors in marine cases. In Ireland these might be the Inspectors of Lunatics, or in England and Scotland the Medical Commissioners in Lunacy, and such assessors should assist and advise in all trials in which the question of lunacy is raised.

CONSUMPTION VIEWED IN RELATION TO EVOLUTION AND MOLECULAR ENERGY.

By WILLIAM H. PEARSE, M.D.,

Senior Physician to the Plymouth Public Dispensary.

(Continued from page 489.)

Heat-Neuroses were spoken of far less frequently than were cold, but they were not infrequent in the early stages of those who passed into phthisis. Some patients have said that heat-neuroses were the very first deviations from their ordinary health. Patients have said, "one side burns;" "burn like fire sometimes;" "for months one foot was cold at night, the other burning;" "the right side of head burning for a year past;" "hands and face, on and off, for years have been burning."

Philosophical Method having so deeply taught us, from all other sides of knowledge, the vast importance of the smallest deviations in rate, series, or forms; and that such, if grasped and followed, open to us the most universal laws both in inorganic and organic nature—the mind deeply strives to understand. How arise these cold and hot neuroses; how in the nerve cells do the deviations arise; from what altered state or "mode" of correlated "energy," and from what want of "energy"-giving matter.

Indigestion.—Although physiology or science has not yet traced the exact relations of indigestion, including both the pain and the sinking at the epigastrium, which are so frequent in the pre-phthisical stage, to their more

immediate centres or segments of the nerve system, any more than they have traced the neuroses already referred to, viz., weakness, cold and heat sensations, yet as the human body is, in a grander sense, one indivisible reciprocal system, and as the forms of indigestion are so much associated, in so many individuals, with the other-named neuroses, it seems just that we should class the indigestion with those other nerve deviations or perturbations. If this be just, the very complexity and variety of the phenomena, and occurring so markedly in association, should help us to the perception of the "Form" common to the earliest recognisable symptoms of phthisis. And we shall feel this all the more, when we add to the list of these neuroses the various other most prevailing deviations of the early stages of phthisis, viz., the loss of appetite, inability to eat fats, anæmia, amenorrhœa, &c., &c.

With the development of true Method in this age, and with our greater capacity to see the deeper alliances of phenomena, rather than their immediate and striking differences, the doctrine of the "specific" is everywhere disappearing, whilst greater general "forms" are recognised. The vast frequency and long duration—of years even—of pain at the epigastrium after taking food, in those who eventually pass into phthisis, is a phenomena of the greatest import. Out of about nine hundred cases of phthisis—and real and approximate pre-phthisical cases—one hundred and forty-four had suffered much from indigestion, that is, pain at the epigastrium after taking food. Of the same classes, fourteen said that they had never known indigestion; eight of these fourteen were actual and advanced phthisis. "Sinking" at the epigastrium, sometimes intense, is less frequent than pain. Some few cases have presented with very severe and long-continued indigestion, simulating ulcer of the stomach. In one such, the symptoms lasted several months, but somewhat suddenly disappeared. I thought coincident with the development of considerable phthisical-like moist râles in the lungs, and strumous affection of the sterno-clavicular articulations. Some complained of indigestion after exertion; others in the morning. In one case of advanced phthisis it had only lately shown.

The Appetite.—Failure of appetite for years is a very common symptom. Patients in pre-phthisis will say—"appetite for food is entirely gone;" that "it has been gone for years;" that they "never feel hungry;" and yet there may not be marked wasting. In this symptom we have indication of an absolute and most prevailing part of the complex phenomena we call phthisis. Can the physiologist or the vito-chemist give us any definite facts as to how this symptom exists? on what defects of composition, correlation, or "energy" does it depend? Although we recognise the human body as one organ, one system, in which every part reciprocally correlates with every other part, and with the whole, not the less do we recognise that certain parts have greater commanding correlation over and with local organs. Can we see then from physiological, pathological, or chemical stands, any near or determining conditions or causes on which this loss of appetite depends? That such a symptom can be reached and influenced by change of air, say, to Dartmoor, or by quinine, muriatic acid, &c., shows its deep correlation with molecular and nerve changes, and is an experimental entrance or advance toward the true "form" of the disease.

Practically, it is important to observe the varieties of appetite; and it might further happen that they might help us to differentiate the potential deficiencies in the composition, and the vital power of those who do, from those who do not, pass, so gradually, into phthisis; such differences in appetite must have absolutely definite vito-physical causes or conditions. Wide generalisations have been reached in as seemingly complex phenomena in physics, in the forms and modifications of leaves, in comparative language; and we are sure

that a general order and relation must exist between the correlations of matter and symptoms.

Pre-phthisthal and phthisthal cases sometimes show a change of type of appetite. A not uncommon statement is, that they are hungry only at night. I always encourage such cases to eat at night if they so prefer, and if it agrees with them. I have never heard a complaint of this practice.

Of all the subjective phenomena associated with phthisis, and often for a long series of years, in the pre-phthisthal, there are few more striking than the prevailing passion for onions. I could fill columns with the emphatic statements of patients as to their great craving for onions, and their thorough agreement with their digestion and system. Of those asked, one hundred and seventy-nine had this desire, against thirty-four who had not; but such numbers do not at all convey the passion which many of the pre-phthisthal have for them. There is no other more marked craving of the system. Nature never speaks in vain; and I have no doubt that there exists some "nascent" condition, some state of molecular "energy" in the onion, which goes near to supplying the body with the true correlative for healthy growth. Such is the craving for onions, in many of the phthisthal, and such their agreement with the system, that I do not doubt but that it is an instance parallel with that of the Swiss, who by some instinct, or insensibly evolved experience, ate burnt sponge to cure their gout; or parallel to the passion of the low-fed semi-scorbutic Hindoo for tamarind and lime-juice. Pickles, pickled onions, vinegar, and salt and smoked meat and fish, are also craved for and agree, when fresh meat is loathed. Dutch cheese is much liked; I have often had pre-phthisthal and phthisthal patients who will eat a hearty supper of Dutch cheese and pickles. I have often known such diet debarred, but I do not remember ever hearing a patient say that it disagreed, where the craving existed. I remember when European medical fashion in India debarred the native from the tamarind and lime-juice which he beseechingly asked for, lest they should cause cholera, dysentery, &c. ! the truth being that those very acid fruits were the all-essential wants of his system, and without which he almost inevitably passed into chronic diarrhoea and chronic dysentery. I hold strongly that it is a parallel error to withdraw such food as onions, pickles, vinegar, salad, salted and smoked meat from the pre- and actual phthisthal, in cases where they are craved for. A plant to be in perfect health must have its elective essential elements in the soil; the amount may be extremely small, but that amount is all-essential to health, life, and "survival." The very smallest secular changes are the occasions or courses of the greatest operations in Nature; nor is the human body exempt from parallel laws. The "unstable equilibrium" of vital energy is seen in the not-infrequent desires for marked changes in food; to rest content by saying that such phenomena are "caprices" is but to deceive our minds by words.

But the great fact in the pre-phthisthal is the general inability to eat fats; but not all fats, for butter is nearly always liked, and so very often are the fats of roast pork and well-fried bacon. Take this common case—A young woman died, at twenty-one, of phthisis; from her very childhood she could never take fats; every bit of fat she would carefully put aside. This phenomenon is as much a part of the full "form" of phthisis as is the destruction of the lung itself. Did we know its full series of correlations we should be on the path of its prevention. One or another organ of the *primæ viæ* may be in more immediate relation to the phenomena than others, but we shall seek in vain if we limit our view to the liver or other organs, because such organs or glands are not isolated from the greater general organic life of the whole system; nerve and molecular "energy" are deranged, and such great deviation of function may result from difference in com-

position so minute, as to be wholly immeasurable by any galvano-electric pile yet produceable. Function alone is sensitive enough to be its measurer!

It is of great consequence to dwell on such phenomena as this repugnance to fats, because at any moment its correlations to nerve supply and nerve centres may be discovered, and knowledge of remedies may be suggested from collateral but interlaced facts. Out of many hundreds asked, only three phthisthal and three pre-phthisthal cases said that they could eat fats with relish. With these cases now before me I am not able to differentiate the condition which led to this "variety" (species) in the (genus) appetite.

It is important to state that many cases complaining of "weakness" get much relief from the special kind of food for which they crave. I am obliged to say further that many an exhausted pre-phthisthal poor woman who sits down to her supper of Dutch cheese, pickled onion, or raw onion, and bread, will get great good from her half pint of stout. I am obliged to subordinate my individual wishes as a teetotaler to the facts which practice and observation present. When a poor woman in phthisis, labouring on in her duties and work, tells me that she enjoys her dinner and supper the better for a little stout, I am in duty imperatively compelled to allow it; and I hear such statements continually. I know of no substitute. She enjoys her meal better and is *happier* with the glass of stout; nor are these frames of mind in themselves small therapeutic remedies. Scientific chemistry and physiology have hardly yet touched the deeper and delicate problems on which the practitioner has to decide; the cravings and confessed experiences of the body must have their just weight. If we can make one or two meals a day to be more enjoyed by the patient, and can do this regularly over a period of months and years we shall be doing a great deal to sustain the waning vigour, and probably prolong the years, of the patient. The individual patient is our post of duty, and not the general campaign; and beer and wine may be of immense good and have, in certain cases, no substitutes. I see many middle-aged people of the poorer classes in phthisis who work on for years with but little or any progress of destruction of the lungs; and I am thereby deeply impressed with the great importance of seemingly almost insensible remedies, as they are related to warmth, pure air, out-of-door life, cheerfulness, and the employment of food which they enjoy.

(To be continued.)

Clinical Records.

A CASE OF DOUBLE VAGINA. (a)

By WM. JAS. SPENCE, L.R.C.P., &c.,
House-Surgeon, Bradford Infirmary.

MARY W—, æt. 26, a weaver, attended as an out-patient at the Bradford Infirmary on February 25, 1884, complaining of a tumour in the vagina. The patient, a spare, delicate-looking woman, gave the following history:—

Menstruation commenced when she was 13 years old, and has continued, with the exception of the periods when she was pregnant, at regular intervals ever since. She married at the age of 19, and has had six children. The first five were premature (about the 7th month), the sixth, a female child, born at full time, died of fits at seven months old. None of the children were in any way malformed. A midwife attended her in all the confinements. It is about two years since the last child was born, the labour was not a hard one, but she says the midwife "hurried her." She remained in bed nine days, and upon getting up on the tenth day discovered what she describes as "something wrong," a substance protruding from the vagina, and sent for the

(a) Read before the April meeting of the Bradford Medico-Chirurgical Society.

midwife, who told her it was only weakness. She is not aware that there was anything wrong before this.

The tumour is largest when in the erect position, slightly receding when recumbent, but never disappearing entirely. It has not increased in size since first noticed, and has never caused any pain, but she is troubled with a constant dragging sensation in the lumbar region, and more or less leucorrhœa. Upon digital examination, per vaginam, a flattened growth, about the size of a large compressed fig is felt protruding from the vulva. It is attached to the posterior wall of the vagina, a little to the right of the median line, and extends from the external orifice to the cervix uteri, but is not attached to, or connected with, the os. On the anterior wall there is a fold of membrane, which is also slightly to the right, extending from above the meatus urinarius to the cervix. At the commencement it is ill-defined, but increases in depth as it ascends. The os is normal in position and appearance, and the sound passes 2½ inches into the cavity of the uterus.

On March 3rd, the patient was admitted as in-patient under Mr. Spencer. He recommended removal, and kindly asked me to do the operation. This I did on the following day (March 4th), by means of the écraseur. There was nothing remarkable about the operation, it was performed in the usual way, and was followed by little or no hæmorrhage. No sutures were used, the wound was simply allowed to granulate, the only after treatment was rest in bed and injections of luke-warm water containing Condy's fluid. The parts healed rapidly, and were quite sound within the fortnight. Upon examination of the growth, after removal, it was found to be irregularly flattened with a great resemblance to the pinna of the ear in shape. The surface was deeply wrinkled. The base, or part where the tumour was attached, measured a little over two inches in length, and the free edge was fully half an inch longer. The thickness varied from half an inch at the broadest part of the base, to less than a quarter of an inch at the apex. The free edge appeared to consist of cicatricial tissue such as you would expect to find if the growth had been cut or torn short, and left to itself to heal. Upon section the tumour appeared to consist principally of connective tissue of fibro-cellular type, with an external layer of mucous membrane.

I think there can be little doubt as to the nature of the tumour, the history, the shape, the fold of membrane on the anterior wall of the vagina, which, at one time had evidently been continuous with the growth on the posterior wall, and last, but not least, the structure, all point to one conclusion, viz., that it was the remains of a vertical septum, which, prior to the last confinement, had divided the vagina into two almost equal parts. I have looked through a great number of text-books and journals, but can find no reference to a similar case. In all the cases of double vagina recorded, the duality has extended to the uterus.

Transactions of Societies.

WEST LONDON MEDICAL CHIRURGICAL SOCIETY.

Dr. J. L. W. THUDICHUM, President, in the chair.

At the April meeting of this Society a paper was read by Mr. NOBLE-SMITH ON

THE TREATMENT OF TALIPES.

He endeavoured to make his remarks as practical as possible, and to avoid discussing all the various possible plans of treatment. He was convinced that when a surgeon meets with a case in which the tendons are tense and resistant, the sooner tenotomy was performed the better. He referred to the important subject of the position in which the foot should be placed after tenotomy. If it is placed too near the original position of deformity, leaving the elongation of the tendon to the process of stretching, a great risk is run of contraction, a condition which is much more difficult to cure than when the deformity is treated for the first time. Upon the other hand, if the cut ends of the tendon are separated too much, and pressure is applied on the part between the ends, then there is danger of non-union, and that is, of course, a serious misfortune. Mr. Noble-Smith described a case which he had seen in which the tendo Achillis had been divided

some time before he saw it for talipes equinus; the foot had been fully extended and encased in a plaster-of-paris bandage, and kept there for several weeks. The tendon had not united, and a severe form of talipes calcaneus had resulted. He found it advisable in the majority of cases to place the foot in a nearly normal position, leaving very little to be done by stretching. Many cases could be cured without operation, and plaster-of-paris bandages could be used with benefit in some instances. Mr. Smith advocated simplicity with regard to construction of instruments for club-feet, and he urged surgeons to give more attention to the details of construction, and to leave less to the discretion of the instrument makers than they were generally inclined to do.

Dr. SINCLAIR THOMSON speaking, recommended the removal of a V-shaped piece of bone in varus, as a friend of his in Germany who adopted this plan in young children, and tied the bones together with catgut, had found it very successful.

Dr. THUDICHUM had noticed many cases of syphilitic brain disease in young persons in which contraction of the plantar fasciæ took place to a great degree, and he found them yield to anti-syphilitic treatment without operation.

Mr. BENHAM considered it a settled point in orthopædic surgery that in cases of equino-varus, the varus should be first cured.

In reply, Mr. NOBLE SMITH said he would rather not perform osteotomy if the cases could be otherwise cured. With regard to performing the operation for equino-varus, into two parts he had often seen all the tendons cut at one operation, and generally with bad results. Mr. Noble Smith also remarked that, in his opinion, no operation should be undertaken where nervous symptoms, such as spasms, were present, until those symptoms had first been arrested.

SPECIMENS.

Dr. H. CAMPBELL POPE showed specimens of diseased kidneys. The patient was said to have had no kidney symptoms during life except frequency of micturition, and she suffered from violent headaches. She died suddenly, and at the post-mortem examination it was found that the pelvis of the right kidney was very largely dilated, while the left kidney had several large abscesses, which contained nearly a pint of curdy pus with a small stone. However, the cause of death was found to be hæmorrhage into the brain.

CASE OF PUS IN THE KNEE-JOINT TREATED ANTISEPTICALLY.

Mr. J. R. LUNN showed a case of pus in the left knee-joint, which he had opened antiseptically with a good result. J. E., æt. 45, a shoemaker by trade, admitted into St. Marylebone Infirmary, 1st November, 1883. He stated that he had never had any serious illness, except when a child he had something the matter with his right hip. He had been ill seven days with intense pain in the left knee, which on admission was swollen and very hot. Distinct fluctuation was felt. It was treated with a back-splint, leeches, &c. On the 7th it was aspirated, and 3 oz. of pus withdrawn. On the 8th the joint was opened under the spray, and a large-size drainage tube passed from the highest point of the joint, and a counter-opening made on the outer side of the joint. The joint was washed out with carbolic lotion, 1 in 40, and dressed antiseptically, and the leg was put on a McIntyre's splint.

On the evening of the operation the temperature was 99·8° Fahr. The patient had slight rise of temperature every evening, and on the 22nd it went up to 101°, when an abscess was opened on the outside of the joint. From this date the patient made uninterrupted recovery; the antiseptics were left off 11th December (five weeks and four days from the time of operation), and dressed with a little iodoform, and the knee was put up in a plaster-of-paris splint, which he kept on about two months, and got about in the ward, and was discharged, 14th March, cured, with a very fair movable joint.

During the whole of the operation he had only nine dressings under the spray.

On 28th March Mr. Lunn had seen this patient since his discharge from the Infirmary, and who stated "that he gets about as well as ever."

SURGEON-MAJOR C. A. SMITH, M.D., has been appointed to the charge of the Female Hospital at Woolwich, in the place of Surgeon-Major Quinton, who has been granted six months' leave of absence prior to retirement

BRADFORD MEDICO-CHIRURGICAL SOCIETY. APRIL MEETING.

The President, Mr. W. H. ELLIS, M.R.C.S., in the chair.

Mr. SPENCE detailed

A CASE OF DOUBLE VAGINA,

which will be found at page 490.

After the reading of the case,

Dr. GOYDER said he had an opportunity of examining this case in the O.P. room of the Infirmary, and had found the fleshy mass on the posterior wall of the vagina, but had not observed the corresponding remains of the septum on the anterior aspect. There was no doubt the actual character of the abnormality was such as Mr. Spence had described; the septum seemed not to have been ruptured till the labour at the full time; it was unusual to have a double vagina without double uterus. Mr. Spence explained that it was not till after her sixth labour, which was the first at the full time, that the woman had discovered her "tumour."

Dr. RABAGLIATI then made some remarks on the inefficiency of

SCARPA'S SHOE FOR THE CURE OF CLUB-FOOT,

and exhibited a new apparatus of his own invention, consisting of a sole in two pieces, capable of being lengthened or shortened by a rack and pinion movement, so as to adapt it to the foot, and having straps passing diagonally across to secure the foot being flattened to the sole and to hold the heel effectually down. Since constructing the apparatus Mr. Spence had pointed out the method of Watson of Edinburgh, which was by the adaptation of perforated zinc to the foot, which could be secured at any angle. This seemed to him the best mode of treating the deformity he had yet seen.

The PRESIDENT thought he had seen a similar method to Watson's in the Orthopaedic Hospital two years ago.

Mr. W. G. BURNIE had seen a shoe like the zinc one exhibited in the children's ward of Bartholomew's Hospital. Scarpa's shoe failed because it did not hold the foot.

Mr. MIALI agreed that Scarpa's shoe was unsatisfactory, the reason being that the child's foot was not like that of the adult; the rectangular position did not exist in the child. He had little belief, however, in treating club-foot without operation.

DOUBLE HYDATID CYST IN THE LIVER OF A CHILD.

Mr. WILMOT exhibited the liver of a child that had fallen down, and afterwards vomited and died. As he could not discover the cause of death, a post-mortem examination was ordered, when he found a double hydatid cyst in the liver ruptured. Possibly the child had fallen upon the cyst and burst it, afterwards dying of shock.

Mr. DENBY read a major communication on

ANTE-PARTUM HÆMORRHAGE,

in which he detailed its general disposing causes, varieties, symptoms, course, and treatment. He reviewed the theories of Barnes, Sir J. Y. Simpson, Matthews Duncan, and others as to the source of the blood, and the position of the placenta. With regard to treatment of placenta prævia, about which the paper principally spoke, Mr. Denby remarked that the old methods of forcible delivery with turning and extraction of the placenta were open to grave objections, as the cervix and os uteri were thereby subject to serious injury. He thought the rupture of the membranes alone might suffice in cases where there was active contractile power of the uterus with spontaneous dilatation, and he favoured the use of Barnes's bags.

The PRESIDENT said Mr. Denby had given a very exhaustive paper on the pathology of placenta prævia, and trusted there would be a good discussion.

Dr. GOYDER said Mr. Denby had given an extended and minute paper mainly of the causes of placenta prævia. He understood that one cause of placenta prævia was a lax condition of the uterus, the ovum falling towards the os, and becoming fixed there; hence it was most common in multiparæ. It struck him that the opinions cited from Dr. Barnes contradicted each other. He had had seven or eight cases of placenta prævia to treat, and the character of your action would be determined by the severity of your case. In face of this terrible and imminent danger to life prompt action was essential, and he would rather trust to the steady and patient

action of his fingers and hand in opening the uterus than to Barnes's bags. He had generally turned and delivered before removing the placenta, which sometimes he passed to one side of when not wholly attached, and sometimes through its middle. He thought the chances of safety to the mother lay in quick delivery where the os was sufficiently dilated and careful subsequent bandaging. As a rule, scientific expedients were little thought of on such occasions.

Mr. MIALI did not agree with Dr. Goyder about Dr. Barnes; he thought the bags were a great improvement in the treatment of placenta prævia. The worst cases were those of accidental hæmorrhage, where labour had hardly begun, the os uteri being closed.

Dr. JOHNSTON thought Mr. Denby was to be thanked for refreshing the memories of the members on the subject of placenta prævia. He had met with cases of ante-partum hæmorrhage, and agreed with Dr. Goyder in preferring the hands to Barnes's bags. In his last case there was profuse bleeding before any pains, the case occurred at the eighth month, and he delivered both child and placenta by hand, the child living for a short time after birth. He had no experience of Barnes's bags, but he thought the fingers as safe, and certainly more expeditious.

Mr. W. GILCHRIST BURNIE was sorry Mr. Denby had not time to detail his cases, and that he had confined himself to placenta prævia. In this one could do something to control the hæmorrhage, but in hæmorrhage at the fourth month you could do very little, and it was generally followed by abortion. One case he had was interesting from the fact of the placenta being adherent, showing previous inflammation. In a second case, with hæmorrhage at the second month, a healthy child was delivered at the full time, followed by the placenta.

Dr. MCGREGOR cited a case of placenta prævia in a delicate woman demanding immediate treatment, in which Barnes's bags were applied with very little effect. He plugged the vagina with cotton, but did not restrain the hæmorrhage; forcible delivery had to be resorted to by turning.

Mr. MERCER said Dr. McGregor had undertaken the foregoing case for him, but he was able to assist at its termination. He cited a case in which a woman by stretching had detached the placenta; the hæmorrhage was profuse; he ruptured the membranes with a sound, put on a bandage, turned, and delivered. He had had many cases of placenta prævia and accidental hæmorrhage.

Dr. TIBBITS had had five cases of placenta prævia in five years out of two hundred and forty cases of midwifery. One of the cases died from neglect of application for medical assistance. Dr. Hall Davies recommended rupture of the membranes and plugging in cases of partial placenta prævia. He (Dr. Tibbits) had never found the latter operation satisfactory; indeed, in his opinion it was impossible to plug an elastic passage with anything. His advice was to get the woman out of danger by as speedy a delivery as was possible.

In lieu of reply, Mr. DENBY rapidly read over two cases, both of which were conducted to a safe termination.

THE ANNUAL REPORT OF THE ROYAL COLLEGE OF SURGEONS, IRELAND.

In view of the annual general assemblies of the Fellows for discussing the acts of the Council, and for electing the administrative body for the ensuing year, which will be held on Saturday and Monday, the 31st of May and 2nd of June, it is appropriate for us to notice the annual report of Council just issued to the Fellows.

THE PUBLICATION OF THE PROCEEDINGS OF COUNCIL.

Before doing so we must express the opinion that the presentation of any such report is in itself most unsatisfactory. It is now three years since the Fellows of the College, at the instigation of Dr. Jacob, without a dissentient voice, recommended to the Council to make arrangements by which the progress of the collegiate business might be communicated to the Fellows at the end of each quarter instead of being bulked in one incomprehensible document placed in their hands at the end of the year, and at the moment when they had assembled to discuss it. That resolution was

afterwards pressed upon the Council by Dr. Jacob, and a *precis* of the first quarter's business was drawn up and submitted to them, but its issue encountered a vigorous opposition, because it told the Fellows too much. It was objected to it that it contained division lists, the inference being that those Councillors who voted on certain most critical questions within that quarter would rather not have their votes submitted for the criticism of the Fellows; and a further objection was raised that it gave the names of proposers and seconders of resolutions, and thus brought pointedly under the notice of the Fellows those Councillors who busied themselves about the work of the College as distinguished from those who seldom attended Council, and when they did attend, did nothing. In consequence of this opposition the *precis* of the quarter's business was first emasculated by the removal of the obnoxious lists and names, and was finally withheld from publication.

The demand for a more complete, frequent, and business-like publication of the Council's proceedings was renewed by the Fellows at the general meeting in last June, and a committee of five Councillors (from which Dr. Jacob was carefully excluded) was appointed to report to the Council on the subject. Whether the committee ever met or made any attempt to perform the duty entrusted to them does not appear, but they certainly did not make any report to the Council, and, therefore, the request reiterated by the Fellows does not seem to have received the compliment of being considered at all, much less being acted upon.

We hope, therefore, that the Fellows will, on this occasion, make their influence and determination felt with reference to this matter in the coming meeting of the College, and that they will give their instructions to the new Council in such peremptory form that they cannot again be trifled with. If they will refer to the report which has been placed in their hands, they will find good reason for active interference. In the first place they will see that a series of bald resolutions and amendments are laid before them without any information whatever as to balance of opinion in the Council thereupon. For instance, on the question of voting by papers, which has evoked so much heated discussion, and which has already been made the subject of letters and circulars to the Fellows, they are given no information as to the names or even numbers of voters on the division which took place in the Council on the subject, and the same may be said of every resolution or amendment now reported to the Fellows. Thus the Fellows find themselves supplied with a voting paper which they are supposed to use for the purpose of supporting those candidates who represent their views, and they are expected to record their approval or disapproval in complete ignorance of the acts and opinions of those for whom they vote. We say that such a system is indefensible, that every Councillor should vote under the eye of his constituents, and that it is insulting to the intelligence of those constituents to suppose that they are willing to vote blindly, or upon the faith of the whisperings which they may hear from one or other party.

COLLEGIATE EXPENDITURE.

As to the contents of the Council's Report itself, several points of interest and importance call for notice.

In the past year, 11 candidates were admitted to the Fellowship; 122 the Letters Testimonial; 12 the Diploma in Midwifery; and 11 the Dental Diploma.

Honorary Fellowships were conferred on Dr. T. Crawford, C.B., Director-General, Army Medical Department, and Surgeon-General Sir J. A. Hanbury, M.B., K.C.B.

The total expenditure of the College was £5,642, of which

The Establishment absorbed		£1,417
Including the large sums of £431 for deputations to London, and £125 for the fees on alteration of Charter.		
Salaries and Wages absorbed		574
The Library		434
The Museum		488
The School		308
The Examiners		2,222

Although the income of the College has been rather less than in previous years, the judicious administration of the collegiate funds has resulted in a considerable reduction in the debt which the College incurred for the rebuilding of the school. The Council had determined to charge this expenditure against revenue, rather than make it a permanent incubus on the collegiate funds, and there is a reasonable expectation that within the coming financial year the entire sum will be liquidated.

VOTING BY PAPER.

Much of the report is devoted to the proceedings of the Council in the matter of voting by paper. The recommendation of the Fellows, that the Council should make provision for *absentia* voting was brought down to the Council in due course, and was the subject of much discussion.

The proposal to carry it into effect was met with the objection that the vote of the Fellows had not the necessary force, being come to in an irregular meeting without any notice, and, in fact, by the hasty decision of a few, and not by the deliberate voice of the College; and that, therefore, a plebiscite of the Fellows at large ought to be taken before proceeding to seek a change of Charter for the purpose.

The Report dismisses the anxious debate which ensued in the Council with a bald statement that these suggestions were "declared lost," and that the Council referred the execution of the business to a committee; yet it devotes five pages to the narrative of a squabble between Dr. Brunker and the committee, which is not of sufficient importance to be worth recapitulating.

ALTERATION OF CHARTER.

The alteration of Charter to enable the election of examiners and professors to be effected by a vote of the entire Council, instead of by seven members selected by lot, and, in accordance therewith, the election of Dr. Foot *vice* Dr. Little, as Professor of the Practice of Medicine; of Dr. Frazer in place of Dr. Cunningham, as Professor of Anatomy; of Dr. Stack as Professor of Dentistry; and of the various Courts of Examiners—were carried out. The abrogation of the old, cumbersome, and erratic system has proved a great advantage to the College, and will, we doubt not, tend to ensure the election of the best man for the vacant office, irrespective of the element of chance which frequently vitiated previous elections.

DENTISTRY.

The establishment of a Professorship of Dentistry, the appointment of so distinguished a specialist as Dr. Stack to the chair, and the recognition of the Dublin Dental Hospital as a school of dental instruction for Ireland, are very important steps, not only to the College, but to the dental profession in Ireland. Unhappily the Council has counterbalanced the benefits to education thus secured by continuing the sale of dental diplomas *sine curriculo* to persons who possess no special education, and who are taken from a low

social grade. A number of persons have been admitted to the College who do not pretend to have had any education in dentistry, who stand side by side with barbers, tobacco-nists, and chemists' boys in the Dental Register, and who have been in the habit of advancing their trade by advertising and other disreputable means; and they have been so admitted notwithstanding an explicit undertaking, given to the Medical Council that the College would cease from this traffic.

It behoves the Fellows to see to this matter, and to vindicate the dignity and the credit of their College by putting a stop to this very disreputable traffic. It is certainly not to be expected that the public will honour the L.R.C.S.I. while they see the L.D.S.R.C.S.I. diploma framed and hung out in the nearest chemist's shop.

CONJOINT EXAMINATION.

The educational policy of the College has been centred in a proposal for a voluntary scheme of examination, to be carried out conjointly with the College of Physicians, which, however, has, like former schemes, come to nothing.

The proposition, excellent in itself, though of doubtful expediency as regards the interests of the College, was marred by a totally untenable requirement that the College should refuse its diploma to everyone who had not already satisfied the educational views of the College of Physicians. Such a suggestion was clearly unacceptable, and the more so because it would have excluded from the College the whole of the Licentiate Apothecaries in Ireland, and, in the end, the scheme was wrecked on this shoal, and we feel justified in congratulating the College on the miscarriage of this ill-considered scheme. It is sufficient to say that, at the best, the College was bound to lose £1,100 a year if it had been carried into effect, and that it could not possibly gain a shilling or a shilling's worth of credit by the transaction.

THE MEDICAL BILL.

The only other point in the Report of the Council deserving notice is its proceedings with reference to the Medical Bill. We need not dwell upon this subject further than to say that the policy of neck-or-nothing opposition to medical reform which found expression in a vote of thirty of the Fellows at a scratch meeting called for the purpose, proved—when tried by the test of practicability—to be altogether unworkable. The Council, therefore, saw the wisdom of falling back upon the amendment of the Medical Bill, reserving the policy of opposition for use if the amendments should not be attainable. Nothing has been done further than to urge these amendments upon the Government; but the next month is pregnant with great events, and it will need the utmost astuteness and energy of the coming Council to protect the College if the Bill should, as is expected, go forward. Certain amendments of the Bill ought to be insisted upon, and failing them, the influence of the College must be used to the utmost extent against the measure. But we hope that we have heard the last of the Huxley dogma, the Buccleuch compromise, and all the other forms of side-wind opposition to which a certain number of the Fellows of the College unthinkingly committed themselves. Such dogmas have no support in Parliament, and it would be madness for the College to place dependence in them.

There will probably be a large meeting of the Fellows on May 31st. We venture to hope that they will exercise their right of inquiry and thought to a greater extent than they have done on former occasions, and will not be induced to give

blind personal votes upon subjects of the highest moment to the College and to the profession at large.

Sanitary Department.

SUPPLEMENT TO THE TWELFTH ANNUAL REPORT OF THE LOCAL GOVERNMENT BOARD.

[FIRST NOTICE.]

THIS Supplement contains the medical officer's report to the President and numerous highly valuable appendices, consisting of vaccination returns and statistics, inspectors' reports, and the results of scientific investigation.

Dr. Buchanan first reports that 7 per cent. of the London births in 1880 escaped vaccination, compared to 4½ per cent. elsewhere; this he ascribes to the more movable character of the population of the metropolis. Of the 1,350 vaccination districts inspected during the year 1882, Parliamentary awards were made in 751. Reference is made to the now historical Norwich and Derby vaccination inquiries, where the ill-effects of vaccination were in both cases found to be due to carelessness either of operating or storage and conveyance of lymph. Attention is drawn to Dr. Cory's heroic auto-inoculation with syphilis, which was shown to be caused by purposive neglect of two of the Board's instructions to public vaccinators. At the Board's suggestion, the Foreign Office made inquiry as to the practice of vaccination and prevalence of small-pox in various European countries. Statistics are given as to the supply of humanised and of animal lymph received and distributed by the National Vaccine Establishment. With reference to the latter kind, there seemed to be less difference between it and the humanised as regards success, local and constitutional effect, and influence of storage, than was formerly supposed.

Coming now to local inquiries, Mr. Power's investigations into the outbreak of diphtheria at Purbright are commended for study, being probably connected with the assembling of scholars. The same observer's attempt to trace the incidence of scarlatina in certain London districts beyond mere infected-milk distribution to actual disease of the supplying cow analogous to human scarlatina was made the occasion of experimental research by Dr. Klein, but so far, with no definite result. Dr. Barry's Bangor inquiry eventuated in finding the outbreak of enteric fever to be due to pollution at the filter-beds of the public water supply by specifically infected river water flowing over them. Outbreaks of malignant pustule amongst the Southwark tanners are ascribed by Mr. Spear to contact with Chinese or-hides. Dr. Blaxall's emigration inquiry, which was started in great part by complaints of the American Government as to the introduction of small-pox, is referred to in detail. Whilst duly appreciating the solicitude as to the health of the emigrants by those who direct emigration, Dr. Blaxall points out the want of co-operation between shipping companies and sanitary authorities, and the lack of medical inspection of foreigners landing in this country. Dr. Ballard's diarrhoea inquiry is reported to be still proceeding, and will be looked forward to with very great interest.

The Report of the Royal Commissions on Hospitals is referred to, and mention is made of the acceptance of Mr. Power's facts and inferences regarding the spread of small-pox from the Fulham Hospital. Intimation is given as to the preparation of a revised Memorandum on Infectious Disease Hospitals, and the appended memoranda relating to school-closing are mentioned.

Of the purely scientific investigations, Dr. Klein's experiments with anthrax "vaccin" have proved in the main negative, and those with the artificial "vaccin charbonneux" of M. Pasteur totally so. Dr. Buchanan therefore concludes that Pasteur's products have not the power claimed of causing a modified anthrax, and regrets that the eminent French chemist has not published the details of his method. On the other hand, Dr. Klein confirms Koch's observations as to the limitation of the virulence of bodies dead of anthrax to those which show wounds or have been opened after death. Allusion to Dr. Sanderson's indications as to the line of future researches regarding disinfectants is succeeded by announcement of the beginning of such under the Department's supervision. Dr. Thudichum's investigations into the chemical constitution of the brain are mentioned as affording a new departure in this important and complex subject.

The medical officer concludes his brilliant summary by a reference to the retirement of Mr. Netten Radcliffe, and his former invaluable national services.

(To be continued.)

PUBLIC HEALTH. (a)

THIS recently published handbook, which is intended by its author as a practical guide to the chief sanitary enactments and regulations, supplies a want much felt by health officers and others concerned in sanitary administration, who, as occasion required, have hitherto been obliged either to wade through the Acts and Orders themselves, or trust to the more bulky manuals of Glen and others.

The Public Health Act of 1875 naturally claims the greatest part of the volume, its definitions being expanded and illustrated, its provisions explained by reference to cases, its omissions pointed out, and remedies for defects suggested. Thus, the terms "drain" and "sewer" are more fully defined; the question whether a local authority can insist upon the adoption of the water-carriage system of excreta disposal is discussed, and a decision against such insistence quoted; common lodging-houses are defined, according to the ruling of Sir A. Cockburn and Lord Hatherley, as places where persons of the lower classes, strangers to one another, inhabit one common room, and their keepers as those who derive profit from them. Attention, again, is drawn to the limitation of the notices to be sent by keepers of common lodging-houses regarding cases of fever or other infectious disease to those in bed, it being very properly pointed out that many highly infectious sufferers are not confined to bed. The right of entry for the various purposes of the Act is neatly summarised, and the distinction emphasised between absolute and conditional right. With regard to the penalty attaching to the exposure of unsound fish or meat, it is shown that the exposure of each fish and each piece of meat is a separate offence. Again, it is pointed out with respect to the isolation of infected persons in hospital, that, though no power is given to retain them, yet if the patient leaves the hospital, he can be fined five pounds for wilful exposure by sec. 126. The appointment of officers and tenure of office are explained, and it is shown that the medical officer of health may in his discretion perform the duties of Inspector of Nuisances.

An abstract of several other Acts is given, e.g., Sale of Food and Drugs, Canal Boats, Artisans and Labourers' Dwellings,

(a) Practical Guide to Public Health. By T. W. Hime, A.B., M.B. London: Baillière, Tindall & Cox. 1884.

Alkali, Vaccination, &c., and their chief provisions are epitomised. The Dairies, Cowheds, &c., Order of the Privy Council is given in *extenso*, and a wish reiterated that the Local Government Board should possess the powers of the Privy Council under this Order. A list of the Board's circulars issued between 1875 and 1883 is also furnished, and comprises references to many valuable memoranda, as those on small-pox, vaccination and re-vaccination, sanitary condition of cemeteries, trichinosis, &c. Article 98 of the Education Code, 1882, as to the power to close schools in order to prevent the spread of disease, is quoted. Valuable hints as to the examination of meat, and as to the construction and administration of hospitals for infectious diseases, are afforded. Finally, some useful tables and formulæ are appended, taken in great part from Parkes' treatise, and a carefully-prepared index completes the whole.

Besides its manifest utility to officers of sanitary authorities, we can recommend Dr. Hime's compilation to gentlemen who are preparing for the Cambridge or other sanitary science examinations.

CASCARA SAGRADA.

JUST now this remedy is exciting considerable attention in America, its physiological and clinical effects being closely studied, and its efficacy being highly vaunted by those who have used it. C. W. Tangeman, M.D., Cincinnati, Ohio, has made a series of experiments upon dogs for the purpose of deciding its *modus operandi*, with the following results:—

1. Cascara sagrada, when given in small doses (15 to 20 drops), acts like a vegetable bitter on the stomach; it increases the flow of the gastric juices, stimulates the peptic glands to increased action, thereby bringing about healthy gastric digestion.
2. It acts on the sympathetic nervous system, sending an increased blood supply to the intestines.
3. It increases to a limited extent peristaltic action of the small bowels; but increases it very much in the colon, and especially in the rectum.
4. It has a specific action on the rectum in the way of peristalsis, to cause this portion of the bowel to unload itself.
5. It does not affect the passage of food in the small intestines any more than a bitter tonic would.
6. It is not a safe remedy to prescribe in pregnancy or uterine disorders, especially when given in large doses.
7. It does not affect the larger glandular organs, liver, pancreas, or spleen, even when given in cathartic doses.
8. Hypodermically, the remedy will never produce the permanent good results in chronic constipation that are obtained when it is given by the mouth.
9. When employed subcutaneously, it acts simply as an evacuant to the rectum.
10. The same quantity given hypodermically that produces marked effects when administered by the mouth will not have the same effect clinically or physiologically.

Over-dosage, such as 3j. doses of the fluid extract frequently repeated, is injurious, or to say the least of it, not beneficial.

Given in small doses for some time, the good effects are said to be permanent and pleasant.

It must not be used at random, as a matter of routine prescribing; its proper effect upon the peristaltic action of the bowels must be borne in mind, and it must be used only when it is desired to speed the contents of the bowel on their way. If all that is claimed for it be true, it will prove of special benefit as an evacuant of the colon and rectum.

The effect of simple bitters being to increase the secretion

of mucus, and in the stomach of the gastric juice, and so improve digestion, nutrition, and the evacuation of the bowel contents, we see how cascara sagrada exerts a beneficial effect in this direction also, apart from its purely cathartic properties.

T. L. Wright, M.D., of Bellefontain, Ohio, contributes to the same journal (*Therapeutic Gazette*) an interesting paper with clinical records of its use, in support of the beneficent effects of the drug given in the form of a cordial, prepared by Messrs. Parke, Davis, and Co., of Detroit. For the constipation of weakly and elderly people his experience of its use in from 20 to 30 drop doses, twice or three times a day, has been most favourable. He warns his reader, however, from expecting that the use of the drug will be uniformly satisfactory. There are some constitutions over which it does not seem to exert much control; at the same time, he has never found it injurious in its action to any constitution. Cascara sagrada appears to him peculiarly well adapted to those cases of defective enervation of the alimentary tract depending upon constitutional causes, no matter whether the subject be the aged and worn out, or the young and feeble.

F. C. Herr, M.D., Philadelphia, Pa., Physician to S. W. Hospital, speaks most favourably of its beneficial effects. The importance of having at command a drug which, whilst promoting proper evacuation of the bowels, at the same time improves the general tone of the digestive tract, is such that it is to be hoped some pleasant form for administration may be prepared by our leading druggists, and that "cascara sagrada" may receive a more extended trial in this country, and that the results may be carefully recorded and published for the information of the profession, and, if it is truly all that it is asserted to be, for the benefit of the community at large. Constipation is not one of the easiest of those difficulties with which a medical man has to contend. It frequently taxes his therapeutic resources to the utmost to cope with the discomfort induced. Mental health, and a successful battle for the necessities of life, are but too frequently dependent upon an unloaded rectum, and the reverse, upon the opposite condition. If a man's, or a woman's, bowels remain confined and uncomfortable, the day's tasks have to be faced at a disadvantage, and without that sense of ease and buoyancy necessary to their proper and successful performance.

Before leaving the subject, it may not be out of place to emphasise the well-known fact that the bowels can be educated by a strictly observed habit to act regularly and satisfactorily, and that medical men should encourage their patients to cultivate this habit as far as possible. A fixed time of the day ought to be set apart for a visit to the water-closet, whether the desire for defecation be felt or not. Many who have not hitherto paid attention to this point will be astonished at the results obtained if the habit is steadily persevered in. It is to be hoped that the cascara sagrada will fulfil the expectations formed of it, and that another useful and reliable remedy may be added to the practitioner's *armamentarium*.

Messrs. Parke, Davis, and Co.'s London agents are Messrs. Burgoyne, Burbidges, and Co.

It is currently reported that the Managers of the Metropolitan Asylums District have applied for the consent of the Local Government Board to the erection of a hospital for small-pox patients at Gore Farm Estate, Essex, at a cost of £120,000. If this be true we sincerely trust the Government will refuse to sanction any such outlay, there being sufficient fever hospital accommodation in London to combat any outbreak of small-pox likely to occur.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 28, 1884.

THE BRITISH MEDICAL ASSOCIATION AND THE MEDICAL BILL.

A GENERAL meeting of the British Medical Association has been convened to assemble this day in compliance with a requisition signed by 53 members, the purpose stated being to consider the Medical Bill and the action of the Journal of the Association in suppressing a large number of letters thereupon.

The requisitionists are clamorous in their asseverations that the Medical Reform Committee has betrayed, and is betraying, the profession by omitting to give earnest consideration to the details of the Bill, or to make any effort to improve away its many faults, and they charge that the Journal of the Association has lent itself to this alleged neglect of duty by systematically concealing from the profession the details of the Bill, and the effects of same, and by suppressing every communication which attempted to elucidate the proposed reform or to criticise its details.

We are very unwilling to take part against those who have in hand the guardianship of the profession in the matter of reform; still less do we desire the task of criticising the act of suppression charged against the Journal editors, but we find it necessary to say that any one who reads the pages of the official organ of the Association must have learned that there is abundant reason for the indignation expressed by the requisitionists. The *animus* of the officials of the Association, and of its editors, is self-conferred by the fact that these 53 members who have ex-

cised their reasonable constitutional right in calling this special meeting of the Association are publicly ridiculed in an editorial note in the current issue of the *British Medical Journal*, their grievances spoken of as "imaginary" and "special to themselves and their friends," and that an underhand attempt has been made to bring the meeting to a *fiasco* by fixing it for Birmingham, where the wire-pullers perfectly well know those who might criticise their acts will not go in sufficient number to outvote the Medical Reform Committee and the supporters of the *Journal* policy. It is plain that those who have adopted this means of checkmating the requisitionists are not desirous that the members of the Association should discuss the bearings of the Medical Bill, and they have, it seems to us—by the way they have treated the requisitionists—pleaded guilty to the indictments preferred against them.

The charges which will be made at this meeting against the Medical Reform Committee must, we suppose, have reference to their omission rather than their commission, because we are not aware that they have done anything whatever. The Medical Bill does not, indeed, bear the mark of the existence of such a body, for, as far as we are informed, it is before the House exactly as it would have been if the committee never existed, and it seems to us that all that the British Medical Association has done throughout its progress has been to cry "Hear! hear!" whenever Ministers wanted a cheer. This is not a very useful function, nor one very creditable to those who consider themselves the mouthpieces of the great British medical public.

The Bill will certainly not be discussed as it ought to be at Birmingham, but, in our opinion, it ought to have been long since fully, widely, and openly debated, both in meetings of the Association and in the columns of its *Journal*, and we are confident that if the members had been given a chance of knowing its contents they would have risen to a unanimous demand for its amendment. We go the full length with the requisitionists in saying that, if the Medical Reform Committee and the editors of the *Journal* pass the Bill as it stands, they will have grossly betrayed the trust which they hold on the part of the profession, and they ought to be made answerable for the betrayal.

PASTEUR'S PROPHYLACTIC FOR RABIES.

ONE of the most noticeable features of the "Reports on Hydrophobia" which appeared in these columns was our insistence on the necessity of further investigations into the nature of this disease, and our hopeful prognostications that as Medicine had triumphed over many other diseases, she would also conquer this scourge of the canine race. The position hitherto had been one of despair. The last word was supposed to have been said. If our reports had no scientific value, they would yet be entitled to some degree of praise for the very element of hope—*dolce speranza*—introduced with them. Pasteur's more recent researches on rabies—even though they may not prove as successful when tested as he hopes—will nevertheless do good: they will lead us a step forward; they will encourage other workers; and, above all, they will inspire the public with confidence and put an end to the unreasoning terror which the very name of hydrophobia always inspires. Hope in

disease has lately been our theme. In no instance is Hope more required or Faith more powerful than in the treatment of many nervous affections left by the bites of dogs or animals.

Pasteur's communication to the Academy of Sciences, Paris, is in every sense a remarkable one. Our attitude will now be one of expectancy, for, however far it may seem, *prima facie*, that he has proved his case, yet another crucial test must be applied before we can proclaim trumpet-tongued to the world—"The remedy has been found; rabies has been conquered." A full account of his researches has not yet come to hand, but from various sources we are able to compile an account of what he has done:—

1st.—He has not found the special microbe on which hydrophobia or rabies depends.

2nd.—He believes that such a microbe exists, and without finding it, he nevertheless conducted some experiments which warrant him in drawing certain conclusions. Amongst the most important are the following:—If the virus of rabies be transmitted from the dog to the monkey, and then from monkey to monkey, it will be found that after each transmission the virulence of the virus has become enfeebled. If the virus thus enfeebled be re-transmitted to a dog or an animal of that species, it will remain still attenuated. By a few transmissions of the virus from monkey to monkey, there can easily be obtained a virus so attenuated as shall never communicate, by hypodermic inoculations, the disease to a dog. Inoculations by trepanning of such virus will likewise produce no result; but an animal will, notwithstanding, be rendered thereby proof against the disease. The virulence of the virus becomes, on the contrary, augmented in its passage from rabbit to rabbit. If a dog be inoculated with virus thus augmented in power, a far more intense form of the disease will be manifested than that apparent in ordinary canine madness, and it will invariably prove fatal.

We must not attribute to Pasteur any more than he himself claims. He does not assert that at present canine madness can be extinguished by vaccination, but he thinks that he has advanced so far that he can prevent any ill effects from the bite of a rabid dog. Experiments are necessary to test his experiences. Pasteur purposes that the following be made:—1. The principal experiment will consist in taking from his kennels twenty dogs insusceptible to the disease, and placing the same in comparison with twenty ordinary dogs. 2. All these forty dogs shall then be bitten by a number of dogs in a rabid state. If the facts enunciated are exact, the twenty dogs that he believes to be proof against the disease will remain healthy, while the other twenty will become affected. 3. For a second experiment no less decisive, he will place before the Commission twenty vaccinated and twenty unvaccinated dogs. 4. All the forty shall then be inoculated in the most sensitive parts with virus taken from a rabid dog. The twenty vaccinated dogs will resist, and the other twenty will all die of madness, either paralytic or furious. These experiments are fair tests. There are certain elements which will have to be considered in connection with them, but we feel certain that in the hands of the men who are on the Commission every point will be minutely examined and all elements of fallacy included. The French Go-

vernment have appointed on the Scientific Commission Dr. Beclard, Dean of the Paris Faculty ; M. Paul Bert, Professor of General Physiology at the Faculty of Sciences ; M. Bouley, Professor of Comparative Pathology at the Museum of Natural History ; Dr. Villemin, Professor of Clinical Surgery at the Military Pharmacy ; Dr. Vulpian, Professor of Comparative and Experimental Pathology at the Paris Faculty of Medicine ; and M. Tisserand, Director of the Agricultural Department. We shall keep our readers *au courant* with the doings of this Commission, and trust that it may be able to verify the accuracy of Pasteur's work.

THE QUESTION OF SUBJECTS FOR DISSECTION AGAIN.

AN important discussion took place at the Bakewell Board of Guardians (Derbyshire) last week, touching the handing over to the Sheffield School of Medicine the unclaimed bodies of vagrant paupers for the purposes of dissection. This question had been before the Board some time ago, and as it affects every part of the United Kingdom, we propose devoting a few remarks thereto. On a former occasion the Bakewell Board decided that unclaimed bodies should be so handed over to the authorities at the Medical School in Sheffield, and for some time past this decision has been adhered to. It was, however, reopened at the last fortnightly meeting by a dissentient guardian; a special attendance of members taking place to consider and vote upon it. After a sharp and prolonged discussion, in which almost every member present took part, the original resolution was affirmed, 26 voting for it and 22 against, three remaining neutral. It is to be hoped that the question is now set at rest. Making every allowance for the good feeling and sentiment of those amongst the guardians who were opposed to the proposal, it is difficult to credit them with a large share of discretion or common sense. It is not in accordance with good sense to shut one's eyes to the absolute (however painful it may be) necessity for an abundant supply of bodies for dissection purposes ; nor is it discreet, in the face of such a necessity, to raise public discussion upon such unpleasant topics, which can serve no useful purpose beyond obtaining for those raising it a spurious popularity with the unreflecting portion of the public, who are taken only by the glitter of the sentiment involved, and who do not follow the bearings of the question upon the other side.

It would, of course, be absurd for us to dwell for one moment upon the advantages to be derived by medical students from a good supply of bodies for dissection, or to mention in detail the benefits that must in the long run result to the public generally, and to the poorer portion of the public especially, by the possession of a sound knowledge of the anatomy of the body by our future surgeons. Such knowledge *can only* be acquired by steady, careful, and long-continued dissection of the body itself. Book knowledge alone is simply useless. The parts must be seen, and handled, and studied in all their manifold relations to the surrounding parts. In the present day, when such immense forward strides have been made in surgery, and when past achievements are but harbingers of future and possibly still greater

triumphs, it is more essential than ever that young surgeons entering upon their professional career should be thoroughly familiar with every part of the human frame, for upon such knowledge must hang the balance of life or death for some poor sufferer whose life is of the highest value to those dependent upon him or her as the case may be. It is a matter for congratulation that in the Bakewell Board of Guardians there is a majority of clear-headed and sensible men, who were not led away by feelings of mere sentiment to do that which would have formed a mischievous precedent for other such bodies throughout the country, and to a certain extent have inflicted an injury upon the profession in increasing the difficulties that are at present experienced, and are already numerous enough, in the effort to secure a sufficient supply of bodies for the purposes of dissection and the teaching of anatomy, only unclaimed bodies being now available. Unknown, of little use to the world or to themselves during life, unwept for, and unmourned in death, their bodies may at least usefully and without profanation serve humanity after death, and so prevent the possibility of resort to the horrors of the olden days, when the exigencies of anatomical instruction made it necessary to rob the newly-made grave, with its attendant harrowing of the hearts of mourning kinsfolk.

We trust the time will come when it will be no longer discretionary with boards of guardians or the governors of public institutions to withhold unclaimed bodies, but that they will of right be at the disposal of the anatomical professors for educational and humanitarian purposes. With our congratulation to the Bakewell Board of Guardians, we would include the teaching body of the Sheffield School of Medicine that the matter has ended in such a satisfactory manner.

Notes on Current Topics.

Society Work and Summer Weather.

It was clearly evidenced at the Clinical Society, on Friday evening, that ordinary frequenters of such meetings feel little disposition to extend their attendance at them beyond the date duly arranged at the beginning of the session. Owing to the fact that a certain number of papers received by the secretaries of the Society remain unread, it was suggested that an extra meeting should be held for the purpose of enabling their authors to communicate them, with a view to their publication in the annual volume of the "Transactions." On being submitted to the meeting, however, the resolution was lost by a vote, the numbers being six for and seven against, the great majority of members present abstaining from an exhibition of interest one way or the other. It must be admitted that arguments against the proposed practice are weightier than those in favour of it ; and not the least of these is the danger of establishing precedent and so leading to an ultimate perpetual extension of the period during which the meetings are held. Last year an extra meeting *was* held, and with anything but an encouraging result as regards the attendance and discussion. The Clinical is a most popular society ; it achieves a large

amount of very valuable work, and it may fairly be conceded that eight months in each year is quite as long as interest in such proceedings as characterise its meetings will be maintained among its members. In weather like that we are now enjoying it is beyond endurance to sit for an hour and a-half in a close room, however well ventilated, under the intellectual strain involved in a due attention to the details of clinical records; and that this opinion is entertained by more than ourselves has been clearly demonstrated by the vote to which reference is made above.

Reform of Procedure at the Clinical Society.

THE President of the Clinical Society, Sir Andrew Clark, Bart., gave notice on Friday evening of certain changes that will be introduced for the first time next winter in the mode of conducting the business of the Society. The most important alteration is that having reference to the exhibition of living specimens, the value of which in an educational sense can scarcely be over-estimated. Much of the benefit that members might derive from examination of the patients so frequently shown at the Society is lost to them, owing to the imperfect and somewhat scrambling manner in which such examinations are of necessity made under existing rules. For the future, however, this section of the work done will acquire a much greater share of prominence, and, in the words of the President, greater publicity will be given to the cases. A second improvement to be instituted at the same time, deals with the provision of tea and coffee, which refreshments, in place of following after, will precede the meetings, an arrangement at once more sociable and more reasonable than that which has previously obtained.

The meeting of Friday last was remarkable for the paucity of discussion on the papers communicated. But four of these were down for reading, and the last having been completed soon after 9.30, nothing remained but to close the session more than twenty minutes earlier than is customary. Under the circumstances it seemed almost ironical to commit the meeting to a vote on the question of holding an extra sitting; and possibly the breakdown on this occasion may have restrained a good many members from declaring in favour of the motion. It is but right to add that for four years at least, such an occurrence has never before been witnessed at the Clinical Society, the rule being rather that some gentlemen are undelivered of speeches at the usual hour for closing; and at one time it was the custom, against which we then urged objections, to prolong the debate for a quarter or half an hour to exhaust discussion.

Varicella and Nephritis.

EARLY in the present year Henoch reported the discovery of albuminuria in four children recovering from chicken-pox, the symptoms developing within one or two weeks after recovery; and in relation with these instances, Dr. G. W. Rachel communicates notes of seven cases of a similar nature to the *Archives of Pediatrics* for April 15. As in Henoch's experience, the children in whom this symptom presented progressed to convalescence, although in one or two instances extreme oedema of the lower extremities and feet and of the face, attended with much suffering, ap-

peared. The conclusion Dr. Rachel appears to feel warranted in drawing from a study of his own cases, and comparison of them with those of the distinguished pediatrician referred to, is that nephritis may be a not uncommon sequela to varicella; and should this be so, it may be right to look on this complaint henceforth as deserving more than the trifling attention it usually receives at present. It is by no means improbable, however, that both Henoch and his American corroborator have chanced to observe special cases, in which individualism has played an important part in determining the nature of effects produced on the body by changes incident to even an extremely mild form of fever. It would be rash to generalise at this stage of the discovery.

Ice Cream Poisoning.

AT this season of the year indulgence in ice cream is so general among all classes of the people, that it is a little startling to learn from our American contemporary, the *Polyclinic*, that poisoning may result from the custom. In the paper referred to Dr. Ewing reports seventeen cases of poisoning among a party of persons who had partaken together of ice-cream and cakes. The symptoms were nausea, violent pain in stomach and abdomen, vomiting, and the passage of thin, liquid, dirty-water-looking stools; cramps in the extremities also existed. All the patients recovered. Analysis of the cream revealed nothing to account for the result, nor was any uncleanness of the cans in which it was made observed. It is suggested that decomposition of the milk or cream had occurred, producing an irritant matter similar to that found in potted meats, which was the poison in these cases.

The Hospitals Association.

LAST Wednesday the Hospitals Association met to receive and discuss a paper by Mr. Burdett, "On Uniting the Hospital Sunday and Saturday Funds," by which he thought they might become more useful to hospitals than as now separately administered. The paper bristled with opinions, but was certainly lacking in facts. The history of the establishment of the Metropolitan Hospital Sunday Fund was not correctly given. We will not, however, go into that part of the question, but rather proceed to consider whether by uniting the two funds any good purpose would be served. In Mr. Burdett's opinion the first step necessary to be taken would be the formation of a general board of management out of the committees of the two funds, and which body should issue all rules and regulations of every kind, a strict compliance with which should entitle hospitals and dispensaries to participate in the collection; the same body should also become a lever for redressing grievances, reforming abuses in hospital management, and bringing about uniformity of system in every case—in short, an *imperium in imperio* in all things. By amalgamation the present lavish cost of collection will be considerably reduced, and a saving effected which would conduce to raise the amount for distribution. At present it appears that the cost of collecting the Hospital Saturday Fund is far greater than that of the Sunday Fund, the cost of the former being 13½ per cent. as against 3½ per cent. of the

latter, and $3\frac{1}{2}$ of the joint sum raised in Liverpool. This at first sight may seem to be high; but when we consider the vast extent of the metropolitan area, the increased cost of living, and the consequent self-denial required for the practice of thrift, and so forth, among the artisan class, it cannot be thought to be a very excessive increase, for without calling paid agency into existence, the collection could scarcely be accomplished. On the other hand, the Hospital Sunday Fund is at little or no cost for collection, and office accommodation for its secretarial work is freely provided at the Mansion House, so that no kind of comparison can be instituted. In our opinion, if the two funds or bodies were united, the contributions of the working classes would gradually dwindle away, whereas the Hospital Saturday Fund has been decidedly, although slowly, on the increase. Again, the two committees could scarcely be expected to blend. The attempt to do so in the early days of the Hospital Sunday Fund was not encouraging. The clergy, the gentleman, and the working men did not get on well together; jealousy sprang up, and the independence of the working man become jeopardised, and the system of doling out hospital letters did not inspire confidence, and never will. There will also be differences of opinion as to the share those who assist to collect the funds should exercise over its management. Working men understand the wants of their class, and should be encouraged to manage their own affairs, even to the distribution of hospital relief. The Hospital Saturday Fund, although under a cloud on its initiation and early management, now enjoys the sympathy and confidence of men like Mr. Fawcett, who have thought out the question in all its bearings, socially and morally; and since the movement seems to be on the high road to success, it is undesirable to disturb it; indeed, nothing of the kind should be attempted unless a much better scheme can be devised than that put forth by Mr. Burdett for uniting the Hospital Sunday and Saturday Funds.

At a largely attended meeting of the supporters of the Hospital Saturday Fund, held in the rooms of the Society of Arts, on Saturday last, Mr. Samuel Morley, M.P., President, who occupied the chair, referring to Mr. Burdett's opinion "that the working expenses of the fund were too great," said the way to meet this was to double the amount of the contributions, for it was only manly and right that all working men should contribute according to their means to institutions from which they derived so much benefit. This advice the working men present pledged themselves to follow, the idea of amalgamating the two funds being regarded with general disfavour.

A MEETING of the Senate of the Royal University of Ireland will be held to-morrow (Thursday, the 29th inst.).

ACCORDING to the last weekly official returns of the mortality in foreign cities, five of these gave a death-rate exceeding the births—viz., Bombay, Geneva, Madras, Rotterdam, and St. Petersburg. London is again to the fore, with the lowest mortality of any of the large cities in the world.

Reuben Harvey Memorial Prize.

NOTICE has been given that the first award of this triennial prize will be made on July 1, 1885. The competition is open to all students of the Dublin schools, and also to graduates or licentiates of Irish licensing bodies of not more than three years' standing at the time of the award. The prize will be awarded to the writer of the best essay, on a subject to be selected by the candidate, evidencing original research in animal physiology or pathology; the essay to be illustrated by drawings or preparations. The essays are to be sent in before June 1, 1885.

Sale of Putrid Meat.

CHARLES HILL, butcher, of Bradford, has been committed to prison by the Bradford magistrates for three months, without the option of a fine, for the above offence. He had exposed for sale in his shop the carcasses of a cow and a calf, the meat of which was certified by the inspectors and medical officers to be totally unfit for food, putrid, and positively injurious to health. We are glad to find the magistrates unprepared to look leniently upon such an offence, than which we can scarcely conceive one more disgusting. Indeed, the only fault we can find with the sentence is, that the term of imprisonment is scarcely long enough, and we are left in doubt as to its being coupled or not with hard labour. Such sentences, however, are steps in the right direction, and we trust they may have the desired effect in putting an end to so dangerous and filthy a practice.

THE opposition of the licensing bodies to the Medical Bill rests chiefly upon the assertion that the person who had passed the State examination would never take a diploma from any College, inasmuch as he could register his name and practise legitimately upon the State examination certificate alone. We find this objection put in such form in a "Statement" just issued by the Irish College of Surgeons, that it is necessary to give a peremptory denial to the figures with which the argument is supported. The College says:—

"The supporters of this Bill argue that the higher class qualifications of the College (its Fellowships) will be more eagerly sought for, and that the College, being entitled to charge what it pleases for these higher titles, will have an opportunity thereby of recouping itself. The simple answer to this argument is to be found in the history of the past. Reference to the Annual Reports of the College will prove that of those who have gained the 'bread-winning' qualification of the College—its lowest title, Licentiate—90 per cent. remained satisfied with it. That this present condition of affairs is not peculiar to the Irish College may be inferred from the fact that 85 per cent. of the *alumni* of the English College of Surgeons remain content with its lowest qualification."

If this statement be intended to mean what it expresses, i.e., that those who receive the L.R.C.S.I. take no other qualification, it is totally inaccurate, for it has been shown that hardly one per cent. of the qualified surgeons are contented to practise on their surgical licence alone. If it is intended to mean that 90 per cent. of the Licentiates of the College do not seek a higher qualification, it would, we believe, be also inaccurate, for very many of them go for higher qualifications in other licensing bodies. If it is intended to mean that the great majority of the Licentiates of

the Irish College do not within the limited period of five years take the Fellowship of that particular College, such a statement proves nothing whatever, and may be dismissed from consideration.

It has been decided to appoint a medical officer of health to look after the sanitary affairs of the garrison at Woolwich, and Brigade-Surgeon T. Rudd, M.D., has been selected as the first to fill the office.

THE Council of Owens College have decided to add to the Medical Department of the College a special department for the study of dental surgery, and advertise for a lecturer in dental surgery, and special lecturers to be appointed annually in dental mechanics and dental metallurgy.

Two hundred and thirty-three candidates presented themselves for the examinations just concluded at the London College of Surgeons, as compared with 220 at the corresponding period of last year. Of this number, 23 were referred to their professional studies for three months, 50 for six months, and two for nine months, making a total of 75 referred candidates.

In the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follow:—Bombay 28, Madras 86, Paris 28, Geneva 28, Brussels 28, Amsterdam 25, Rotterdam 38, The Hague 21, Copenhagen 24, Stockholm 23, Christiania 17, St. Petersburg 45, Berlin 25, Hamburg 25, Dresden 25, Breslau 28, Munich 31, Vienna 33, Prague 33, Buda-Pesth 37, Turin 38, Venice 25, Lisbon 29, New York 24, Brooklyn 20, Philadelphia 19, and Baltimore 19.

THE deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 21.1 per 1,000 of their aggregate population. The death-rates in the several towns were:—Brighton, Norwich, Sunderland, Wolverhampton 16; Bristol, Huddersfield, Sheffield, Birkenhead 18; Newcastle-on-Tyne, Leicester, Derby, London 19; Salford, Blackburn 20; Preston, Nottingham, Cardiff 21; Hull, Bradford, Birmingham 22; Bolton, Halifax 23; Liverpool, Edinburgh, Glasgow 24; Portsmouth, Leeds 25; Oldham 26; Plymouth, Manchester 27.

THE highest annual death-rates last week in the large towns from diseases of the zymotic class were—From measles, 3.4 in Oldham, 2.8 in Plymouth, 2.7 in Portsmouth, and 2.7 in Wolverhampton; from whooping-cough, 3.4 in Bolton, 2.4 in Huddersfield, 2.2 in Liverpool, and 1.4 in London; and from scarlet fever, 2.2 Cardiff, 1.6 in Sheffield, and 1.1 in Leeds. The 28 deaths from diphtheria included 11 in London, 4 in Portsmouth, 3 each Edinburgh and Leeds, and 2 in Glasgow. Small-pox caused 30 deaths in London (exclusive of 12 registered in the Metropolitan Asylum Hospitals in Dartford sub-district), 5 in Liverpool, 3 in Sheffield, 3 in Hull, and 1 in Sunderland.

A MEDICAL contemporary notices the death of Dr. Richard Sumner, the oldest local medical practitioner, at Formby, near Liverpool, who died recently at the ripe age of eighty-six. His name will always be remembered in connection with one of the most courageous and successful acts ever attempted. On a stormy night in December, 1883, a pilot-boat, containing twenty-two lives, struck on a bank within sight of those on shore, but too far distant for any help to reach them. Even the hardy fishermen feared to put out in it, until Mr. Sumner, who was a man of splendid physique, six feet six inches in height, and of great strength, slung a bottle of rum round his neck, stripped off his clothes, tied a slender line round his body, and plunged into the seething waves. He reached the vessel, poured some rum down the throat of each half-dead man, and so heartened them up that when the boat arrived they were saved from a watery grave. He received the Royal Humane Society's gold medal and every token of esteem to their lives' end from the men whom he had so nobly rescued.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

HEALTH OF EDINBURGH.—The mortality in Edinburgh for the week ending with Saturday the 17th inst., was 107, and the death-rate 23 per 1,000. Diseases of the chest accounted for at least 60 deaths and zymotic causes for 22, of which 1 was due to fever, 1 to diphtheria, and 1 to scarlatina. The intimations for these diseases for the week being 6, 7, and 22.

DECREASE OF THE SMALL-POX EPIDEMIC IN GLASGOW.—Dr. Russell's last fortnightly report affords evidence of the steady decline in this epidemic, there having been during the fortnight but 10 cases of small-pox registered, as compared with twelve in the preceding fortnight. Of these 8 belong to the eastern district, 1 to the central, and 1 to the western. The cases were all mild, the parties affected having been vaccinated in infancy.

MORTALITY IN GLASGOW.—The deaths in Glasgow for the week ending with Saturday the 17th inst., were at the rate of 28 per 1,000 per annum, as compared with 29 in the previous week, and 38, 27, and 24 in the corresponding periods of 1883, 1882, and 1881 respectively.

UNIVERSITY OF ST. ANDREWS.—BIOLOGICAL LABORATORIES AND EXTENSION OF THE MUSEUM.—The extension of the museum and the procuring of biological laboratories having become urgent, because of the requirements of modern science teaching, the authorities of the University have resolved to approach Government with a view to secure these very desirable objects. More than twenty years ago, Dr. Macintosh, the present Professor of Natural History, drew attention to the exceptionally favoured position of St. Andrews on the sea coast, for founding a biological station, and in the beginning of 1875 the subject was again prominently referred to. Finally, in March, 1883, an effort was made to obtain a portion of a considerable sum of money handed over by the Committee of the Edinburgh Fisheries Exhibition to the Scottish Meteorological Society, with a view to founding such a station at St. Andrews. The authorities of the University of St. Andrews believe that this extension would result in great good to science and the

public; and they feel assured that their efforts will be as warmly supported by all patriotic Scotchmen.

"THE FEAR OF DEATH" AT THE GLASGOW UNIVERSITY.—Last week a melancholy case of suicide occurred on the Wemyss Bay Railway line. The unfortunate man was a medical student, Angus McDonald by name, and a native of Greenock. The pending examination two months hence at the University of Glasgow seems to have preyed upon his mind. He deliberately laid his neck on the line in front of a goods train, and though the driver saw the body in this position he was unable to pull up before the head was completely severed from the trunk.

REMOVAL OF ANDERSON'S COLLEGE WESTWARDS.—We understand that the directors of this College have contributed £5,000 towards the removal of the medical staff of this useful school to a more eligible site, nearer the University, and that the handsome subscription of £500 is besides promised by a gentleman. It is calculated that for £10,000 an efficient habitation for the medical staff can be obtained, and the site most favourably spoken of is the neighbourhood of Partick Road. Any movement tending towards the extinction of the monopoly at present possessed by the Universities must command our warmest sympathy, and we wish the medical staff of Anderson's College all success in their laudable undertaking.

EDINBURGH ROYAL MATERNITY AND SIMPSON MEMORIAL HOSPITAL.—The directors have appointed as assistant physicians to this hospital Dr. Charles E. Underhill and Dr. David Berry Hart.

A NEW PARK FOR EDINBURGH.—Due to the untiring public spirit of Sir George Harrison, the present Lord Provost of Edinburgh, another open space has been provided for the town in the purchase of Blackford Hill, well known to all readers of "Marmion."

"Still on the spot Lord Marmion stayed,
For fairer scene he ne'er surveyed."

Mine own romantic town."

It was the view from this hill that fired Marmion's companion FitzEustace, that—

"to give his rapture vent,
The spur he to his charger lent,
And raised his bridle hand,
And, making demi-volte in air,
Cried, 'Where's the coward that would not dare
To fight for such a land!'"

PUBLIC BATHS FOR EDINBURGH.—Some time ago we drew attention to the fact that Edinburgh did not contain a single public bath where the poor for a few pence could enjoy the luxury of a bath. Manchester, we learn, possesses three public baths, and in London there are between twenty and thirty of these valuable aids to cleanliness and public health. Surely, as the Town Councillors are already the controllers of the water supply, it would not be difficult to provide the necessary buildings. Edinburgh boasts of possessing the oldest medical officer in the kingdom, yet in the five-and-twenty or thirty years that he has held office he has not been able to procure so desirable an addition to the health and comfort of the town. Where is the Health Society? Having supplied an advertisement for all their available friends, surely they might now turn their attention to the practical working out of some of the schemes which have been so ably placed before the public of Edinburgh. Our Scotch friends seem slow to take a hint, but they are intensely annoyed when the hint has to be repeated in somewhat forcible language. We hope that Sir George Harrison will see his way to add yet another sum to the debt of gratitude which Edinburgh already owes him.

KNIGHTHOOD FOR LORD PROVOST HARRISON.—We learn from our contemporary the *Scotsman*, that the Queen has graciously permitted Mr. Gladstone to offer the honour of knighthood to Lord Provost Harrison, and that it has been accepted by him. The honour is, we are sure, enhanced by the manner in which it is conferred. The Lord Provost is offered it "in recognition of special services rendered to the municipality of Edinburgh;" in other words, he is offered it because of good, honest, honourable work done for his fellow-citizens.

CHANGES IN THE EXTRA-MURAL SCHOOL OF MEDICINE, EDINBURGH.—At a meeting of the lecturers on Friday last the vacancy in the Anatomical Department to be caused by the retirement of Mr. Charles W. Cathcart at the close of the summer session was considered, and the lecturers unanimously elected Mr. J. Macdonald Brown, M.B., C.M. Edin., F.R.C.S. (Eng.), and F.R.C.S.E., to the position, who will enter on the duties of the lectureship when the Anatomical Rooms open on the first of October. Mr. Cathcart will for the future lecture on surgery in the Nicholson Square division of the School. Of the original number of lecturers at Minto House only three or four now remain, the rest having found class-rooms in other parts of the town.

Obituary.

WILLIAM JOB COLLINS, M.D.

DR. WILLIAM JOB COLLINS, who died at his residence, Albert Terrace, Regent's Park, London, on May 10th, was born at Oxford in 1818, where his father, Mr. Job Collins, was a well-known veterinary surgeon. He was educated at New College, and was first intended for the Church, but an accident in the hunting field when only eleven years old, and which laid him up for more than a year, turned his aspirations in the direction of the practice of physic. In 1837 he was accordingly apprenticed to Mr. Ward, of Oxford, but it was not long before he decided to quit his native city and betake himself, alone, to the greater world of London, where he continued his apprenticeship under Mr. Fowke, of 6 Berkeley Square. In 1844 he entered University College, then in its palmy days, with Liston, Cooper, and Elliotson as his professors, and with whom by his indomitable energy and originality of character he rapidly became a great favourite. In 1846 he became M.R.C.S., and after a year spent at the Paris hospitals he established himself in Park Street, Regent's Park, in which neighbourhood he carried on an active and increasing practice for 30 years, enjoying a high reputation for his medical skill, and this with the further attractions of his artistic taste and talent, combined with a warm heart and liberal mind, secured him a very extensive acquaintance and many intimate friends. He took the L.M. of the College of Surgeons in 1853, graduated M.D. of King's College, Aberdeen in 1854, and became L.R.C.P. (Edin.) in 1859. In 1852 he married Miss Treacher, a descendant of the old Huguenot family of Garnault, and whose loss in 1830 he bitterly mourned. In 1854, while on a driving tour near Bristol, the horse, a spirited animal, took fright and ran away, and leaping the parapet of a bridge over the Avon, precipitated Dr. Collins and his wife, carriage and all, on the mud-banks of the Avon, breaking his arm and bruising him severely, his wife escaping less damaged. The rare pluck, however, which characterised him was unabated, and henceforth he was one of the prominent followers of Her Majesty's staghounds, and his friend John Leech immortalised him in his sketch in *Punch* of the hunting doctor dressing in the brougham. His great talent for oil-painting, developed relatively late in life, surprised many of his older friends, and the industry and zeal with which he covered the walls of his residence, and the variety of scenes which his pictures portray are amazing, and, *si monumentum queris, circumspice*, is true enough of him. In 1859 he was "hung" in the Royal Academy, and in 1871-72 in the International Exhibition. He was often advised to forsake the stethoscope for the brush as a profession,

but would always reply that he "painted for the love of the thing." In parochial matters, too, Dr. Collins was a leading spirit. Elected at the head of the poll as guardian under the new Act in 1869, he served on the committee for erection of baths and washhouses in St. Pancras, and was also chairman of the building committee of the new St. Pancras Infirmary. In vaccination he was a well-known medical heretic, and was a witness before the Select Committee of 1871. He also published a work, in 1867, entitled, "Have you been Vaccinated, and what Protection is it against the Small-pox?" Although his views were opposed to the great majority of the profession in this matter, his sincerity was always beyond doubt. Dr. Collins was Fellow of many of the learned societies, and his generous liberality and good heart, no less than his jovial face and cheery voice, will be missed by a wide circle of friends.

SIR HY. WENTWORTH ACLAND, K.C.B.

BUT a few weeks ago it was officially announced that Her Majesty the Queen had been advised to bestow a C.B. upon the Regius Professor of Medicine in the University of Oxford, and President of the General Medical Council. It comes therefore upon us as a matter of much surprise to learn that the Sovereign has this week been pleased to bestow the higher dignity of "Knight Commander of the Civil Division of the Order of the Bath, second class," and it will naturally be asked by the curious, What has Dr. Acland done or said since the bestowal of the C.B. a few weeks since, to merit this doubt's favour? We believe the answer will be found in the fact that the recipient was much disappointed with the lower distinction, and this being "influentially" represented in the proper quarter, the K.C.B. was forthwith accorded. No one having the privilege of knowing Dr. Acland will grudge him the coveted distinction, or withhold from the courteous President of the Medical Council their congratulations upon his elevation. The only fault found will be that it was not bestowed earlier, and that the lesser honour was passed in the first instance.

THE MEDICAL BILL

HAVING been brought from the Lords to the Commons on April 4, was, on Wednesday, 21st, suddenly issued to the Members and set down for second reading for the 22nd. Of course it was not seriously expected that it would come on on that evening, because supply was in front of it, but nevertheless the Irish Colleges immediately put their agents in motion to stop further progress. Blocks had, however, been already put on by Mr. Tomlinson, M.P., and Mr. Watson, the insensate obstructionist, who is only known in the House as the Member who objects to everything without caring or knowing what it is.

As the Bill was not read on the 22nd the Government has put it down for Thursday, June 5th, immediately after the reassembling of Parliament, and, what is more significant, has given it the place of first Government order over the heads of the London Government Bill and Irish Sunday Closing Bill, which are their primary measures. This undoubtedly means that it is determined to press the Bill and get it out of the way, and thus the complaisant predictions of those who hoped that it would die a natural or a violent death are proved fallacious. We have still two months remaining of the Parliamentary session; all difficulties, such as the Franchise Bill, and the Egyptian Question, are cleared out of the way of the Ministry, and there is nothing to stop their secondary measures, so that the Medical and other class Bills will surely come on for discussion. Of course the second reading of the Bill will

pass almost without opposition, and it will then remain for those interested to force an amendment of details, which it greatly needs, and which, we have reason to believe, the Government is prepared for. If the Colleges had not been so foolish as to knock their heads against inevitable principles, and if the professional organisations had been awake (which they have not been), the necessary changes of detail might have been already secured. Possibly the Government will now be less willing to listen to remonstrances, but if there be any chance of making the Bill a fair workable, acceptable measure, it will be by accepting the inevitable and asking what is reasonable. If those interested adopt an attitude of mulish opposition, they must endure the penalty of failure.

THE IRISH DRUG CONTRACT SYSTEM.

AT a recent meeting of the North Dublin Guardians, on the occasion of the opening of tenders for the supply of drugs, great differences were found in the proposed prices—one firm tendering for £1,335, and another for £805. On a motion that this last tender should be accepted, it was remarked that the price per gallon put down for spirits of wine was four or five shillings less than distillery price. We have frequently exposed the frauds practised by unscrupulous drug dealers upon innocent and not very careful guardians under the contract system] which is approved by the Irish Local Government Board. The items in the estimate are so priced by the contractor who tenders that those articles which are never used are put down at nominal prices, while those in every-day use are charged most exorbitantly. Thus the tot of the column appears small, but the reality of the payment is enormous.

THE IRISH MEDICAL ASSOCIATION.

THE annual general meeting of the Association will be held on Monday next, the 2nd prox., in the Royal College of Surgeons, Dublin, at 12 noon. Amongst the resolutions which will be considered will be several of which the subject will be:—

1. Poor-law Medical Superannuation, as a matter of right.
2. The Remuneration of Medical Officers of Health for functions performed under the Labourers' (Ireland) Act.
3. The Medical Acts Amendment Bill.
4. Proposed remedies for the Abuses of Dispensary Relief.
5. The Exclusion of Dispensary Medical Officers from the Irish Magistracy.
6. The prospects of legislation on the Notification of Infectious Diseases.

The Council and Officers of the Association will be elected, Dr. Jacob retiring from office as President and Dr. Hemphill, of Clonmel, being probably elected as his successor.

The annual dinner will be held on the same evening in the College, and at the *réunion*, which is always largely attended by the provincial members of the Association, it is expected that the Houses of Parliament and the public institutions will be represented.

Correspondence.

THE COMING ELECTION AT THE ROYAL COLLEGE OF SURGEONS IN IRELAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—It has come to my knowledge within the last few days that certain Fellows of the Royal College of Surgeons in Ireland are, for reasons best known to themselves,

making an organised effort to unseat several members of Council at the approaching election on June the 2nd. As I am one of those whom it is sought to remove from the Council, and as, for electioneering purposes, my past actions and present opinions regarding two matters which most agitate the Fellows are being utterly misrepresented, I beg opportunity from you to declare myself.

The two matters I refer to are: 1st. The Medical Acts Amendment Bill, now before Parliament; and 2nd. The question of altering the Charter of the College so as to permit the Fellows to vote *in absentia* by papers at the annual election of the officers and Council.

With regard to the first, I am represented—or misrepresented—as being a ruthless supporter of legislation who is determined by his vote and action to countenance Parliamentary enactments even at the cost of giving a fatal blow to the vitality of his College.

My position with regard to the Bill can be very briefly stated. I have long held—and who has not?—that changes in the method of medical licensing are necessary; that the system of dual diplomas in medicine and surgery should be extinguished; that uniformity of curriculum and examination should exist in the three divisions of the kingdom; and that the public and the profession alike should be protected against the practice of quacks by a governing medical body so constituted as to undertake those duties from which the existing General Medical Council has notoriously shrunk. Holding these views, I have welcomed the prospect of legislation; and believing it to be inevitable, I have deemed it politic to declare in favour of a Bill sure to be carried sooner or later, even though the present one contains much that I object to. As the Bill stands, I take exception to much of it; but I believe that the changes which many persons think desirable are more likely to be obtained by a judicious adhesion to the measure for the sake of the good it contains, while the bad will, I trust, be eliminated in committee should the Bill obtain a second reading. In a word, I apply the old saying about “running one’s head against a stone wall,” and try to preserve the College cranium from the ill-directed efforts of those who would hopelessly fracture it and yet do the wall no harm.

With reference to the question of voting *in absentia*, I hold no very strong opinion either way; but I have, since a meeting of the College made a pronouncement on the subject, always voted in favour of such a change in the Charter as would permit Fellows living at a distance to record their votes by means of letters. I have done this in obedience to the wishes of the provincial Fellows, and so far as I can see will retain my present views; but I think a great deal can be said on both sides of the question, and I am by no means clear that if a full discussion on the subject took place before the College the Fellows might not see reasons for changing their expression of opinion on the matter. For myself, I lean neither to one side nor the other, and have obeyed the wishes expressed by the Fellows; but were I resident in the country I would feel an amount of keen anxiety on the point, as I see great danger of the change in question striking vitally at the power and independence of the provincial Fellows. However, it is mainly a question they are entitled to decide for themselves, and as I am a representative on the Council of every Fellow who honours me with a vote, and am as much a representative of the country as of the town, I will always treat, as I have always treated, the wishes of my constituents with the deepest respect.

But lest this letter should be supposed to be written for the purpose of influencing my election, let me at once disclaim any such intention. It is written to set my past action and present views before the Fellows, and to contradict misrepresentation. I deem it unworthy to make any pledge, and I make none. I will go into the Council untrammelled, and with full power to use my judgment and alter my views if I see reason, or I will not go at all. Let my past conduct influence the votes I obtain, and if that conduct is not satisfactory let me not be elected. By the favour of the Fellows I have sat on the Council for five years and have given an amount of time and labour to the duties of the position which no one can estimate except those who have with equal energy discharged them. The labour of the Council proper represents only a modicum of the work done, that of the committees is even more onerous, and together they make a tax upon time and convenience which can hardly be over-stated.

It is a matter of regret that the Fellows are not furnished with more full details of the transactions of the Council; of the work done, and who does it; of the divisions, and how the votes are given; of the attendances at examinations, and who attends. If this information were afforded to the Fellows, I may without vanity say that such a letter as this need not be written, for our constituents would know who were the members that bore the burthen and heat of the day and who were the persons who allow their private convenience to over-ride their public duties. The mere number of attendances of any particular member at Council or committees fails to show this, for councillors may neglect duties of which no record is published.

I have heard with regret that Dr. Jacob is one of the persons whom it is sought to displace. It is often my lot to differ with him on matters of opinion, but I feel bound to say that no greater blow could be struck at the usefulness and independence of the Council than to remove Dr. Jacob from it. Those only who have sat beside him can thoroughly know his fearless and honest independence, his extraordinary acquaintance with matters of detail and policy, and his great and unsparing capacity for work. It would be nothing short of a calamity to lose his services, and if it be true, as is said, that some provincial Fellows are likely to vote against him, I have to tell them that they will vote against the truest friend they have—one who has spared no labour or ability in their services, and who has done more to improve the position of practitioners in Ireland than any man alive. I cannot conceive a policy so narrow as to wish to limit the Council to persons all of one way of thinking; the friction of opinion is the surest way to right reasoning and successful acting, and in a country that boasts its Third Estate to be the source of its freedom and greatness, in which every intelligent citizen recognises the clash of Party to be the means of an even justice and a powerful government, I cannot follow the logic which would banish a minority and deprive it of all voice.

I am, Sir, yours, &c.,

W. THORNLEY STOKER.

16 Harcourt Street, Dublin,
24th May, 1884.

Literary Notes and Gossip.

AMONG new editions of well-known books in preparation are the two classical works of Murchison on Fevers and on the Liver; Carter’s “Medicine;” a fresh edition of Holmes’s “Principles and Practice of Surgery;” a third edition of Claude Bernard’s “Text-Book of Operative Surgery,” by Mr. A. T. Norton; a third edition of Masse’s “Text-Book of Anatomical Plates,” by Messrs. Bellamy and Cantlie; and a second edition of Heath’s “Course of Operative Surgery.”

RINGER’S “Therapeutics” is again, we hear, out of print. This work has had a marvellous success, edition after edition succeeding each other. Martindale’s “Extra Pharmacopœia” has also run through a second edition in less than twelve months. A third edition of Harris and Power’s “Manual for the Physiological Laboratory” has rapidly succeeded the second; and new editions of Keetley’s “Index of Surgery” and Wertz’s “Diseases of Infancy and Childhood” have been demanded.

DR. F. W. SMITH has brought out (Lewis) a neat illustrated brochure on the “Leamington Waters, chemically, therapeutically, and clinically considered.” These useful saline waters have been too much neglected, and the pleasant town of Leamington offers English comforts and many advantages which foreign spas cannot give to English invalids who are not accustomed to Continental ways. We shall be glad if our British spas come more into favour.

A SERIES of popular papers, twelve in number, on Prevention of Disease, by Dr. Cornelius B. Fox, have just been issued as a pamphlet by Messrs. Churchill, and will be found serviceable in the way of suggestion to lecturers and others, as well as for the information of the general public on several matters relating to personal and domestic hygiene.

DR. EDGAR G. BARNES has brought out a handy little work, entitled, "How to Arrest Infectious Diseases." The author gives some useful information and hints as to the comparative value of the various disinfectants, and on the precautions necessary during convalescence from infectious diseases. He refers to the danger—to others—of sending away convalescents before all danger of infection has passed away, and lays down as a maxim that "he who is not safe to mix with the members of his own household is not safe to travel or to go into lodgings."

ON Wednesday last Dr. A. Tucker Wise read before the Royal Meteorological Society, a series of observations taken in the Maloja (Engadine) during the winter 1883-84. The paper was the result of a very considerable amount of attention and careful observation of the weather—state of the atmosphere, temperature, rain, and snow-fall, &c., during the period referred to. The Maloja is as yet a comparatively unknown winter resort for invalids, but its beautiful situation and equable climate will ensure for it a near future, the credit of which will in no small measure be due to the earnest advocacy of Dr. Wise.

IN this country it has not yet become the fashion to engage physicians on the staff of newspapers as an inducement for readers to purchase. Our Parisian neighbours have, however, hit upon the expedient, and *Le Petit Caporal* announces that it has engaged "two eminent physicians," who after the first of next month will give advice gratis to those who take in the paper. We have a quack American dispensary in London, which advertises advice by post by eminent members of the profession, but like the French journal it does not mention names. We fear this "eminent" adjective will soon have to give way to another part of speech—at least, so far as medicine is concerned.

THE republication by Dr. Morell Mackenzie, in pamphlet form, of his lecture on "Hay Fever," which was delivered at the London Hospital, is very opportune, as it will enable those who may during the hay season come across sufferers from this distressing malady to obtain the latest views thereon; not, by-the-way, that any very original propositions are or can be urged after the issue of that model book (Blackley) on the subject; indeed, Dr. Mackenzie has founded his remarks almost mainly on Blackley's researches, which is without doubt the classical treatise on hay fever in any language. Still, Dr. Mackenzie's less pretentious summary is not without interest.

IN these days of cheap literature probably nothing has been attempted that can compare with the issue by Messrs. Goodall, Backhouse & Co., of Leeds, of Dickens's works at three-halfpence each. "Sketches by Boz," Dickens's first work, in unabridged form, is the first of the series offered to the public at this nominal figure. It is true the type is small and the paper not of the finest quality; but when one considers the quantity of paper required to produce a work of this extent in demy 8vo, apart from the cost of composition and printing, one cannot help thinking that philanthropy must for once have been combined with commercial enterprise for the benefit of the masses, by the spreading of healthful literature.

THE translation of MM. Cornil et Ranvier's profound treatise on Pathological Histology, which was undertaken by Mrs. Hart, is progressing, and this week we have received volume II, part I, "Lesions of the Organs." In its English dress the work will be considerably larger than in the original French, but to those unable to read it in that language the translation will be a decided boon. Part II of Southam's "Regional Surgery" has also made its appearance, together with vol. I of Barnes's "System of Obstetric Medicine;" and among other new books which have made a bid for favour during the present month may be especially mentioned Dr. MacNaughton Jones's "Practical Manual of Diseases of Women;" Dr. Hime's "Manual for Health Officers;" Dr. Bruce's "Materia Medica;" and a "Manual of Diseases of the Ear," by Dr. Barr.

DR. A. McLANE HAMILTON has published (New York and London, Bermingham and Co.) a small manual of medical

jurisprudence. It is offered as an "elementary treatise and a book of reference for lawyers and doctors." It may be useful to them, but we should suppose that even lawyers would look for something less limited. The author only deals with the nervous system, and then only such of its conditions as are the subjects of litigation. For such purposes English doctors and lawyers will naturally prefer an English book. For students the book is, of course, too limited in its scope. This is the first volume of "Bermingham's Medical Library" in cheap form we have seen, and we cannot say much for the get-up, the paper and illustrations being of a very inferior description to that we are accustomed to in this country.

AN enterprising physician in London, whose name we are not permitted to breathe, thinks the profession is not sufficiently well supplied with literature; he has therefore resolved to fill the void with another weekly journal, under the title of the *British Medical Advertiser*. The coming light is not yet, we believe, fully developed; but we have caught a glimpse of its title-page of nearly the dimensions of the *Times* newspaper, on which was printed "This journal is forwarded post free to every registered medical and surgical practitioner in the United Kingdom. No. 1, vol. 1. Thursday, May 15." How very considerate of the physician to supply the wants of the entire profession all the year round for nothing. He has our hearty thanks for his public spirit and surpassing philanthropy. This also the profession at large will doubtless accord when May 15 arrives; but there is always a delay with the first number of a journal, and we crave for the enterprise, patience.

MR. KENNETH MILLICAN's work on "The Evolution of Morbid Germs" is necessarily theoretical in character. Mr. Millican believes that the germs of the various infectious fevers are not necessarily separated from one another by hard and fast lines. He thinks that in the course of successive generations they may become much modified. A strong point in favour of Mr. Millican's views is to be found in a perusal of the records of such anomalous cases as one he reports, in which there were symptoms of enteric, typhus, diphtheria, and small-pox simultaneously. In this case, the author remarks that, but for the astounding nature of the assertion, one would have been tempted to say that the patient was suffering from all four diseases simultaneously. He would explain such cases by the theory that morbid germs become modified in successive generations in accordance with the laws of evolution. The work before us certainly contains numerous facts which would seem to support this view.

THE Grocer's Company announced, some time ago, that it was their intention to found several scholarships for promoting original research among English scientific men, and also to award at the end of three years a special prize of £1,000 to the person solving a particular problem to be set by a special committee of examiners. It will be remembered that the question proposed for solution in the first instance is that of discovering and cultivating the virus of small-pox according to the Pasteurian method, Drs. Buchanan and Burdon-Sanderson, together with Prof. Tyndall and Mr. Simon, being the committee appointed to determine the prize. This, however, will not take place until 1886; but on Wednesday last, at a meeting of the Court of Directors of the Grocers' Company, research scholarships were awarded to the following:—1. W. North (renewal), aetiology of ague. 2. Leonard C. Woodbridge, D.Sc., M.B., hæmorrhagic disease, pernicious anæmia, and blood-clotting. 3. Alfred Lingard, M.R.C.S., intimate aetiology of enteric fever.

MR. CORDY JEAFFRESON continues his pleasant chats about "Doctors out of Practice" in the June number of the *Leisure Hour*. His last chapter has perhaps not the same interest as some of the preceding ones, and in its literary character much fault may be found for its lack of continuity and cohesiveness. Still, "Ensigns and Impostures" will be read with interest by those who like to compare the refined quackery in the profession of the present day with the more robust and open charlatanism of the phlebotomists and bone-setters' era. Speaking of bleeding, our author is of the opinion that the title was given to our contemporary the *Lancet* when, in the early part of this century, the bleeding mania was at its highest, and that the journal is an interesting survival of an obsolete medical practice.

IN a pamphlet of 60 pages, "The Crystalline Lens, and the Modes of Examining It," which is in part a reprint of an article in the *Archiv für Augenheilkunde*, and in part a history of the subject, the author, Dr. Robinski, of Berlin, states his objections to the methods in general use, and recommends the employment of a weak solution of common salt for showing the lamellar structure of the lens. After describing various methods of examination, that by coagulation, which he calls the physical method, and that by extraction of water by means of sugar, sugar syrup, and solution of salt, he claims that the last-named gives the best results. For the purpose of showing the intimate structure of the lenticular tubes—or, as some call them, fibres—he intimates his preference for a weak solution of nitrate of silver. By this method, he says, we are in a position to examine fresh preparations at once, from freshly-killed animals, without macerating them for days and weeks, to prove the existence of the membrane of the lenticular tubes, and to obtain a nearer and the most complete insight into the structural relations of this tissue.

"THE Nanheim Springs and Baths" is a reprint in German, in pamphlet form, from the *Berliner Klinische Wochenschrift*, and gives a description of the springs and baths of Nanheim, and of the salts with which the water is impregnated, and pleads for their employment in suitable cases of disease. Nanheim is a small town or village in Ober-Hessen, which has long been celebrated for its thermal and other springs, many of which are rich in salts (lime, iron, manganese, and zinc) and carbonic acid. The underground pressure is so great that in the case of one spring, the Friedrich Wilhelm-Sprudel, the water is forced to a height of fifty-six feet above the bore opening. The baths are recommended for some—especially the later—stages of treatment of articular rheumatism, cardiac affections, scrofula, exudation of all kinds, various diseases of the nervous system and of the sexual organs. For more explicit information we refer our readers to the brochure itself, which will well repay perusal.

The Obstetric Gazette (Cincinnati) is a periodical little known in this country, but, if we may judge of the last number before us, it is evidently doing good work. The number contains two original articles, one on "Posterior Section of the Uterine Cervix in a Virgin for Dysmenorrhœa, followed by Serious Nervous Symptoms, relieved by Trachelorrhaphy," by Thad. A. Reamy, M.D., Cincinnati, an article which is a curious commentary on the treatment of some female affections, and which suggested the question, Would not the patient have been better if left alone?—and one on "Chronic Nasal Catarrh in Children," by H. Allen, M.D. The remainder is mainly devoted to reports of societies, and contains amongst others a report of a valuable paper by Gaillard Thomas, on the "Prevention and Treatment of Puerperal Fever," and of the discussion which followed and which was participated in by Fordyce Barker and others. It is certainly a convenience to those who cannot afford the time to wade through the literature of the day to have a journal at hand which affords them information of all that is going on in the particular department of medicine to which they have specially devoted themselves.

"THE Different Aspects of Family Phthisis in Relation especially to Heredity and Life Assurance," by Reginald E. Thompson M.D. (London: Smith, Elder & Co.), is a neat volume, which will prove of interest to a considerable number of medical men. The evidence on which the author bases his opinions is derived from the records of the Brompton Hospital, and he has had the help of Mr. Bowser in the chapter on Life Assurance. The cases extend over a quarter of a century, and their collation must have cost no little labour. The general result is that family phthisis is in numerous cases the result of hereditary transmission, and that these cases are subservient to stern, unflinching laws. The recognition of this, and the practical application of our knowledge, should lead to some diminution of the disease. In this direction there is perhaps more hope than in the treatment of inherited phthisis by means of drugs, in which our author seems to have slight confidence, though perhaps we may make progress in this direction also.

WHAT has become of our abolishing friend "Society Total Suppression Vivisection," as he delights to be known? He and his few devoted fellow-zealots appear to have undergone somewhat of the process to which they so fiercely condemn "inhuman" vivisectioners. We should, however, be sorry to lose Mr. Jesse altogether from the field of controversy, for it is only justice to have to admit that, should the anti-vivisection party lose his services, every vestige of vigour, and every trace of humour would desert the cause. It may of course be that Mr. Jesse has at length been converted to reason by the masterly series of pamphlets on the vivisection question which have been issued under the direction of the Association for the Advancement of Medicine by Research; and should this be the case it will be no less pleasing than natural, for Mr. Jesse probably does what few of his followers pretend to do even, viz., strive to comprehend something of the subject he attacks. It is, of course, his misfortune to have been led into error on almost every occasion that he has struggled against the odds science brings against him; but tilting at windmills may, under some circumstances, become at once heroic and instructive.

DR. G. GORE, F.R.S., is the author of the Research Advance Association's latest publication, the subject of the essay being "The Utility and Morality of Vivisection." Mr. Jesse will do well to study this pamphlet with a perseverance equivalent to that he has previously shown in forcing his statements down the throats of gullible societarians, and especially that part of it which relates to his rock of refuge, Sir Wm. Ferguson. Dr. Gore clearly explains how this eminent surgeon's opinion on the employment of experiments on living animals could carry no sort of weight, Sir William having never been at any time competent to discuss the question, because of his ignorance of the requirements of physiology as an experimental science. Dr. Gore adds: "Also of the thirteen medical men whose 'medical testimony against vivisection' has been widely published by 'The London Anti-vivisection Society,' the name of only one appears as having published any physiological experiments, and that one has publicly stated that the results of his experiments were 'untrustworthy,' and amongst all the names of the persons who have taken a prominent part in opposing physiological experiments upon animals in this country, I have been unable to find that of a single individual of acknowledged eminence as a scientific experimentalist."

IT is only very recently that a pro-vivisection literature at all worthy of being considered a *bond fide* defence of scientific claims has been opposed to the flood of sentiment and rubbish poured out by "The Society for the Abolition of Vivisection," *et hoc genus omne*. Now, however, numerous able and irrefutable essays are accessible to the public, and have done an incalculable amount of good in exposing the shallow bigotry of the bestiarists, as Prof. Owen has proved them to be rightly called. Among the latest of these, a well-written and closely-reasoned pamphlet entitled "Vivisection in its Scientific, Moral, and Religious Aspects," by Mr. E. D. Girdlestone, B.A., well deserves most honourable mention. It is careful, moderate, and convincing in its statements, and contains a variety of illustrations and arguments, mainly non-technical in nature, which may be very profitably read and studied by "the other side." If these good people, so ready to throw their money to the dogs for their salvation from imaginary tortures, would but devote it to the purchase of sound instruction in the elements of science and good taste, they would not only advantage themselves, but incalculably relieve the world by desisting thenceforth from the mistaken mission on which they are now embarked. By degrees, but slowly, the sort of delusion they are encouraging is becoming plain to their senses, and, at the same time as this is progressing, a bitter lamentation is arising from the agitation-mongers, who have so long waxed rich on the contributions of their supporters. May this continue to be; but meanwhile, Mr. Girdlestone and others like him are doing excellent service to science and reason by writing and publishing such clear and comprehensive proofs of the unreality of latter-day sentiment towards the brutes.

"Medical Fashions in the 19th Century," by Edward T. T.bbitts, M.D. (Lewis), is an amusing little book, in which the author describes some of the variations of medical opinion,

more particularly those which he has had an opportunity of observing during the last quarter of a century. The notes on alcohol, hydropathy, mesmerism, large doses, small doses, bleeding, and many other things, are set in an amusing and perhaps also instructive series of antitheses. The rise and fall of similar mineral waters with diverse names, and of health resorts of most opposite characters, is stated with grim humour. The way in which sewer gas is sometimes alleged to be the cause of numerous diseases, and at others forgotten, is again ascribed to fashion. Dr. Tibbitts does not accept the germ theory, and so favours us with a chapter on bacteriomania, in which he tells us that of all the theories which have prevailed during the present century in the scientific world, he considers the germ theory of disease with all its ramifications as being the most fascinating as well as the most fashionable. He remarks that it is more than probable that in no other department of science is there so much fashion as in medicine, but he admits that for the most part medical fashions have some scientific foundation. This, at first confined within reasonable limits, gradually leads to an immensely inflated reputation, and then degenerates into what can only be described as fashionable. He reminds us, also, how many so-called novelties in the medical world resemble other fashions, inasmuch as they are simply revivals of old remedies or ideas, though perhaps in some disguise. He remarks that "in many, not all, of the medical fashions there is much intrinsic good before they arrive at the 'fashionable' stage, but when once they create anything like infatuation (whether in the matter of treatment or causation) it is highly probable that their beneficial influence is fast on the wane." We do not pretend to endorse all Dr. Tibbitts tells us, though there are many things with which we agree, and a perusal of his book we cordially commend.

NEW BOOKS AND NEW EDITIONS.—The following have been received for review since the publication of our last monthly list (April 30th):—A Manual of Diseases of Women and Uterine Therapeutics, by H. MacNaughton Jones, M.D. The Elements of Physiological and Pathological Chemistry, by T. Cranston Charles, M.D. The Diseases of Infancy and Childhood, by Charles West, M.D. (7th edit.) The Utility and Morality of Vivisection, by G. Gore, F.R.S. Albumen and Sugar-Testing, by George Johnson, M.D., F.R.S. The Guild of Good Life, by B. W. Richardson, M.D., F.R.S. Students' Guide to Systematic Botany, by Robert Bentley, F.L.S. Regional Surgery (part II), by F. A. Southam, F.R.C.S. Seize Années de Pratique Médicale à Contre-réville, par le Dr. Debout D'Estrees. Materia Medica and Therapeutics, by J. Mitchell Bruce, M.D. The Discussion on Albuminuria at the Glasgow Pathological Society. Transactions of the Obstetrical Society of London, vol. XXV. Herschell's Urethral Charts. Disease Prevention, by Cornelius B. Fox, M.D., F.R.C.P. Manual of Diseases of the Ear, by Thomas Barr, M.D. Handy Guide to Public Health, by T. W. Hime, B.A., M.B. The Hip and its Diseases, by V. P. Gibney, M.D. Surgical Emergencies, by Dr. Von Lesser, translated by F. A. Lyons, M.D. A Manual of Medical Jurisprudence, by A. McLane Hamilton, M.D. Excessive Venery, Masturbation, and Continence, by J. W. Howe, M.D. The Leamington Waters, by F. W. Smith, M.D. Confessions of an English Hashish-Eater. Manual of Pathological Histology, by Cornill and Ranvier, translated by A. M. Hart (vol. II, part I). Hay Fever, by Morell Mackenzie, M.D.

Medical News.

Royal College of Surgeons of England.—It appears that the total number of candidates admitted to the primary examination in anatomy and physiology for the Membership of this College during the months of April and May was 581, of whom 179 failed. For the primary Fellowship examination, which is now going on, there are 97 candidates. The following are the examination questions set in anatomy and physiology at this latter examination, which commenced on Friday last:—*Anatomy*: 1. Give the dissection required to expose the complete dome of the pleura of the right side. 2. Describe the action of the muscles passing between the trunk and upper limb in reference to the movements of the shoulder-girdle and arm upon the trunk. 3. Describe fully the 12th dorsal vertebra, mentioning the various structures

attached to it. 4. Describe the dissection required to expose the transversus pedis musculus.—*Physiology*: 1. What are the distinctive functional and structural characters of animal and vegetable cells? Give the evidence on which your statements rest. 2. Describe the means by which a muscle-curve is obtained. What circumstances modify the contraction of muscle and the form of the muscle-curve? 3. Assuming the right forearm to have been voluntarily flexed, describe the course of the nerve impulse by which this movement was excited, from the cerebral motor ganglion cells to its exit from the cord. Give the evidence on which your answer is based. 4. Describe the mechanisms by which accommodation is accomplished, and the methods of accurately determining them. At least three of the four questions must be answered in each section.

Royal College of Surgeons in Ireland.—At a meeting of the Court of Examiners, held on the 21st April and following days, the under-named gentlemen passed the first half of their examination for the Letters Testimonial of the College, viz.:—

George W. Armstrong, Henry Breen, Edward G. Browne, Theodore D. Browne, William G. Chute, Thomas Codd, John J. A. Costello, Robert G. Christy, Cecil Cronin, John Cuthbert, Patrick J. Curtin, William Dunne, John J. Davoren, Vesey H. W. Davoren, Andrew A. Doyle, Alexander T. Drake, John Erropon, Fitzwilliam Evans, Martin, Fennelly, Henry J. Flanagan, William F. Fullen, John J. Gaynor, George E. Green, Henry C. Groves, Ignatius Purcell Hartford, Michael St. Lawrence Harford, Edward Heard, John Hobbs, George E. Hughes, David Humphreys, Gerard B. Irvine, John Keane, Cornelius J. Kelly, Timothy R. Kelleen, Michael B. Kennedy, Henry Knaggs, Francis Blake Knox, John E. Langan, Richard R. Leeper, Reginald T. A. Levinge, William H. Lugger, Anthony J. Luther, Robert F. M'Arde, John B. M'Bride, John D. Macdonough, Daniel M'Cann, John J. M'Donnell, Thomas J. M'Grath, Eirington F. L. M'Kay, Matthew J. Marmion, John J. Moore, Michael J. Moran, Herbert C. Mooney, Bernard Murray, Paul A. Piel, James E. Riddell, John Rogers, Alfred Rows, James L. Kowlette, William G. Rutherford, John J. Savage, John Sellars, Hugh Smyth, Joseph E. J. Soden, Graves Stoker, Henry Stoker, Robert C. Thacker, Malcolm E. Thomson, Hamilton J. Thornbury, Hugh Whelan, and John Whyte. Thirty-six were stopped.

At a meeting of the Court of Examiners, held on the 8th May and following days, the under-named gentlemen passed their final examination for the Letters Testimonial of the College, and having taken the declaration and signed the roll, were admitted licentiates, viz.:—

Berkeley J. Acheson, George H. Bagot, Louis A. F. Bate, John Bernal, Francis L. Carte, James V. Collins, Cecil Cronin, Thomas Crow, Alexander Cuffe, Thomas J. Daly, Julius Barry Delaney, Thomas L. Dillon, Cuthbert Eccles, Patrick J. Ford, Frederick J. Greig, James Hanna, Denis Kennedy, Graham Kennedy, Charles R. Kikelly, Benjamin Lane, Frederick D. Lawson, John Lowney, Edward M'Nulty, Thomas J. M'Grath, James H. Maguire, Edward L. Minchin, Cornelius B. Moloney, Walter A. Murray, Llewellyn T. M. Nash, Charles J. Perrott, William W. Scott, Edward N. Smart, Alexander Stewart, Malcolm E. Thomson, Augustus M. Westropp, Henry E. F. Wright, Thomas N. Wright, John H. Woods, and John F. Yates, Esquires. Thirteen were stopped.

Liebig's Extract of Meat Company.—The annual report just issued affords not only evidence of the enormous and increasing sale of this company's extract of meat, but also of its continued excellence in manufacture. When Liebig, some twenty years ago, introduced his formula, he could scarcely have conceived the extent to which the result of his investigations would have reached; yet here we have a commercial enterprise founded on his theory now declaring a dividend of 12½ per cent. on the extraordinary capital of half a million sterling, with an annual sale of £165,000 in produce. For much of this success the hearty response of the medical profession to Liebig's appeal is probably due, for as an article of invalid diet it at once obtained favour, and prepared the way for those many other extracts, good or bad, which the success of the original preparation prompted.

British Medical Temperance Association, Irish Branch.—The following officers have been elected for the new Irish Branch for 1884-85:—President: Deputy Surgeon-General Gunn. Council—*Dublin Members*: J. Graham Burne, M.R.C.S.E., Alex. E. Carte, M.B., O'Connell J. Delahoyde, M.R.Q.C.P.I., R. Henry, M.B., S. M. Thompson, L.R.C.S.I., James W. Young, M.D. *Country Members*: Ringrose Atkins, M.D., J. W. Boyce, M.B., John Eustace, M.D., Robert Morton, F.R.C.S.I., J. A. Scott, L.R.C.S.I., Brice Smyth, M.B. Hon. Sec. and Treasurer: E. MacDowall Coegrave, M.D., 24 Gardiners Place, Dublin.

Notices to Correspondents.

Correspondents requiring a reply in this column are particularly requested to send their communications to the Editor.

ularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular*, may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

WHAT IS A MEDICAL ADVERTISEMENT?—The correspondence on this subject is unavoidably crowded out of the present number.

SALIVATION.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I have a patient, a female, about 30, suffering from constant salivation and exfoliation of the proboscis. She is perfectly healthy in every other respect. The saliva runs continuously night and day, crusts form on the proboscis of both lips, and peel off, leaving the surface tender, but not abraded. There is no swelling or tenderness in the salivary glands; the gums are congested, but not tender. I need not trouble or occupy your space with the multifarious alteratives, tonics, astringents, &c. I have tried, externally and internally, without the slightest benefit, and write this in hope that some of your numerous readers may have had a similar case, and would kindly give me the result of their experience through the columns of your valuable journal. She has been suffering thus for three years; no syphilitic trace whatever.

Yours, &c.,
MYOSOTIS.

May 21, 1884.

PATIENTS WANTED.

VERY HONOURED COLLEAGUE.—I am glad to inform you I became a consulting physician at La Bourboule (Puy-de-Dôme) several years ago, and in such a capacity I solicit from your kindness to address me the patients to whom you advise this thermal station.

So many diseases derive benefit from the use of these waters—scrofula, anemia, skin diseases, herpetic symptoms of the organs of respiration, rheumatism, diabetes, &c., &c.—that it is easy to find a patient to advise them.

I will feel grateful for whatever you do to my advantage, and promise to pay you £1 ls. for every patient coming under treatment through your medium.

Believe me, very honoured Colleague,

Very sincerely yours,

E. DAUZAT, M.D.,
Consulting Physician.

La Bourboule (Puy-de-Dôme),
May, 1884.

[Honesty evidently survives abroad, notwithstanding that its loss is so frequently bewailed on this side of the Channel. The above, from Continental physician, may be of interest to such of our readers as have not been favoured with a copy; it was addressed to one of our subscribers, who appreciates its bearing on recent medico-ethical discussions. Dr. Dauzat evidently thinks human nature controls professional honour elsewhere than in his own narrow sphere.—ED.]

M. S. BUTLER (Brompton).—It is impossible, without a perusal of the MS., to determine whether the paper is or is not suitable; but from your description we doubt that we could use it.

R. K. L.—Notice of the occurrence has not yet been forwarded to us. Possibly you have been correctly informed, as, should anything of so important a nature have been submitted to consideration, it is not likely that the result would continue unknown for any length of time.

DR. F.—Our attention had been already called to the article you mention. It is characterised by the utmost ignorance of the meaning of the clauses of the Act, and in due time we shall undertake to expose the absurdity of the statements it contains. Many thanks for your kindness.

THE COUNCIL OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND AND REFORM.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—It is quite impossible that the controversy between the Council and the great body of the Fellows can remain where it is. As the mover of the resolutions which were carried at the late meeting, and which have been so ignominiously ignored by the Council, I feel bound to take further action. I propose, therefore, at once to place myself in communication with the Fellows, in order that some united action may be decided upon.

I am, Sir, yours, &c.,
PAUL SWAIN, F.R.C.S.

MR. CARTWRIGHT.—Perhaps the case would not have attracted attention were it not that it had been sponsored by an eminent authority on the class of diseases of which it is an instance. The defence urged by apologists for the course that has been pursued is lamentably weak, but it would excite an unnecessary degree of controversy to open up the question of treatment at the present time.

DR. EDWARDS.—We do not see any immediate prospect of such a change as you have advocated; nor are we as yet convinced that it would be altogether desirable to change the rules by which the proceedings in question are now regulated. There is something to be said on both sides; you, however, discuss the matter from a single point of view only, and that to some extent prejudiced.

MR. SAMUELSON.—We cannot depart from the conditions already laid down for the regulation of every such case.

DR. FRODSHAM.—Nothing further has been settled since the meeting took place.

NITRO-GLYCERINE AS A MEDICINAL AGENT.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—It appears explosive compounds used by the dynamitards are really converted to better use by some of my profession; and I confess they are a novelty to me as such. The late assistant chief clerk of the Marylebone Board of Guardians, who died suddenly a fortnight since of angina pectoris, whilst under my care, consulted me and others medically many months since, but his case was one too precarious to promise much benefit from orthodox treatment. Some few weeks ago the gentleman in question said he had been advised to a course of treatment which would possibly astonish me, and under such he expressed an immense relief from spasms of the heart. I was shown a box of small lozenges, one or two to be taken frequently when pain came on, and marked Nitro-Glycerine Lozenges, 116th part of a grain in each lozenge, made by a West End chemist near Manchester Square. I confess my ignorance of this "remedy." Might it not be cumulative, and on a sudden shock produce death by explosion? At all events, let the orthodox profession know all about this medical discovery, and oblige,

Yours truly,
J. McGRIGOR CROFT, M.D.,
Medical Guardian of St. Marylebone.

St. John's Wood,
May 24, 1884.

DR. WALLACE (Parsonstown).—Your reply to Dr. Madden "On the Increase in Lunacy" shall appear in our next.

MR. J. A. HUTCHINSON and MR. C. POPE WALKER (Newcastle).—We intend referring editorially to the subject in our next, and will at same time publish the correspondence.

Vacancies.

Birmingham and Midland Free Hospital for Children.—Acting Physician. Applications to the Medical Committee by June 4.
Denbighshire Infirmary, Denbigh.—House Surgeon. Salary £85, with board and residence. Applications to the Secretary by June 5.
Flintshire Dispensary.—House Surgeon. Salary, £100, with furnished house, &c. Applications to the Secretary by June 11.
Glamorgan and Monmouthshire Infirmary and Dispensary, Cardiff.—House Surgeon. Salary, £100, with board, &c. Applications to the Committee by May 31.
Queen's College, Birmingham.—Professorship of Anatomy. Stipend is £262 10s. Applications to the Secretary by June 30.
Sunderland Infirmary.—A Senior House Surgeon. Salary, £100, with board and residence. Applications to the Chairman of the Medical Board by June 2.
The General Hospital, Birmingham.—Resident Assistant Surgical Officer. Salary, £70, with board and residence. Applications to the House Governor by May 31.

Appointments

GRAHAM, G. H., M.R.C.S., L.R.C.P., Medical Officer to the Workhouse and No. 2 District of the Thakeham Union, Sussex.
McNAUGHT, F. J., L.R.C.S.I., L.M., L.K.Q.C.P.I., M.B., Medical Officer to No. 6 District of the Stow Union.
PESKETT, A. T., M.R.C.S., House Physician to the London Hospital.
SINCLAIR, J., L.R.C.P. Lond., M.R.C.S., Clinical Assistant to the Medical Out-Patient Department of the London Hospital.
UTTHOFF, J. C., M.D. Lond., F.R.C.S. Eng., Assistant Surgeon to the Sussex County Hospital.
WILLIAMSON, R. F., M.B., C.M. Edin., Medical Officer to the Langwathby District of the Penrith Union.

Births.

BOOKLESS.—May 21, at 28 Wimbledon Hill Road, the wife of J. Etesaln Bookless, M.D., of a daughter.
HUGO.—May 21, at New Brompton, Kent, the wife of E. H. Hugo, L.R.C.P. Ed., of a daughter.
WILKIN.—May 21, at The Warren, Beckenham Park, Kent, the wife of J. F. Wilkin, M.D., of a son.

Marriages.

BOWMAN—THOMSON.—May 21, at St. Stephen's, Hammermith, Richard Bowman, L.R.C.P., to Florence Julia Alice, widow of James Cameron Thomson, of Penang.
CAMPBELL—MOSS.—May 22, at the Registry Office, Kensington, by licence, William Frederick Campbell, L.R.C.P. Ed., to Julia, youngest child of the late Saul Moss, formerly of Kingston, Jamaica.

Deaths.

ATKINSON.—May 16, at Richmond, Yorkshire, Richard Atkinson, M.R.C.S., L.S.A. Lond., aged 84.
DAVID.—May 18, at 16 Sydenham Villas, Cheltenham, John David, M.D., late of Swansea, Glamorganshire, aged 67.
EBDEN.—at Haughley, William Edden, L.S.A. Lond., Deputy Coroner for Suffolk, aged 69.
PARRISH.—May 10, at his residence, Wordsley, near Stourbridge, John Jones Parrish, aged 59.
SMITH.—May 1, at Ambleside, George Francis Kirby Smith, F.R.C.S., of Northampton, aged 87.
SPENCER.—May 13, at Whitchurch, Bucks, Charles Spencer, M.R.C.S., L.S.A. Lond., aged 73.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 4, 1884.

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Lectures

ON

THE EYE: ITS DISEASES, AND THEIR REMEDIES.

Being an Abstract of a Course delivered in the Royal College of Surgeons in Ireland,

By ARCHIBALD H. JACOB, M.D. Dub., F.R.C.S.I., Professor of Ophthalmic and Aural Surgery in the College; Ophthalmic Surgeon to the House of Industry Hospitals.

(Continued from page 277.)

Corneal Opacities.

THE result of loss of corneal substance, whether arising from the breaking out of an intra-corneal abscess or from ulceration (herpetic, serpiginous, or indolent), or from a mechanical injury, or scald, will be—

- Cicatrisation, with more or less loss of transparency of the corneal structure, and possibly accompanied by
- Perforation of the anterior chamber, permitting escape of the aqueous humour and consequent prolapse of the iris.

The excessive proliferation of the corneal corpuscles and their fatty degeneration, which are the essence of inflammation of the structure, result in a change of the inter-cellular substance which assumes a fibrous character. If this alteration be great the new structure is opaque; if slight the new structure may be more or less transparent.

Therefore, speaking generally, the amount of opacity left by an ulcer depends on its depth. In its central deepest portion the new structure is entirely fibrous and dense, while, in its margins, the corneal substance is altered only by the proliferation of the corpuscles, and, when the new matter is resolved, these portions re-assume their transparency.

For these reasons, the herpetic and serpiginous ulcers, and the abscesses of cornea, always leave the thickest and whitest opacities, while the indolent, strumous ulcers of

the surface layers, and the abrasions which are caused by injury and heal by first intention, commonly produce no worse result than a cloudiness, which wears off in a few months.

The prognosis of a corneal ulcer, therefore, depends on its depth and the intensity of the keratitis, so that while the surgeon must, in cases of abscess, deep pustule, or excavated ulcer, warn the patient of the probability of more or less subsequent loss of sight and disfigurement, he may, in the case of the milder, shallower ulcers, promise ultimate recovery without much dimness or apparent opacity. In these latter cases it is wise to give warning to the patient that dimness of vision will increase with the healing of the ulcer, according as the abrasion fills up with semi-opaque fibrous material, for without such warning he may suppose that his case is getting worse.

Corneal cicatricial opacities were named by the older writers according to their extent and whiteness—the thinnest little fleck of opacity being called a *nebula* (mist); the same if more dense a *nubes* (cloud); if circumscribed and very dense white, a *margarita*, or pearl; if covering a material part of the cornea, an *albugo*, or leucoma (*λευκος*, white); if involving the greater part of the corneal structure, a *staphyloma* (*σταφυλη*, a grape). Modern writers generally confine themselves to the two latter terms.

The ultimate importance of a corneal opacity depends upon four factors:—

1. Its density.
2. Its position on the cornea.
3. Whether there is much distortion of corneal curves.
4. Whether the ulcer has perforated the corneal chamber.

I have said that the prognosis as to resorption of the opacity depends on the depth of the precedent ulcer. The injury done by the loss of transparency depends upon its position on the cornea. If it be placed near the margin (as is usual in cases of herpetic ulceration), and if it does not perforate, vision is but slightly interfered with, and the injury to personal appearance may be remedied in great measure by operative means. If, on the contrary, the ulcer has been central or nearly so, it

may almost entirely annihilate vision, and produce such deformity as to render desirable the removal of the globe and substitution of an artificial eye. Intermediate positions, in which the opacity covers the pupil, but leaves a sufficient space of transparent cornea, may be in great measure remedied by displacing the pupil, so that the light may be admitted through the transparent structure. If the ulceration has been deep and extensive the cornea is so much thinned and weakened that it yields, more or less, to the posterior pressure within the eye, and thus the



Fig. 22. Staphyloma Cornea.

cicatrised surface comes to be much bulged or altered in shape. In this condition it acts injuriously in two ways—*first*, by projecting between the lids, and thereby suffering friction and consequent chronic irritation; *second*, by altering the curves of the portion of cornea which remains clear, and thus causing the image of external objects to be impressed on the retina in a distorted form, producing an effect akin to astigmatism.

The posterior elastic lamina with its Keratocele and epithelial layer (membrane of Dexomet) *Hernia Iridis*. resists the ulcerative process to a very remarkable degree, because of its structureless character, and the absence of corneal corpuscles in its substance. When, therefore, the cornea proper becomes thinned down, the elastic lamina is pushed forward to occupy the vacancy, and when cicatrization takes place, bulging remains, formed by a very thin stratum of cicatricial substance backed by the posterior lamina. This condition is illustrated at *b* in the illustration. In circumscribed but deep



Fig. 23. Staphyloma and Keratocele (STELWAG).

ulcers it often happens that the entire cornea proper is eaten through, but the erosion there stops, leaving the posterior lamina perfectly translucent, and of a brilliant black colour, blocking the bottom of the ulcer and preventing escape of the aqueous humour as shown in the illustration. This condition is called *keratocele* (κερας, cornea; κυλη, a bag), and it ought not to be mistaken for the hernia of iris, which I shall next describe. As long

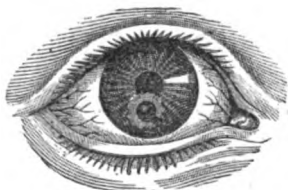


Fig. 24. Keratocele.

as the posterior lamina is imperforate, cicatrization of the cornea may take place without displacement of iris or lens, and it is therefore important that the nature of the prolapse should be recognised at once, and the eye guarded from pressure or any other influence which might cause the membrane to give way.

If the posterior elastic lamina does give way and the

aqueous escapes, a displacement of the iris and lens is almost inevitable. At once the posterior pressure on the eyeball causes the iris to fall forward on the back of the cornea, and it blocks the perforation, presenting its free surface to the external air, and often protruding so far as to be subjected to the rubbing of the lids. If the perfora-



Fig. 25. Hernia Iridis.

tion be close to the corneal margin the iris will be prolapsed near its periphery, and the pupillary margin and lens will not be displaced very much from their normal position; but if the opening approach the centre of the cornea the dislocation is much more considerable and the loss of vision proportionately great. In these latter cases the pupil is drawn into an irregular shape, and often is converted into a mere slit, while the lens takes part in the deformity and is tilted more or less obliquely towards the corneal opening.

These *hernia iridis* received a variety of fanciful names, derived from their size and shape. The smallest prolapse, which presents the appearance of a little black vesicle, is called *myocephalon*, from its supposed resemblance to a fly's head. A larger hernia goes by the name of *clavus*, from its similarity in appearance to the head of a nail.

When the greater part of the cornea is destroyed the entire iris is forced by the pressure of aqueous humour into the opening, but being usually bound here and there by bands of lymph to the lens, it presents a black surface irregularly puckered, as shown in the illustration, from which it was named by Beer *Staphyloma racemosum*. It

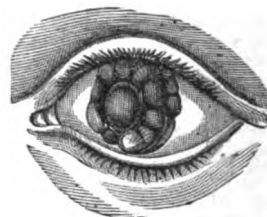


Fig. 26. Staphyloma Racemosum (BEER).



Fig. 27. Sectional view of same (STELWAG).

is, however, quite possible that the corneal perforation may be so minute as only to permit the aqueous to trickle gently out, and in such case the iris is applied against the back of the cornea, but it is not protruded through it. When so placed a local centre of inflammation of the iris is set up, lymph is poured out, and adhesion is formed between its surface and the posterior cornea, the iris being thus permanently fixed in a false position. This condition is called *synechia*, and the adhesion to the cornea is named *synechia anterior* as distinguished from *synechia posterior* in which the adhesion is between iris and lens. In rare cases the adhesion between iris and cornea is so slight that when the ulcer has healed, the aqueous chamber filled up, and the iris recovered its muscular power, it has sufficient strength to detach itself from the cornea, and it resumes its normal position

leaving a little patch of black pigment on the posterior cornea as the mark of the synechia.

Treatment of Corneal Opacities.—Treatment of these conditions has four objects: *a.* To obtain resorption of such portions of the opacity as are caused by interstitial deposits; *b.* To mitigate the injury to personal appearance; *c.* To restore vision by producing a pupillary opening behind the transparent portion of the cornea; *d.* To restore the eyeball to its normal size whenever a prominent staphyloma exists. For all these objects save the obtaining of resorption, operative measures are necessary, and to obtain resorption therapeutic or local treatment is of scarcely any avail. The only sort of opacity which is ever absorbed is the parenchymatous form in which there is no new cicatricial formation, but only a proliferation of the corneal corpuscles and an infiltration, thereby, of the healthy corneal structure. This condition exists in every case in the marginal part of the ulcer and the greater the extent of the parenchymatous infiltration proportionately to the cicatrizing surface the greater the chance of a clearing up of the opacity. In the case of shallow, non-inflammatory ulcers, the loss of substance may be repaired by corneal structure which, if not normal, is at least sufficiently diaphanous not to interfere seriously with vision and a nearly perfect recovery may, therefore, be obtained. This is especially the case in children in whom the cornea exhibits a reparative power which seldom is observed in the adult, probably because in the natural growth of the cornea the cicatricial fibres are replaced by new transparent normal corneal structure. Therefore it may be taken as an axiom that opacity from parenchymatous infiltration can be helped to resolve and will resolve itself in process of time if left alone, but that cicatricial opacity cannot be influenced by any line of treatment and will not resume its transparency by any lapse of time.

To assist resorption a certain amount of local irritation of the opacity seems essential; at least, all remedies which are at all effectual are slightly excitant; but severe irritants are neither useful nor safe. The dusting of calomel on the opaque surface seems to do good, and is certainly useful if any unhealed ulceration remains. The local application of iodine by collyrium is also apparently of some benefit, and some years ago finely powdered sulphate of soda was much vaunted as a resorbent, but it did not fulfil the promises of its advocates. On the whole, I think nothing approaches in efficacy Pagenstecker's ointment of yellow oxide of mercury already recommended in chronic conjunctivitis. It certainly clears up the ocular surface effectually, but much of the improvement may be due to the restoration of the conjunctiva to a healthy condition.

As internal treatment, to help the possibilities by stimulating the absorbent system, small doses of iodide of potassium or iodide of iron given frequently during the day and continued for weeks or months is orthodox, but I am not satisfied that it produces much useful result. The removal of corneal cicatrices by therapeutic means is—in our present state of knowledge—impossible, and any pretence of doing so is as rank quackery as cancer-curing.

The practice of excising or scraping off corneal opacities and trusting to the filling up of the abraded surface with less opaque tissue was advocated warmly some years ago, but it is not now counted amongst legitimate surgical procedures. It may be resorted to when the opaque portion of cornea is thick and protrudes inconveniently, and where the patient is in excellent constitutional condition, in which case it may be hoped that a smooth, semi-transparent opacity will replace a thick, rough, prominent one, and something will have been gained. It is also applicable in the opacities which arise from the deposit of lead chloride in a healed-up corneal ulcer—to which I shall presently refer—but it is open to the danger of setting up a corneal abscess, or even a panophthalmitis, in either of which cases the patient will be much worse than before. If the excision of an opacity be

undertaken, it should be shaved off with a very sharp cataract knife, taking care not to go with the incision beyond the margin of the opacity, lest it may be enlarged rather than diminished, and not to attempt anything if the opacity is thick and deep. In preference to shaving off, some operators approve of scraping, and devote many sittings to the process, but such a method does not recommend itself as a means of removing *leucomata*, whatever its value may be in producing and extending them.

Transplantation of cornea from the rabbit to the human eye, or from a human eye which has been excised for some disease not involving the cornea, has been recently brought prominently under notice by Dr. Wolfe, of Glasgow, who quotes Dr. Sellerbeck, of Berlin, as the first explicit writer on the subject.

As far back as 1839, the Medical Faculty of Munich offered a prize for the best work on the subject, but without result, until Mr. Power, of London, published a case in which he had successfully transplanted a cornea which he had kept in a solution of common salt. Mr. Wolfe points out that replacement of the entire cornea is an impossibility, by reason of the impossibility of preventing the lens and vitreous escaping when the diseased cornea is excised. To meet this difficulty, Sellerbeck removed a circular piece with a trephine, but Dr. Wolfe prefers inserting a narrow horizontal strip of the new cornea. He describes the operation as follows:—"The patient being put under chloroform, a broad band is removed a little below the horizontal median on each side of the cornea. A lance with a stop introduced into the anterior chamber at the margin of the cornea as far as the globe will allow it to penetrate, and this is repeated at the opposite side. A small probe-pointed corneal knife is then introduced into the anterior chamber, its edge is turned towards the cornea, and made to cut upwards, one section of the cornea being thus completed. In doing this the anterior surface of the cornea must be supported slightly by a flat silver spatula, so as to prevent tearing of the cornea or displacement of the deep structures. To remove the other end of the corneal flap we seize it gently with the forceps, and either cut straight down upon it with a cataract knife or introduce very sharp, flat, straight, probe-pointed scissors, and so divide it. The eyelids are then closed gently until the graft is ready. To obtain the graft we put the patient from whom it is to be taken under chloroform, and dissect a broad flap of the ocular conjunctiva from each side of the cornea, over which the flaps are turned. The eyeball is then enucleated and the lance introduced into the anterior chamber, and the requisite cornea and two conjunctival bands carefully removed and placed in position, being secured by stitches in the corners of the flaps."

Dr. Wolfe gives a successful case, but the value of this operation has yet to be tested.

(To be continued.)

ON STRANGULATED HERNIA AND ITS COMPLICATIONS. (a)

By WM. BERRY, M.R.C.S. Eng. & L.R.C.P. & S. Ed.,
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MR. PRESIDENT AND GENTLEMEN,—There is perhaps no emergency in the broad domain of surgery, or even in any branch practised by the general practitioner, which requires so much precision in diagnosis, decision in treatment, and skill in operative measures, as strangulated hernia, more especially if one or more complications be present.

When a strangulated hernia is met with in conjunction with orchitis, or hydrocele of the cord, it is not always easy to be certain of the diagnosis, and the delay caused thereby may be fatal to the unfortunate patient. Diagnosis in cases of strangulated hernia requires to be

(a) Paper read before the Wigan Medical Society.

made from (1) inflamed irreducible hernia; (2) obstructive irreducible hernia; (3) general peritonitis conjointly with hernia; (4) double hernia; (5) early pregnancy or threatened miscarriage may obscure the diagnosis (*vide* Erichsen's "Science and Art of Surgery"). The notes of the two cases I wish to relate to you are widely different in their nature and in their result, and from both useful lessons may be learnt.

In the first case we have first, orchitis, with the usual symptoms, viz., pain, swelling, and redness, and after exertion we have increased pain, swelling along the cord, and vomiting for some days. I determined to operate when the symptoms appeared urgent; but the patient rapidly sank after the operation; the gut was found strangulated at the external ring, and was beyond recovery, so much so that it was found necessary to form an artificial anus. I will not detain you longer, but will give you the notes of the first case as reported by our then junior house-surgeon, Dr. Jackson.

A. K., æt. 26, a music-hall singer and dancer, was admitted to the Royal Albert Edward Infirmary, Wigan, on March 10th, 1883. Five days previously, when doing a "hand-spring," he felt a pain shoot into his right groin, and soon afterwards commenced vomiting, and was compelled to take to his bed. From this time up to his admission the vomiting had continued, and there had been no passage of fæces through the bowels, in spite of enemata and other means adopted by the medical man whom he had called in.

On inspection, the patient, a sallow, wiry, but somewhat care-worn looking man, was found to have orchitis of the right testicle, and gonorrhœa. On the prepuce there was a perfectly circular cicatrix, the result of a recent chancre, and in the left groin there was a scar from a recent bubo. On the tongue and mucous membrane of the mouth there were numerous small ulcerations, probably syphilitic, and by the side of the inflamed cord of the right testicle was an inguinal hernia. The patient said that he believed when young he had been slightly ruptured on that side, but had not noticed anything peculiar for years.

Immediately after his admission, chloroform was administered and taxis in the direction of the canal employed, but it was unsuccessful. A consultation was then arranged for that evening, and in the meantime, after a castor-oil enema had been fruitlessly employed, ice was administered by the mouth, beef-tea with liq. pancreaticus and liq. pepticus by the rectum, and the foot of the bed was raised. The temperature was normal; pulse 80, firm and regular.

The members of the staff present at the evening consultation decided that, taking into consideration the possibility of the orchitis pressing on a congenital hernia and thus setting up symptoms of strangulation of the intestine, no interference was called for. A one-grain opium pill was ordered every two hours, with hot fomentations to the inflamed testicle and a poultice over the abdomen.

11th.—Vomiting at frequent intervals. No fæcal odour in vomited matter. Other symptoms the same. Opium discontinued for a time.

12th.—Orchitis subsiding. Other symptoms, including vomiting, the same. To have three ounces of whiskey per diem.

13th.—Vomiting still persistent and thought to have a slightly fæcal smell. Inflamed testicle much smaller, but a dusky appearance over inguinal canal, disappearing on pressure, and thought to be due to the formation of pus.

14th.—Testicle nearly normal in size. Evident formation of pus over inguinal canal. Gurgling, on pressure, from inguinal canal to bottom of scrotum. Vomited matter had a slightly fæcal odour. In the evening the temperature, which had been normal up to now, rose to 100·2.

15th.—Temperature 97·6. Vomited matter decidedly fæcal; and patient showing signs of failing strength.

It was decided to operate at 4 p.m. At 4 p.m., the patient being under the influence of chloroform, the usual incision for operation on strangulated inguinal hernia was made. This allowed an escape of pus with a distinct fæcal odour. The incision was enlarged to allow the cavity to be thoroughly cleansed, and a piece of collapsed gangrenous intestine was found. As this was ruptured and utterly beyond recovery, the constriction was cut through, more intestine drawn through the opening, and the whole of the gangrenous portion excised by two clear incisions. The two open extremities were then stitched to the sides of the external wound in the hope of forming a fæcal sinus and subsequently covering it over with skin and allowing the fæces to pass from one portion of the intestine to the other. The patient was put back to bed, $\frac{1}{2}$ -grain of morphia given hypodermically, heat applied to the extremities, brandy administered, and a poultice applied over the wound. He never rallied, and died at 8.40 p.m.

Although almost moribund, the patient stood the chloroform, which was administered on a simple piece of lint, particularly well. Although the vomiting was persistent, yet it was not so incessant as we see often in cases of acute strangulation. Often he would retain a good portion of the fluid taken, and be a couple of hours before rejecting this back again.

It should also be noted that there was some peritonitis, especially at the lower portion of the abdomen, and this was treated with poultices and opium. At one period during the treatment he seemed to have passed some fæces with the enema that had been administered, and the subsidence of the orchitis caused such an improvement in his general appearance that operative measures were further delayed.

Against the advice commonly given in text-books, it was thought better when operating, considering the state of the bowel, to remove the gangrenous portion and stitch the edge of the bowel to the lips of the wound. Perhaps, however, there would have been less shock if, after finding the state of matters in the inguinal canal, to have left it alone, and allowed Nature to remove the remaining portion of gut.

There is one important point, however, which I want to point out, and which, if adhered to in this case, might have produced a different result, and it is this: That when in doubt, *operate*; or, as ovariologists would say, *explore*.

The absence of stercoraceous vomiting for so long a time, the orchitis and cellulitis along the spermatic cord, with the supposed passage of some fæces, caused me to delay the operation, and this no doubt gave our patient a much less chance of recovering. Mr. Erichsen says, at page 451 of his work on Surgery: "There are few surgeons who will not at once acknowledge the truth of the remark of the late Hey, of Leeds, that he had often regretted performing this operation too late, but never having done it too early."

The other case which I will shortly relate to you is equally interesting. I was called in consultation, on April 5th, to Mrs. H., æt. 42, married, no children. She had suffered from femoral hernia of the right side for several years, and had had it strangulated two or three times, but it was always relieved by taxis; the truss allowed a portion of the tumour to escape below the pad, so that she did not pay much attention to a little swelling of the part. On April 2nd, three days previously, the rupture, after some slight exertion, came down suddenly, and gave her great pain. She sent for her medical attendant, who at once tried to reduce it. Vomiting set in, and she had great pain in the abdomen, but no tenderness. When I saw her on the 5th, we found her still in great pain, vomiting everything she took almost immediately; a small motion had passed the day before, but no relief to symptoms. There was a swelling the size of a cricket ball just below Poupart's ligament; tongue furred; pulse 90; temperature normal. The

vomited matter was of sour odour, but not faecal. Taxis failed. She refused operative measures. On the 6th we met again, and found matters much the same. She had opium in grain doses, but without relief; vomited matter much more fermented looking. She now consented to the operation. Chloroform was administered, and taxis again tried, but without avail. I then operated in the usual manner, and before opening the sac, found the stricture was at Gimbernat's ligament. I divided this, but the bowel refused to return. I now opened the sac, and found the band still constricted the gut, which did not appear much congested. After free division of the band, the bowel still refused to return, I now enlarged the incision, and sought for the cause, and found a number of old adhesions, which I broke down with my fingers. The parts were sponged, and all bleeding stopped; then with some little difficulty the bowel was returned. Two silver-wire sutures joined the lips of the wound, and a pad of absorbent wool was applied. Opium was given, and small quantities of fluid nourishment. Temperature remained normal, and the wound healed by first intention, and in ten days she was convalescent.

Here again we had strangulation for four days without urgent symptoms, and the operation removed beyond doubt the correctness of the diagnosis.

CONSUMPTION VIEWED IN RELATION TO EVOLUTION AND MOLECULAR ENERGY.

By WILLIAM H. PEARSE, M.D.,

Senior Physician to the Plymouth Public Dispensary.

(Continued from page 490.)

Anæmia.—In slowly progressive cases a paleness comes on and remains, not so blanched as in chlorosis. Seeing that in such slow cases the vital power is almost equal to the evolution of healthy growth, I have not dared to seek to alter the seeming almost-equilibrium of "energy" to structure by active means, such as iron, but rather to treat them by a judicious hygiene, in what relates to food, warmth, air, sun-exposure, &c., &c. "Affirmative instances" are the "broad road to destruction" of all safe conclusions, but I can recall a terribly rapid case of phthisis, following the free use of iron, and where a *statu quo* moderate health had existed for years previously.

Amenorrhœa.—I have noted eighty-one of the pre- and phthisical with amenorrhœa; about thirty of these were in actual phthisis. There is a class with complete or nearly complete amenorrhœa for years, and yet who do not pass into lung disease; also the numerous class, who say that they have had scant menses or amenorrhœa for years prior to the lung disease. I had hoped to be able to differentiate these two classes in some essential point of causation, but no general or potential determining causes have appeared. Another class in advanced phthisis have complete amenorrhœa, but also remain, as to the lungs, in *statu quo* for years even. That some phthisical patients have full menses does not lessen the profound correlation of amenorrhœa, and its nerve-centre involvements to phthisis. I do not mean that, if a case present the type of chlorosis—a lumpy, sluggish girl—that iron should be withheld, but I do not dare to prescribe iron in amenorrhœa in "delicate" girls, of phthisical, functional, or physical type. I conceive that the amenorrhœa is part of the great "form" of defective innervation and "energy." I carefully avoid any "special" treatment of this subjective symptom, but direct the patient to quiet, moderate, but persistent general means, such as all and any food she can take and which she finds to agree, duly apportioned out-of-door life, warmth, cod-liver oil, malt extract, &c. I often see cases amongst the poor in advanced phthisis with complete amenorrhœa, and who run along for years doing their duties. I should never dream of giving such cases courses of iron, &c.; I should avoid all that would alter the equilibrium of function and

"energy," except by the most general, natural, and slow means.

But in all this variety of structure and function, which form parts of the true "form" of phthisis, and throughout which a true "continuity" is so paramount, may we not hope to see (a) the "commanding instance" (b) which shall put us in exacter method for arresting the progress of the series into actual phthisis. What determines the potential "energy" which holds our patient with amenorrhœa in moderate health for years? It can only be that some small but potential mode of matter saves such a case from passing into phthisis, as so many others of the same type do. I cannot rest for causes in any range less ultimate than in differences of molecular "energy" in the two classes. Must not our hope be in this direction?

Menorrhagia was rarely spoken of.

Leucorrhœa was not much complained of. I have received the impression that it is not especially excessive in phthisical and pre-phthisical cases. *Costiveness* is common, but this is so usual a state with women in the miserably artificial and indoor-life of the age, that it is not possible to say whether it be specially a symptom of the phthisical. Young people in phthisis have occasionally spoken as having early suffered from other neuroses, such as headache, both frontal and occipital, palpitation, low fever, varied local sweatings, &c.—symptoms equally common to the non-phthisical. But in striving for a new and wide view of generalisation in relation to phthisis, no associated phenomenon should be overlooked. The early class of neuroses and symptoms common to phthisis and to varied other diseases have especial interest, in that we not only see an early approximative unity, but at such early stages we have greater likelihood of perceiving the occasions or causes of the divergence in those who do pass into phthisis.

Hæmoptysis existed in about fifty cases. I have been struck with the great number who have had slight hæmoptysis, even years prior to applying for advice, and in whom no decided physical signs could be detected. I have seen but one case of acute tuberculosis of the lungs; two phthisical cases have died of tubercular meningitis. A considerable number of cases present in whom *wasting* is the chief symptom; often there is no discoverable disease in the lungs. On the other hand, I often see cases of decided phthisis in which the body is not wasted, the arms and infra-clavicular regions being well covered with fat. Patients who walk miles in the country, and whose lungs are in advanced phthisis, will say that they feel much better, and feel quite well! There seems to be an absolute correlation between the beautiful sweetness and contentment of mind of the phthisical and the deficient creative "energy" for the evolution of enduring cell-growth in the lungs. One case only, and that a pre-phthisical, showed the hereditary syphilitic teeth. Two cases from the Mediterranean showed phthisis in association with enlarged liver; two spoke of former rheumatism; one dated his phthisis to West Indian fever. I have only three noted, and those pre-phthisical, with markedly enlarged cervical glands; there were doubtless more, but the two conditions of enlarged glands and phthisis are not commonly co-existent. Two were associated with epilepsy, and two with chorea; in two phthisis followed small-pox; two after measles; one after Singapore fever; eight pre-phthisical cases and one phthi-

(a) "Oh! for a glance into the earth,
To see below the dark foundations
Life's embryo seeds before their birth,
And Nature's silent operations!"—Goethe's "Faust."

(b) Bacon ("Novum Organum," Book 2, Aphor. xxvi.), says: "When in the investigation of any nature the understanding is so balanced as to be uncertain to which of two or more natures the cause of the nature in question should be assigned, on account of the frequent and ordinary concurrence of many natures, Commanding Instances show the union of one of the natures with the nature in question to be sure and indissoluble—of the other to be varied and separable; and thus the question is decided, and the former nature is admitted as the cause, while the latter is dismissed and rejected. Such instances afford very great light, and are of high authority, the course of interpretation sometimes ending in them and being completed."

sical, showed phosphatic opacity in the urine on boiling; I have no record of albuminuria in phthisis; one had scurvy; and one disease of the joints.

I have thought it worth giving this detail just as it presented—an imperfect but true picture. We may venture to make some approximative hypothetical advances. Phthisis is a "natural deviation" of the normal growth or evolution—a "contained variability" of the system, and having the widest general correlations in the body, and to cosmic existences, external to the body. Just as locomotor ataxy has its subjective phenomena even years prior to the so-called "disease," so phthisis has its long preceding subjective nerve phenomena: these are the "perturbations" whose study is far more likely to open to us the laws or "form" of phthisis than will the study of the later stages. The long latent period prior to yet-discoverable lung-changes indicates the almost-perfection of co-ordination of "energy" to growth: the final "miserable" growth of tubercular cell-forms; or the final loss of "energy," allowing the evolution of bacteria, appear in a natural series of organic cycle, being absolutely correlated or dependent on, or in true necessitous "continuity" with, the latent preceding conditions. I contemplate these long-hovering unstable-equilibrium cases with the deepest interest, in the hope to perceive how they are differentiated from those cases which are more rapid: no "specific entity" or fact marks their differences, but a true gradation of series.

In the face of so great a variety of anatomical and functional deviations, and in an age of the revival of true method—in the disappearance of the "specific" from all the great regions of thought and knowledge—we shall surely never again look on phthisis as a "specific entity" or disease whose greater "form" is in bacteria, or any other single cause, save in some altered "mode" of "energy" dependent on deficient matter, and involving the largest "forms" of biological evolution or development. But not to be too speculative, the fact remains, that some individuals will have the varied series of pre-phthisical neuroses, during many years, without further evolution of disease; whilst in others the lung disease will evolve earlier. I have a long list of these hovering cases, but I fail to potentially differentiate them; nor is my grasp of nerve pathology, physiology, or structure equal to the more essential localisation of the neuroses and symptoms, in their, so-far, actual cerebro-spinal centres. In some cases the absolute evolutionary or creative forces of the general system seem to be expired; the whole body ceases to grow, just as we not unfrequently see, in young adults, that the thoracic segments have not evolved.

We may remark, both in reference to their order of appearance and their type, that the neuroses and symptoms, though varying in individuals, are generic in their general alliances.

Though unable to potentially differentiate the slow cases from the rapid, one fact is often presented, viz., that patients who work out of doors, as farm servants, or young women who go into the fields, weeding or stone-gathering, &c., though often with imperfect food, yet will preserve their habituated state of health fairly well; but suggestive as is this fact, as to treatment, yet it does not fully explain the slow evolution. As to comparatively rapid cases, there is often easily traceable hereditary atavic types in the bone and skin systems.

We see in the symptoms of phthisis perturbations of nerve energy which must be as absolutely within the range of law as are the more simple perturbations of astronomical bodies. From a more immediately practical point of view we see also an absolute "continuity," a delicate gradation of symptoms, from the most gentle morning-weariness up to the final phthisis of the lungs. We see also that a vast variety of generic antecedent depressions, or changes in environment, are the occasions for the evolution of phthisis.

It must be held as an *a priori* truth that the seemingly complex phenomena are of a truly orderly series: what

Kepler, Dalton, Goethe, &c., did in other, as seemingly vast and difficult realms of existences, will be done in the "varieties" and perturbations of human-being: e.g., How is it that one lung is commonly alone, for some time, affected? Is this "reversion" related to the actual order of the original evolution, but in a backward series? We are as absolutely sure that there must be a "continuity" as we are sure of "continuity" in the correlation of the physical forces. Again, how is it that the pre-phthisical sweat at night? To say that night-sweats are common to many weak people is not to explain the fact; to have even stated the correlation of the phenomena to the so far ultimate nerve and blood supply is no answer. But the fact that we can so far alter and prevent these early night-sweats by "tonics," or change of air, shows that we have control over the deepest molecular forces in operation in the organic evolution, and that slowly-acting molecular forces, as residing in, or rather, as parts of, matter—in some of its elements or states—may reach those further and later devolutions of the organic body which we call phthisis.

(To be continued.)

Clinical Records.

NORTH EASTERN HOSPITAL FOR CHILDREN.

Acute Bright's Disease.

Under the care of Dr. ARMAND SEMPLE.

From Notes by Mr. MONTAGUE WILLIAMS, Registrar.

J. F., daughter of a labourer, æt. 5, was admitted into Connaught Ward on March 29, with the following history: Seven days ago, without any premonitory symptoms, face, trunk, with extremities, suddenly and rapidly became swollen, rendering features unrecognisable in a few hours. Micturition at long intervals. Urine scanty and high coloured. No history of cold. Never had scarlet fever. Had measles and whooping-cough two years ago.

Family History.—Seven children at home in good health. Two have died, 1 from pleurisy and 1 from chest disease. Father and mother in perfect health.

State on Admission.—Temperature 102, pulse 186, resp. 25, weight 43½ lbs. Patient is apathetic, anæmic, with dark hair. The face, abdomen, and extremities are much swollen and everywhere oedematous. Eyelids almost closed, features totally unrecognisable. Pupils widely dilated and sluggish. The parts enumerated readily "pit." Abdomen distended, resisting, and rendering palpation of abdominal contents impossible. No appreciable fluid wave. Skin harsh, dry, in parts glossy and tense. Heart and breath sounds normal. Pulse 160, thrilling and compressible. Tongue much coated with creamy fur. Ordered, mixture diureticae 3ss 4t horis. Milk diet. Towards night became drowsy. Pupils dilated. Ordered

Pulv. jalapæ co., gr. xx;

Ac. pot. tart., 3ss.

Statin

Hot vapour baths (110° F.) for twenty minutes. Slight diaphoresis produced. Passed four ounces of apparently healthy urine. Is sleeping.

Examination of urine sp.g. 1013, alkaloid, almost solid with albumen. Heavy deposit of phosphates. Cloudy. Microscopic examination reveals abundant hyaline and granular casts, with a few red blood-cells.

April 2nd.—General oedema considerable. Eyelids closed. Right latia magna swollen considerably. General hyperæsthesia. Southey's capillary tube introduced into right latia and allowed to drip into cakum. One-sixteenth of a grain of pilocarpine subcutaneously injected. Slight diaphoresis. Considerable diarrhoea. Pulse 136, temperature 101.3. Impossible to estimate quantity of urine passed, for it is all voided at stool. Albumen ½ clearer; phosphates.

5th.—Patient is propped up in bed. Oedema less in upper part of body, more marked in lower. Tenderness still complained of. Pulse 100, improving, temperature 100. Pilocarpine one-twelfth gr., slight diaphoresis following. Diarrhoea continues. Is apathetic and fretful. Pupils dilated. Ophthalmoscopic examination reveals fundus healthy. No retinitis.

8th.—During the night passed large quantities of pale

urine, diarrhoea also was excessive. A notable and sudden change for the better this morning. Scarcely any apparent oedema. Legs no longer pit, features small, patient is almost unrecognisable as the same child. Is still very anæmic. Temperature 99, pulse 112, weight 28½lbs., less 16lbs. in 10 days. Urine pale. Not a trace of albumen obtainable. Ordered

Liq. am. acet., 3ss;

Mist. ferri perchlor., 3ss.

T. d. a.

16th.—Complete absence of all oedema this morning. Takes nourishment well (fish diet). Is cheerful. No diarrhoea.

24th.—Is convalescent. Gets up each day. Partakes of a meat diet. Is gaining flesh.

May 4th.—Has gone home to-day, in good health.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, MAY 23RD.

The President, ANDREW CLARK, Bart., M.D., in the Chair.

Mr. W. ANDERSON on

PYELO-LITHOTOMY.

The patient, a joiner, æt. 20, was admitted into St. Thomas's Hospital in July, 1883. The symptoms, of nine months' standing, were characterised by the presence of hæmaturia and pain in the left loin, aggravated by exertion and relieved by rest. The urine deposited crystals of uric acid, but contained no admixture of pus. Some fulness and tenderness in the loin, with increase of the area of percussion-dulness, appeared about a week before the operation. An operation was performed on the 10th September, 1883, under strict antiseptic precautions. The kidney was reached by an oblique incision three and a-half inches in length, parallel to, and three fingers' breadths below, the eleventh rib (the twelfth rib was not to be felt externally). On exposure of the organ, a stone was detected by digital exploration in the pelvis renalis, and was reached by incision of the membranous wall of the duct. An attempt was made to extract the calculus by means of the forceps, but failed in consequence of its firm fixation. It was then dislodged by the finger; no hæmorrhage occurred after the completion of the parietal incision. After the insertion of a drainage-tube, the wound was closed with silk sutures, and dressed antiseptically. The progress was uninterruptedly good, except for the appearance of slight toxic symptoms, due to absorption of carbolic acid, on the second and third day after operation. The urine escaped through the wound in small quantity during the first twelve or eighteen hours, after which the whole of the secretion was passed *per vias naturales*. The discharge remained aseptic throughout. The temperature rose to its highest point, 102° 2', on the second day, and sank to the normal level at the end of ten days. The drainage-tube was removed on the seventh day, and the antiseptics were abandoned after the end of the second week. By the middle of October, about five weeks after the operation, the wound had become reduced to a superficial sore, and the patient was able to get up and walk about the ward without pain. The urine presented only a trace of albumen and a few cell forms. He was discharged cured on the 1st November. The calculus weighed sixty grains when entire, and consisted chiefly of calcium oxalate, with about 10 per cent. of uric acid and traces of magnesium phosphate. It was shaped like a molar tooth with a rough crown and two fang-like processes between which was a circular sharply margined depression. A piece of renal substance had become embedded in the depression, and was so firmly adherent that it was torn away from the organ during the extraction of the stone. The case was referred to as the eighth of the published examples of operation for removal of a stone from the kidney by incision through the healthy parietes. Of the eight cases seven were successful, one ended fatally. The main element of the calculi was uric acid in two instances, calcium oxalate in four, and calcium phosphate in two; and the weight ranged between twenty-six grains and one ounce. The operative procedures differed principally in the treatment of the kidney; in six cases the stone was reached by section of the renal substance; in two by incision

of the pelvis renalis; severe hæmorrhage resulted in two of the former group, but was checked by pressure. The cure was perfect in the cases of recovery, and in no instance was permanent urinary fistula a sequel; the secretion ceasing to flow through the wound after an interval ranging from eighteen hours to eighty-one days. The name of pyelo-lithotomy was proposed to distinguish cases in which the stone was extracted through an aperture in the pelvis renalis from cases of nephro-lithotomy in which the renal parenchyma was incised for the same purpose. It was suggested that the former procedure, when practicable, was preferable to the latter on account of the removal of the danger of wounding the large vessels in the neighbourhood of the ileum, while in the two cases in which the plan had been adopted, the flow of urine through the wound speedily ceased, before the end of eighteen hours in one instance, on the sixteenth day in the other. As incidental points for notice in the case recorded, mention was made, firstly, of the absence of the enlargement or displacement of the kidney that might have been anticipated from the lumbar fulness, dulness, and tenderness observed before the operation; and secondly, of the impossibility of distinguishing the twelfth rib by external examination, the lowest palpable rib being the eleventh, a peculiarity which, if undetected, might bring the pleural sac into danger.

Mr. GODLEE advocated removal of the kidney in cases where extensive disease of the organ was indicated by the passage of calculi in size and number resembling those exhibited to the Society. In nephro-lithotomy the hæmorrhage was by no means so alarming as had been assumed, and it could be very quickly arrested by compression. Complications might be expected in the pelvic operation. He had operated on a kidney the structure of which was very much torn during the proceeding, and no evil results ensued.

Sir ANDREW CLARK thought the paper offered suggestions to the effect that the diseased condition might have been associated with improper feeding, or by a constitutional defect influencing nutrition; and he inquired whether this had occurred to Mr. Anderson?

Mr. H. MORRIS considered that it was still too early to decide definitely whether it was better to select the kidney or its pelvis as the site of incision; a greater number of cases was required for comparison, and it would most likely be found desirable to choose that part of the organ at which the enclosed calculus projected most prominently. Often, however, it was discovered that the pelvis was almost entirely destroyed, the stone presenting at the surface of the kidney. He thought unnecessary complications of terminology would be introduced by applying a new name to every modification of operation in this connection. The question of hæmorrhage need not concern the surgeon, for it could always be readily controlled after the first gush, by compression. Its amount was less if, after incising the kidney by aid of the knife, the fingers were employed to tear down the tissue of the organ until the stone was reached and removed, the finger itself serving to arrest the bleeding by acting as a temporary tampon. The question of fistula must also be held to affect the choice of site, and he was not convinced that a preference could be awarded to the pelvis on this account. Two weeks ago he removed a stone weighing 89½ grains, and the following day the patient passed 60 ounces of urine *per vias naturales*; and although Mr. Morris fully expected that some would escape through the wound, none had since pursued this direction. He considered it quite justifiable to make even a large incision in search of a stone when the symptoms of a case render its existence in the kidney positive, and when the calculus could not be otherwise discovered. He had performed nephrectomy in one instance where exploration failed to expose the stone, and in which, after removal, the organ was found to be in a healthy state; had sufficient exploration been resorted to, the kidney might have been preserved to the patient. He would advise exploration of the bladder in cases of suspected stone, prior to extirpation of a kidney, in both sexes; by a median lithotomy incision in the male. He was led to this conclusion by recent experience of a case, in which a calculus was discovered buried in the bladder wall at the entrance of the ureter. Symptoms of stone had extended over six months.

Mr. ANDERSON said he had made full inquiries into his patient's history, and could find nothing to account for the condition he was in. The fact that all the calculi came from the left side was proved by the site of the pain experienced

during their passage. He did not advocate the pelvic operation, save under certain circumstances, in which it might prove of service.

The Secretary read for Dr. FINLAY notes of

THE SEQUEL OF A CASE OF AORTIC ANEURISM.

The case was first brought forward, and the patient, a female, æt. 32, shown at a meeting of the Society on the 10th February, 1882. A full report appears in the "Transactions," vol. xv., p. 151. She presented well marked signs of a sacculated aneurism of first part of the aorta, with aortic and mitral incompetence, and had been treated for six months in the Middlesex Hospital on Mr. Tufnell's plan of restricted diet in the recumbent position, with increasing doses of iodide of potassium. For two years and a-half subsequently she had attended as an out-patient, having taken almost continuously iodide of potassium in considerable doses. The question proposed for discussion when the patient was shown was the propriety or otherwise of operative treatment by electrolysis, or the distal ligature, the arguments for and against which were stated in the paper then read. As independently of other considerations, she was unwilling to be again laid up in the hospital, it was resolved merely to continue the treatment with iodide of potassium, and she attended regularly at the out-patient department once a fortnight, until her death, which took place on March 26, 1884. On the last occasion on which she was examined (viz., on 18th January, 1884), she stated that she felt better in her general health than she had done when first shown at the Society's meeting in 1882. As to her physical condition, the notes then made were practically the same as those read on the former occasion. On March 22, however, she was seized with shortness of breath, cough, and pain in the chest, and she died on the 26th with symptoms of bronchitis and congestion of the base of the left lung. At the post-mortem examination the aneurism was found to be adherent to the cartilages of the second, third, and fourth ribs on the right side, and to the adjacent part of the sternum. The sac, which was divided into two parts by a calcareous ridge, sprung from the aorta immediately above the aortic valve, and contained some loose, soft, decolourised clot. It was roughened and thickened by patches of atheroma, which had proceeded in many parts to calcification. Part of the sternum and of the cartilages of the third and fourth ribs was eroded. The cusps of the aortic valve were thickened, puckered, coherent, and obviously incompetent. The muscular substance of the heart was pale and soft, and under the microscope showed advanced granular degeneration. The lungs were oedematous, and the base of the left was congested and pliable, breaking down under pressure with the finger. The results of the post-mortem examination bore out the conclusions arrived at when the case was first brought forward. In particular, the condition of the aortic valve established the fact of the aortic regurgitation, regarding which doubts had been expressed when the patient was shown. As to the effect of treatment, there was no deposit of fibrin or consolidation of the sac. Probably all the methods of treatment used acted in the same way by lowering the blood pressure. It was worthy of note that the aneurism was not directly the cause of death, which was due rather to the degeneration of the heart's substance, consequent upon the incompetence of the aortic valve.

Mr. GOLDING-BIRD on

TWO CASES OF HERNIE EN BISSAC IN WOMEN, ONE BEING INTRA-PARIETAL.

The first was a woman, æt. 47, on whom he had operated in 1878 for right femoral hernia, opening the sac and removing omentum. In December, 1880, he again operated for fresh strangulation and then found the peculiar condition described, but of which there is no mention in the notes of the first operation; presumably, therefore, it had developed subsequently. Now, besides the usual and large hernial sac, there was, leaving it at right angles, a process of sac just the size and shape of the finger (thumb) of a glove, and passing down into the right labium. It left the parent sac just below the pubic spine. The main sac was, at the close of the operation, dissected up and removed, being ligatured at its neck, but the labial portion, being firmly attached, was cut off and left *in situ*. There appeared to be every prospect of a radical cure resulting. Though strictly the term *en bissac* was applicable only to inguinal hernia, yet he had employed it here, so exactly did this hernia agree with the requirements for that condition save in regard to its

position in the thigh. The other case was that of a woman, æt. 60, with twenty years' history of left inguinal hernia. After wearing a truss the first ten years it disappeared until two years ago, when, in addition to the inguinal protrusion, there developed a large and subcutaneous tumour, lying above Poupart's ligament and between the crest of the ileum and the external abdominal ring. Twice it had appeared and then in a few days nearly subsided, but failed to do so on a third occasion, the beginning of this year. Kelotomy was performed, and it was then found that whilst the original hernial protrusion existed at the external ring, a large and laterally-connected sac had burst through the front part of the inguinal canal, leaving only a broad external pillar, and lay in the aponeurosis of the external oblique. The bowel was relieved, after division of the internal ring, without opening the sac; this was then opened and much inflamed omentum removed. The patient sank from exhaustion on the third day. Mr. Golding-Bird referred to a case of Mr. Luke's, published thirty years ago, almost identical with his own; but the great peculiarity of this case he considered to be in the double sac; the absence of taxis or any violence ever having been employed to induce its formation; its bursting through the external oblique fibres in front of the canal, and its subcutaneous position, that of intra-parietal hernia being always inter- or sub-muscular.

Dr. F. TAYLOR read notes of a case of

IMPACTION OF A BONE IN THE LARYNX,

contributed by himself and Mr. Golding-Bird. A man, æt. 63, came to Dr. Taylor's out-patients for a cough which he had had more than five months. Though he did not complain of his throat, a slight stridor led to an examination of the larynx, when a foreign body, resembling bone, was seen lying below the cords, and extending from front to back of the larynx. It appeared to be about $\frac{1}{2}$ in. broad, but there was breathing space on either side of it, and on phonation the cords closed easily over it. On being questioned he remembered that four months previously he had taken some sheep's head broth, and half-swallowed with it a piece of bone. This stuck in the back of his throat, and he was unable to move it with his fingers, but his wife with the tablespoon pushed the bone down his throat, and he thought it was safely disposed of. For a week his throat was sore, and for two or three days he spat some blood, but since then he had not had any inconvenience from it. He was admitted into the hospital, and was found to have the physical signs of emphysema, with expectoration of much frothy mucus, and metallic cough, preceded by stridulous inspiration. After a few days he was transferred to a surgical ward, and Mr. Golding-Bird proceeded to remove the bone by laryngotomy. On dividing horizontally the crico-thyroid membrane, and putting in a tracheal dilator, the bone was at once seen, and removed with Tynbee's ear forceps. A second smaller piece, the size of a pea, was seen impacted in the mucous membrane covering the cricoid, and also removed. The patient made a rapid recovery, and when seen again, two years later, the larynx appeared normal; the cords moved freely, but were slightly pinker than usual. The larger piece of bone removed measured $\frac{3}{4}$ in. in length, $\frac{1}{2}$ in. broad, and $\frac{1}{4}$ in. thick. Attention was called to the large size of the foreign body, the curious way in which it became impacted, its long retention without inconvenience to, and, indeed, without the knowledge of, the patient. Its large size, and the apparently firm impaction below the cords led to the adoption of the external operation rather than its removal by the mouth.

Dr. DE H. HALL asked if any attempts had been made to remove the foreign body, by means of forceps, prior to operation?

Dr. COUPLAND instanced two cases of obstruction of larynx by foreign bodies. In one a portion of necrosed bone had become detached from the bone of the skull in a syphilitic patient, and was found, post-mortem, in the glottis. In the other, a man, pleurisy and pneumonia were diagnosed, but after a week or two, the patient expectorated a large fragment of mutton bone which had been swallowed some time before with some broth. The lung cleared, and good recovery ensued.

Mr. GOLDING-BIRD explained that removal by forceps had not been tried, because the bone had been *in situ* three months, was firmly impacted, and presented "broadside on," so that its removal by such means must have been difficult or impossible without great injury to surrounding parts.

Dr. TAYLOR agreed with Mr. Golding-Bird's remarks.

Living specimens were exhibited by Mr. Bernard Roth (a remarkable case of lateral spinal curvature), and by Mr. Howard-Marsh (removal of dislocated astragalus; cases of hernia).

ACADEMY OF MEDICINE IN IRELAND.

MEDICAL SECTION.

A MEETING of the Medical Section was held at the College of Physicians on Friday evening, April 18th, Dr. HENRY KENNEDY in the chair.

ETIOLOGY OF CLIMATIC FEVERS IN INDIA.

Dr. J. W. MOORE read an abstract of Surgeon-Major Gore's paper, which was before the section, *in extenso*, at the previous meeting, when, owing to the lateness of the hour, the discussion was adjourned. Surgeon-Major Gore showed that the common climatic fevers of the Kumaon Hill ranges of North-West Bengal presented themselves under two very distinct forms—namely, as intermittents and remittents. He disputed the doctrine held by some, that remittent fevers were not to be met with in India as distinct from enteric fevers, and quoted briefly a description of the severe epidemic of malarial fever which prevailed in the neighbouring north-west provinces in 1879, which differed in no respect from that met with in many parts of Lower Bengal. Having alluded to the aqua-malarial fevers of the mountain regions of North America as described by Waggoner and Smart, he referred to the observations of Macnamara and Walker on the presence of malarial fevers in the hills in India, and to the great varieties in the degree and severity of the types of malarial fever which often obscured the diagnosis between malarial and enteric fevers. He showed how malarial fevers varied in intensity and duration according to the dose of the poison, exposure to intense heat, individual peculiarities of constitution, different altitudes, the causes of scurvy or acquired anemia from a previous residence in the plains, giving examples from the record of the 30th Regiment. At the same time he pointed out how the malarial fever might ascend, and in how many different ways it might be taken into the system, and how the quinine test might be vitiated by a variety of circumstances, and what therapeutical combinations were necessary to render it effective; alluding to those congestive remittents caused by an excessive dose of the poison, or the nervous system or blood being so altered from the natural standard as not to be amenable to any therapeutical combination which might be administered to avert a fatal termination.

The CHAIRMAN confessed that medical men in this country were not likely to throw light on the etiology of climatic fevers in India, and observed that for a long time it was thought that typhoid fever did not exist in that country.

Dr. J. W. MOORE said the members of the section were unanimously of opinion that they were indebted to Surgeon-Major Gore for his paper.

The REGISTRAR-GENERAL (Dr. Grimshaw) concurred, and said the paper was more for instruction than discussion, the members having absolutely no experience of the forms of fever described.

DISEASES OF THE BLADDER.

Dr. J. P. DOYLE read a paper on a case presenting some symptoms of disease of the bladder. A gentleman, æt. 68, came under his care in May last for irritability of the bladder and pain along the urethra, especially about an inch from the orifice. He consulted a London specialist, who, from the symptoms described, expected to have found a calculus, but afterwards diagnosed enlargement, with hardness, of the right lobe of the prostate, which, he said, by pressure on the nerves, produced the pain, numbness and lameness in right lower extremity from which the patient suffered. He also informed him that he would not be free from the pain during his life. On the 18th of January, inflammatory symptoms with great pain set in. The slightest touch or movement produced increase of pain with contraction of the muscles of the thigh, which, in a few days, became very tense and swollen, and later on some stercoaceous vomiting ensued, along with great tympanitic distension of the abdomen. The patient got great relief from puncturing the abdomen with the needle of a hypodermic syringe in the position of the ascending colon which allowed of the escape of a large quantity of very of-

fensive gas. On post-mortem examination no calculus was found, and the bladder and prostate were normal. The veru montanum appeared enlarged. The cæcum, ascending colon, and vermiform appendix were found inflamed. The former were distended, and contained dark-coloured matter like moist charcoal, and the latter was filled with a hard mass which, on fracture looked like charcoal.

The CHAIRMAN said it was a critical case for diagnosis, and asked was there perforation.

Dr. MORE MADDEN considered that all the symptoms pointed to disease of the bladder, including displacement of the cæcum, which gave rise to an amount of trouble sometimes under estimated.

The CHAIRMAN had not seen any case where the thigh was involved, but he had seen one where the pain was down the right thigh. He did not think the prostate gland had anything to do with it. Possibly true diagnosis could have been made during life.

Dr. DOYLE in reply said there was no perforation. The man had enlargement and hardness of the prostate. Contrary to what the authorities mentioned, the patient never lay on the diseased side, but on the opposite. He was stated to have had a gouty rheumatic tendency.

PROGRESSIVE MUSCULAR ATROPHY AND LABIO-GLOSSO LARYNGEAL PARALYSIS.

Dr. J. MACGEE FINNY read a paper to show the identity of progressive muscular atrophy, and progressive bulbar paralysis. He drew attention to the rarity of labio-glossal laryngeal paralysis. Erb wrote his article in Ziemssen's Cyclopaedia of Medicine from a personal knowledge of but nine cases; Hammond of but six; and he himself had met with but three cases—one while a student, and the other two the subject of the paper. Each of these diseases occurs perfectly independent of the other. Of Erb's nine cases, six were of pure bulbar paralysis. Nevertheless, progressive bulbar paralysis is one of the commonest terminal complications of progressive muscular atrophy, and, on the other hand, any atrophic lesions are found with, or subsequent to, the occurrence of bulbar disease. He did not discuss the relative merits of the myopathic or neuropathic theories of the origin of the two diseases; but he referred to the light thrown on the essential identity by the microscopic demonstrations of Charcot, and more recently Fox, of the lesion engaging the grey nuclei on the floors of the fourth ventricle, and the multipolar cells of the anterior grey cornua of the cord at the same time, by the analogy of these parts as revealed by anatomy and physiology, and by the striking clinical resemblance of the symptoms. The two cases, the subject of this communication, were men of the labouring class both from the country—one æt. 50, the other 39—who came under his care in the spring of 1882, of seven and nine months' duration respectively. In both, disease began without any discoverable cause predisposing or exciting in the tongue by impairment of speech and difficulty of deglutition, and after five or six months' evidences of progressive muscular atrophy were perceived, although it was very probable that its occurrence was considerably earlier. The bulbar symptoms were extremely well-marked in each, though one differed from the other by the amount of glossal atrophy, and the involvement of the lips. Fibrillary movements were noticed in the tongue of both, and in the lips of one. The constant dribbling of saliva, the difficulty of pressing the lips to blow smoke or spit, the difficulty of carrying the particles of food to the back of the mouth were well-marked, while speech was reduced to "aye" and "no" in one patient, and to a few monosyllables in the other. In both the dental and labial letters were impossible, and in one, suffocative attacks from the food entering the larynx were frequently imminent. The changes were well-marked in the neck and upper extremities of one and both arms and legs in the other. Fibrillary movements were most distinctly seen in all the paralysed muscles. Sensation and tendon reflexes were unimpaired, and there was no paralysis of the bladder or rectum. In one, treatment by barium chloride and frequent galvanism and faradism seemed to arrest the progressive muscular atrophy, and even to restore to the deltoids the power they had lost, while the bulbar symptoms remained unaltered, though not increased. The other case was rapidly wasting, and the bulbar symptoms were worse. Both cases left hospital, and their future progress was unknown.

Dr. C. J. NIXON observed that in bulbar paralysis there

was always to be found a constant lesion in the motor roots of the nerves and the motor ganglia, and the medulla. In all the post-mortem examinations there had been found constant trophic change in the motor roots of the nerves, whereas in nineteen recorded cases of progressive muscular atrophy no change whatever was found in the motor roots, and another peculiarity was that the first sign was the atrophic condition of the muscles, while there were some cases recorded where, with distinct bulbar paralysis, there was no atrophy of the muscles at all. The absence of atrophy of the muscles could be explained by assuming the disease confined to the motor cells in the anterior grey horns, while the trophic cells in the neighbourhood had escaped the disease. He asked how Dr. Finny explained the number of cases met with by reliable observers where there had been no disease found in the cord at all in cases of progressive bulbar atrophy. Another point was as to what distinction they were able to draw between cases of progressive muscular atrophy and the acute or sub-acute forms of polio-myelitis. In polio-myelitis they first had paralysis and subsequently atrophy, whereas in progressive muscular atrophy they first had atrophy, and then in proportion to atrophy of the muscles they had loss of motor power. There was a great amount of evidence to show that those diseases were to a large extent hereditary.

The CHAIRMAN pointed out that there were cases recorded of local origin in which there was no disease found in the spinal marrow or the brain.

Dr. FINNY, in reply, acknowledged that Dr. Nixon had touched more points than he had dealt with in his communication, but he thought it was hardly time yet to come to any positive conclusion in comparing the two diseases, the number of observations on progressive muscular atrophy being much larger than that on bulbar paralysis. The microscopic examinations in the latter were very few, whereas the other disease had been the subject of general observation for many years. It was not in his power to explain the observations of Charcot, as to the absence of lesions in the anterior grooves of the cord in progressive muscular atrophy. If his theory was correct, one of the essentials must be an ascending neuritis, and this, passing through the muscles, should show itself in the anterior roots before it reached the grey matter in the cord. There might be no lesion of the anterior cord at all. In infantile palsy rapid inflammation, or other lesion, took place in the multipolar cells, whereas in muscular atrophy the same process was going on much slower, and partially progressive muscular atrophy existed; but there were many cases where, before the atrophy was fully confirmed, they had paralysis, and that in bulbar paralysis. In Charcot's case the lung was perfectly normal, but after death the examination showed it was in a very advanced stage of fatty degeneration. The amount of atrophy was somewhat due to the nutritive nerve cells which must preside over those parts. As to the etiology of the disease, so far as his knowledge went, there was little known about it. He did not agree with Dr. Nixon that hereditaryness was shown to be a factor in those cases. It was not so in his cases, which he had brought forward, not to prove any special theory as to the origin of the disease, but to illustrate the close affinity existing between the two diseases.

ATROPHY OF OPTIC NERVES AND PARALYSIS OF FIRST AND FIFTH FROM PROBABLE TUMOUR IN THE BRAIN.

Mr. STORY read a paper on the atrophy of the nerves and paralysis of first and fifth from probable tumour in the brain, the discussion of which was, owing to the lateness of the hour, postponed to next meeting, and
The Section adjourned.

IN the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follow:—Bombay 28, Madras 84, Paris 28, Geneva 29, Brussels 23, Amsterdam 24, Rotterdam 34, The Hague 24, Copenhagen 22, Stockholm 27, Christiania 20, St. Petersburg 38, Berlin 24, Hamburg 29, Dresden 29, Breslau 31, Munich 38, Vienna 35, Prague 40, Buda-Pesth 38, Turin 28, Venice 13, Lisbon 29, New York 24, Brooklyn 20, Philadelphia 20, and Baltimore 21.

Special Articles.

THE 13TH CONGRESS OF THE GERMAN SOCIETY FOR SURGERY.

[SECOND NOTICE.]

HERR LEISERINK showed his Turf Mould Felt. Since the last Congress it had been extensively used. It was clean, cheap, and had great absorbent properties, and was of great service in cases in which the discharge was profuse, as in incontinence of urine for example. By its use the bed was kept perfectly clean.

Herr Busch demonstrated a preparation of a diverticulum of intestine forming a crural hernia. The patient, a man, æt. 53, was brought into hospital in such a desperate condition that no attempt could be made for surgical relief. On examination after death, the abdomen was found filled with fecal matter. On the right side there was a hernial sac, but it was empty. A small diverticulum was found in the small intestine about 75 c.m. above the cæcum. It was not gangrenous, but at its base was a small perforation.

Herr Partsch (Breslau) showed four patients on whom Ogston's operation had been performed, and gave some particulars as to the final results of the operation. He thought the unfavourable judgment that had been accorded the operation was not justifiable. In the years 1878-84 23 cases of genu valgum had been operated on in the Breslau Clinic, by Ogston's method, 11 bilateral, 12 unilateral. In every case the disease had not been produced by rickets, but by the nature of the patients' employment (bakers, sailors, countrymen, &c.). All the cases were operated on without the spray. In none of the cases did the temperature rise above 39° C. (101° F.), the morning temperature was always normal. In two cases he observed reflex paralysis of the detrusor urinae muscle which passed away in two days. The dressing was an occlusion one of sublimate with an elastic bandage. Only once was the dressing removed on the ninth day on account of erythema with eczema, which starting from the wound spread over the whole body. Checked growth could not be made out in the patients shown. The objection that arthritis deformans might come on later is one difficult to meet.

Herr Volkmann thought that Ogston's operation was to most surgeons of merely historical interest. The operation was altogether too dangerous, and even one hundred successful cases would not modify this fact; for the first fatal case would place it in its proper position. In the present extension of surgery, in which a constantly increasing number of medical men practice it, it became their aim to discover operations in which a single little error, likely to happen to the novice, and which might indeed happen to any one became pregnant with fate to the patient. These kinds of operations he called surgical rope-dancing, and was sorry that if anyone did fall from the rope it was not the doctor but the patient. No one could guarantee that a knee-joint would not suppurate after the operation. A great number of patients had died after it, but all the cases were not published. The same result could be achieved by operation that did not touch the joint. The objection of later arthritis deformans was a very important one.

Herr Lunge (New York) was in a position to illustrate the disturbances of growth that might follow the operation.

Herr Mikulicz thought simpler and safer operations rendered the discussion objectless. If the writer of the paper could not prove that stiffness and limitation of function never came on, the results would leave something still to wish for. He knew two cases of Ogston's operation in which a stiff joint remained. Ogston, himself, had given up the operation.

Herr E. Hahn (Berlin) reported five cases of extirpation of the larynx for carcinoma. Two of the patients died soon after operation of pneumonia, and the remaining three were exhibited. One, was a man, æt. 71, who had been operated on 3½ years previously, and had continued quite well, the others were of more recent date. Statistics showed that of 52 total extirpations on record 34 died in consequence of the operation, or shortly afterwards, whilst only one died of 11, on whom half had been removed. The disease recurred in 14 cases after total extirpation, and in 3 of those in which half had been removed. When one bore in mind that the function after semi-removal was improved, that the

patient could speak quite well, and that the canula could be dispensed with, it would be seen that this was the operation to be recommended.

Herr Schede showed a patient on whom semi-extirpation had been performed in October, 1882, and who had completely recovered functional power. The canula was worn until last year, and then removed. The wound healed rapidly and some bronchial asthma that came on afterwards was now completely removed. The laryngoscopic appearances were interesting, as they showed in a typical manner an apparent new formation of the vocal cord on the extirpated side. The results following the operation from various causes were now much better than after the early operations. The cases shown decided the question of the propriety of the operation.

Herr Küster also showed a patient, a medical man, on whom he had operated four times, and who, after a lapse of three years from the time of coming under treatment, was able to follow his occupation.

Herr Partsch demonstrated a method of preparing bones by a simple process, consisting of macerating the bones in a three to five per cent. solution of caustic potash previously heated to 35° or 37° C. (96 to 98½ F.).

Herr Schede (Hamburg) read a paper on resection for carcinoma of the small intestine, with demonstration of preparations. The tumour was on the left side just above Poupart's ligament. It could not be reached *per rectum*. An incision was made May, 1883, in the line of the ligament and he was quickly convinced that the tumour was malignant. After further opening the peritoneum, he was disagreeably surprised to find that it could not be withdrawn, but was continued into a loop of intestine. Nothing remained, but to extirpate this together with a piece of mesentery. Both ends of the intestine were ligatured with silk and severed. The divided ends were united by a circular continuous suture, dropped, the abdominal walls were united and the patient was discharged well in August. In February of the present year, the patient was examined and no trace of relapse was discoverable. At the end of March, he was again admitted into hospital with stercoraceous vomiting of four days continuance. Herr Schede naturally expected a return of the disease; the patient, was however, so much exhausted that he contented himself with making an artificial anus. As experience had taught him that in cases of ileus, one had to abstain from more vigorous measures until a normal condition of affairs had been brought about, he made an incision above the old one and found no return of disease, but a strangulation in the vicinity of the old operation, apparently caused by a firm band. He now prolonged the opening and freed a pseudo-ligament that had constricted the intestine. After removal of the constriction the intestine filled, and the same day the patient had a motion. The patient did well for a day or two when the temperature rose to 40° C. (104° F.) and then died of pneumonia.

Herr Madelung had for some time used the uninterrupted suture and had made an artificial anus four times with success.

Herr Mikulicz (Cracow) read a paper on the "Arrest of Hæmorrhage by Tampons and Compression." The speaker remarked that there were circumstances under which it was desirable to conclude the operation as quickly as possible, or in which ligation was difficult. For use under such circumstances he had prepared a compress for the cavity of the wound to check the hæmorrhage. This consisted of a pair of forceps, each end of which was armed with a pad. One pad was crescent-shape made movable by means of a ball-joint and intended to be placed outside. In regard to compression he narrated a case in which the arrest of hæmorrhage could only be effected by compression. The patient was a man, æt. 31, who had a very vascular tumour in the neck, which dipped down into the supra-clavicular fossa and here compressed the blood-vessels. The operation of removal was exceedingly difficult, as the attachments had to be separated step by step. In attempting to draw out the tumour, the jugular vein suddenly gave way just at its junction with the subclavian. Ligation was not successful, and a large quantity of air was drawn in, so that complete asphyxia came on. The cavity was filled with iodoform gauze in order to enable the patient to be brought round. The operation was then quickly completed, the whole cavity filled with iodoform gauze, and pressure made by means of an elastic roller. Eighteen hours afterwards the dressing

was removed and the wound brought together by suture. Healing took place by first intention.

Mr. Davidson (Aberdeen, Scotland) showed and described an instrument called a lithophon.

Herr von Bergmann (Berlin) reported a case of traumatic aneurism of the subclavian artery cured by two hours compression.

Herr Volkmann begged the members present to relate their experiences on the subject of wounds of the great blood-vessels as he had seen only a single case. He considered that ligation of the subclavian was a great and difficult undertaking as osteotomy of the clavicle had first to be performed in order to clear the way to the region operated on.

Herr von Langenbech reported three cases of traumatic aneurism of the subclavian. In two of the cases enormous sanguineous infiltration had taken place. The aneurism was opened out in these cases, the vessel compressed with the hands and the two ends ligatured separately. He counselled early operation.

Herr von Bergmann agreed in this opinion, but laid stress on the possibility of an expectant treatment as in his own case.

Herr Madelung (Rostock) followed with a paper on the shelling out of varices of the lower extremities, in which he recommended this form of treatment.

Herr von Langenbech had operated by this method in a series of cases with good result, but in one case, after the lapse of three years, a number of new venous stems made their appearance. He should fear that in bad cases a return of the affection would take place.

Herr Schede now operated in the same manner described by Herr Madelung.

Herr Czerny (Heidelberg) showed two preparations from resections of the stomach. He warned his colleagues against operating if the disease, and especially, the tumour, had encroached upon the meso-colon, as gangrene of the colon always followed, as Lauenstein had shown, and his own observations unfortunately confirmed one case. The fear of a return of the disease should not deter from operation, as the subjective condition of the patient, cured at least temporarily was an eminently favourable one. The second preparation was from a case of perforating ulcer of the stomach which was operated on successfully. The operation is thus described by Maurer, of Darmstadt, in the *Archiv. f. Klin. Chir.*, Jan. 30, 1884. The opening is made in the longitudinal axis of the stomach, and if possible, the surface of the ulcer is pulled off the thickened wall of the stomach. The edges surrounding the portion removed are then brought together from within, and the wound is closed by deep and superficial external sutures. If the walls of the stomach are too thin to admit of peeling, an elliptical piece is excised, through the whole thickness of the stomach-wall and the edges are then brought together by suture.

Herr Rydygier (Culm) related a case of gastro-enterotomy for stenosis of the duodenum following an ulcer. The patient was a man, æt. 20, who since the age of 16 had suffered from symptoms of ulcer of the stomach, followed by those of stenosis, so that in the end vomiting constantly succeeded the ingestion of food. As it was ascertained that dilatation of the stomach was present, the stomach-pump was employed, but as the symptoms were not relieved thereby resection of the pylorus was decided upon. At the operation stenosis of the first curve of the duodenum was discovered. The speaker closed the wound therefore without further operation, but as the patient was becoming steadily worse, he performed gastro-enterotomy, after which all the symptoms ceased.

Herr von Winiwarter (Liège) reported a case of defect of the bony skull from injury. He considered that the defect arose from absorption of the bone after injury in childhood. The face on the side of the injury was markedly smaller than the corresponding side.

Herr von Langenbech closed the proceedings with the following words:—"As in so many congresses we have this time also made the agreeable observation, that surgery is becoming more and more the common possession of German medical men. Exact observation and the bold surgical hand are no longer only associated with clinics as was the case in former years, but we find in the provinces, in the country district where people work under such great difficulties, the most beautiful results of investigation and operation. With the wish that it may ever go on so, that surgery may ever extend, I close this year's Congress."

Department of Lunacy.

THE DERBY COUNTY ASYLUM.

[SECOND NOTICE].

THE annual report of the Derby County Asylum for the year 1883, is as usual a very clear and able production, and those who differ most from Dr. Murray on the subjects which he passes under review, will freely admit his candour, courage, and simpleness of purpose. He discusses the means of disposing of chronic lunatics, the necessity of provision for idiotic and imbecile children, the propriety of supplying beer as a grant of ordinary diet in lunatic asylums, precautionary measures against fire, and other subjects of interest to all medical men engaged in his own line of practice; and on each subject that he touches, he has some practical observation to offer. His earnest advocacy of the withdrawal of beer from lunatic asylum dietaries, would have more force than it has, if he at the same time insisted on the substitution for the beer of food of an equivalent value, so that it might never be said that a profit had been made on the transaction. Dr. Lindsay relates a curious case illustrating the persistency of suicidal impulses, and their tendency to recur even long after they appear to have been completely banished. A female patient, who had had an attack of melancholia, was discharged recovered at the end of six months residence in the asylum, and was then to all appearances in good mental health. A fortnight after her discharge, while living at home with her husband, having partaken of a hearty dinner, and being, as far as could be judged, in good spirits, she took some red-hot coke and two or three boxes of matches into the cellar, and there making a fire stood over it until her clothes were ignited. Although speedily rescued by her neighbours, she sustained burns from which she died in the course of two days. The only account which she could give of her own conduct, was that she had had "a bad spell."

THE ROYAL LUNATIC ASYLUM OF MONTROSE.

THE Royal Lunatic Asylum of Montrose stands out conspicuously amongst the chartered asylums of Scotland, as an ably conducted institution in which nothing that can minister to the recovery or comfort of those who are afflicted by mental disease, is overlooked. The Scotch Commissioners in Lunacy, who being largely endowed with the national virtue of "canniness," are not wont to be profuse in their praises, warm up to something like enthusiasm when they find themselves at Montrose. "This asylum," says Dr. Mitchell, "has been made complete. The new kitchen, dining hall, and recreation room are all that could be desired. It is not known that anything better could anywhere be seen." "The new accommodation," says Dr. Sibbald, "is of a very high order of excellence. The two new dining halls are exceedingly cheerful and satisfactory in character, and the amusement room is not only suitable for its purpose, but it is a very admirable piece of architecture." The only drawback to the asylum seems to be its geographical situation on the sea coast, for Dr. Howden refers to pulmonary rheumatic affections which have visited the asylum as the result of prevailing cold winds. In certain cases, however, the bracing climate of an elevation facing the German Ocean, may be an advantage rather than a drawback. Dr. Howden alludes to a remarkable case of land scurvy in a mill-worker,

due to insufficient or improper nourishment, which came under observation last year, and goes on to say that he has for many years noticed in female mill-workers brought to the asylum, a type of melancholic insanity associated with feeble health, resulting apparently from insufficient nourishment. Their meals had consisted chiefly of tea and wheaten bread with an occasional bit of ham. Such a diet may, Dr. Howden remarks, be convenient, but it is quite inadequate to support life in health, and is a poor substitute for the substantial porridge and milk, brose and kail of former generations.

THE GLASGOW DISTRICT LUNACY BOARD AND ASYLUM ACCOMMODATION.

THE Glasgow district as determined for lunacy purposes is the largest district in Scotland in respect of population, and its position at the present time for dealing with its insane is very far from satisfactory. The district is chargeable for over 1,200 lunatics, and has only accommodation under the Board's direct control for 180, the remainder being meanwhile disposed of in parochial asylums, in Glasgow Royal Asylum, and in several of the district asylums in Scotland. This condition of matters is a serious handicap to economical and successful lunacy administration, and the District Board has of late years been struggling to put matters on a surer basis. The result of these endeavours has been the purchase of an estate of over 600 acres about fourteen miles from Glasgow on which it is proposed to build an asylum for nearly 1,000 patients. The cost of the estate was over £26,000, and the asylum is expected to cost at the rate of £100 a bed. When we consider that it will consist of chronic and acute asylums respectively, and that the latter is to be fitted up in true hospital style for from 250 to 300 patients, and further that such asylums as Lenzie and Bothwell cost from £250 to £300 a bed, it will be surprising if this new asylum erected in a district responsible for such precedents as Lenzie and Bothwell will not cost at least £150 a bed. It will be gratifying if at the latter price the board succeeds in erecting a really first-class asylum.

THE highest annual death-rates last week in the large towns from diseases of the zymotic class were—From measles, 6·4 in Oldham, 4·1 in Plymouth, 4·0 in Wolverhampton, and 2·0 in Portsmouth; from whooping-cough, 1·2 in Liverpool and in London; from scarlet fever, 1·7 in Newcastle-upon-Tyne, and 1·1 in Cardiff; and from "fever," 1·2 in Norwich, and 0·9 in Blackburn. The 36 deaths from diphtheria included 19 in London, 4 in Nottingham, 4 in Glasgow, and 2 each in Edinburgh and Dublin. Small-pox caused 17 deaths in London (exclusive of 5 registered in the Hospital Ship *Atlas*, moored outside Registration London), 3 in Sheffield, 2 in Liverpool, 1 each in Glasgow, Derby, and Sunderland.

THE publisher of "Ringer's Therapeutics" asks us to mention that the last edition of this work is not absolutely out of print as stated in our last, he having a sufficient number of copies on hand to supply present needs. There will be no new edition for some little time yet, albeit the present one has been recalled from the trade.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 4, 1884.

THE DURHAM MEDICAL DEGREE.

WITHIN the past few years the medical degree of Durham University has been steadily acquiring increasing popularity among medical students who aspire to the possession of something more distinctive of professional attainments than a mere license to practise, and who are unable to incur the expense in time and money necessary to graduation at Oxford or Cambridge. For such students there is no pathway to a *bonâ fide* university degree save that afforded by Durham, since the London University is this only in name, while the uncompromising restrictions it imposes on all who present themselves for its examinations, serve to deter many from taking the degree who might otherwise be content to satisfy themselves with such a formal title to university rank. It is therefore regarded as satisfactory by the best friends of medical education, that the Durham degree has been so far placed within reach of all who are willing to sacrifice one year and its attendant expenses in residence within the jurisdiction of the University, for the sake of becoming eligible as candidates for an English degree in medicine; and any proceeding calculated to detract from the value of the distinction is naturally looked upon with the utmost jealousy and distrust. Among these, and by existing graduates who are so by compliance with all the regulations as to residence and examination, as well as by such as aspire to the title, it has long been felt that the University is acting most unwisely in granting its

full M.D. degree to practitioners of fifteen years standing, without residence, and after an examination very much modified in the interest of such candidates. There can be no question, indeed, that the action of the senate in this respect was calculated to imperil the rising success of an important institution; nor did the fact that fifty guineas was exacted from every recipient of the degree detract in any way from the unsatisfactory nature of the regulation. Durham as a centre of medical education is a phenomenon of comparatively new growth, and it behoves it to guard the privileges of its graduates with the greatest circumspection, both on account of its own prestige, and for the sake of those whose confidence in its integrity has led them to ally themselves with its fortunes.

Now, however, as will be seen from a letter in our present issue, an attempt is to be made in the direction of smoothing away the few obstacles that still surround the acquisition of the non-residential degree; a petition to the senate is in course of preparation, praying for the reduction of the practitioners experience from fifteen years to ten, and for a remodification of the modified rules under which the *pseudo* degree is at present obtainable. In opposition to this proposal a counter petition will be presented by *bonâ fide* graduates and students, in which not only is it urged that the restrictions now in force shall not be diminished in favour of practitioners, but that the conditions under which such would-be doctors are permitted to acquire the title shall be altogether abolished. It is impossible not to sympathise with the aims of those who are thus striving to induce the senate to restore to the degree in medicine a full measure of the importance it ought to possess as a proof of higher education. It may not be contended that the traditions of university life and training are maintained by graduates who have never been submitted to any part of the special influence which an academic life exerts; and although the effects of such influence may be less apparent among the medical students of Durham University than in the case of its sister institutions at Oxford and Cambridge, still it is sufficiently large a factor to deserve a prominent place in the list of arguments advanced against the contemplated changes. It is not clear to us either, that the university will be acting faithfully towards its *bonâ fide* graduates by widening the portals through which it has hitherto permitted practitioners to pass to graduation. Everything which at all contributes to diminish the value of the M.B. and M.D., and for which the senate is, or may be responsible, can only be regarded as a distinct and wilful neglect of the interests of those who observe the conditions imposed on regular students of medicine proceeding to the goal of a degree. Such students incur the necessary sacrifices from a belief in the genuine character of the distinction they covet, in proportion to the esteem in which it is held by profession and public. If, therefore, the consideration paid to it is reduced by a removal of the restrictions surrounding it, they who have acquired it by genuine labour will be justly entitled to complain of conduct resulting so detrimentally to their interests.

It is quite pertinent to inquire whether any necessity has arisen to make the suggested simplification desirable ; and the answer is clear that nothing of the kind *has* occurred. The contrary is rather the case, for not only does the London University continue to dangle its degrees before all comers, devoid of all restrictions as to residence ; but also the Irish University is similarly willing to welcome candidates for an M.D. The fact that, in spite of these counter attractions, practitioners still find it advisable to pay fifty guineas for the privilege of a modified examination at Durham, ought to be a significant hint to the senate, and cause it to look for a reason why so determined a preference is exhibited in favour of its qualification. It is not surprising that circumstances of this description have caused unpleasant things to be said of a degree that is brought within the reach of practitioners after fifteen years of rust have gathered upon the knowledge gained during their student experiences. And the somewhat chequered career of St. Andrews, where also a fifty guinea doctorate is conferred without residence, and after modified examination, should have been a warning to the Durham authorities to avoid the doubtful path they have chosen to tread in this connection.

In common with every well wisher to progress in medical matters, we have watched the steady advance of Durham as a School and University of Medicine with great interest ; and it would be a source of much concern to us should there appear any indication that the senate is disposed to retrograde so seriously as it must to accept the proposal to simplify its non-residential degree.

THE EVILS OF AMATEUR DOCTORING.

It almost seems as though the people will never be cured of their material faith in the efficacy of amateur doctoring. No amount or degree of warning appears to have any effect in this connection, and notwithstanding the numerous instances of death through misadventure occasioned by ignorant prescription of remedies, the practice still continues to find favour among increasing numbers of the public. Few cases have brought out the mischief done by amateur prescribing more prominently than one concerning which Dr. Danford Thomas concluded an inquiry on Friday last. In this an old man fell a victim to his daughter's zeal for doctoring every sufferer, from whatever ailment, on a common plan, that, viz., of administering calomel. Being on a visit to her father, this woman persuaded him and his wife to swallow, each, a powder consisting, in her belief, of calomel, the object being to relieve bronchitis. The result was the speedy death of the old man with every symptom of strychnia poisoning ; and of course an inquest was held on the body. One of the witnesses before the coroner was a former employer of the daughter of the deceased, who deposed that he had been accustomed to prescribe calomel for her on account of biliousness and liver disease. By an unfortunate accident, however, a packet containing strychnine, purchased for the destruction of a dog, became mixed with the calomel powders, two of which were recently given by witness to the deceased's daughter, and by the latter administered to

deceased and his wife. One of these contained the strychnine, and its effects were not unnaturally evidenced in the death of the unhappy old man who took it.

With the whole circumstances thus unfolded to them the jury could find no other verdict than that of death by misadventure, which was returned. A mere censure on the witness whose experiences with strychnine thus led to such disastrous results was little more than he could expect to receive ; but it may very well be considered whether the possibility of mistakes like this are not greatly increased by the prevalent custom of prescribing for so-called small ailments by those who possess no knowledge thereon to act aright.

Every one will find it easy to sympathise with that feeling which hesitates to promote any kind of interference with the liberty of the subject by making any suggestion for restricting free choice of remedies by such as need them. Notwithstanding this, however, in view of the really serious occurrences which are by no means infrequent, as the results of amateur doctoring, it seems necessary to make some attempt to influence opinion in the direction of prevention ; and this can only be done by impressing the dangers which attend administration of unauthorised remedies, and the almost certain risk run by every patient who submits himself to the treatment of irresponsible pretenders to medical skill. In the instance narrated above there is a very good illustration afforded of the way in which the tendency to amateur doctoring becomes spread among those who might not improbably fail of themselves to turn attention thereto. The prescribing proclivities of the surveyor who sought to cure his housekeeper's "biliousness" by doses of calomel spread from him to the housekeeper herself, who, as opportunity offered, transferred the knowledge by imitation for the supposed benefit of her own father. The melancholy accident which followed may of course be attributed to pure misadventure, but nevertheless it remains that, had the mischievous practice of amateur doctoring not been indulged in by the first-named witness, it would probably never have affected the daughter of the deceased. Legislation probably cannot reach this question, and private influence must therefore do its best to check the practice.

DOES HYDROPHOBIA REALLY EXIST?

NOTWITHSTANDING Pasteur, and the views universally held by European physicians, the question of the existence of rabies has recently been exercising the minds of the profession in America, Professor Dulles being the champion on the side of those who boldly assert "that hydrophobia is not a specific inculcable disease derived from the bite of a similarly affected animal." This proposition is not novel ; it has been stated and defended before. Professor Dulles is aware of this, and confesses that this view has hitherto failed to secure the assent of the greatest men who, in every generation, have adorned the profession of medicine. He joins the small minority who oppose the time-honoured views of the profession through a sense of duty and for truth's sake. As the *Medical Press and Circular* has been particularly noted for its reports on hydrophobia, and as Professor Dulles criticises in his latest paper in the *Philadelphia*

Medical Times the conclusions of our reports, we feel to some degree interested in the controversy and shall therefore briefly refer to a few of the points raised by the gentleman referred to.

Another writer on hydrophobia in the same journal expresses the hope that Professor Dulles is serious, and that he has not put forward his doctrine on the non-contagiousness of rabies, as a literary mystification, like that published by the learned Archbishop of Dublin, Dr. Whateley, who in his "Historic Doubts Relative to Napoleon Buonaparte," argued that the existence of Napoleon Buonaparte was, to say the least, quite doubtful. Professor Dulles, we believe, is dominated by a sincere desire to assist in the elucidation of the many great questions which arise in connection with hydrophobia; but, like many other sincere men, we consider he is not proceeding on the right track. His attitude of severe criticism is highly commendable; but his criticism, unfortunately, is only destructive and not creative. For nearly two years, he tells us, he has been engaged in a laborious study of the evidence upon which the general belief in regard to hydrophobia rests, and has been gradually led to the conviction that all this evidence is unreliable. In illustration of the contradictions of authors, he quotes a number of authorities ancient and modern, and thus continues: "These citations illustrate the most remarkable feature of the literature of hydrophobia. It would seem as if when once the mind has accepted a theory, which contradicts all experience in other and fairly-well understood diseases, it loses the ability to distinguish good evidence from bad. A striking illustration of this is furnished by Dr. Dolan in his otherwise capital book on 'Hydrophobia and Rabies,' reprinted from the *Medical Press and Circular*. In his second chapter this writer calls attention in detail to the rules laid down by Dr. Abercrombie in his 'Intellectual Powers and the Investigations of Truth.' These warn against the following fallacies:—1. Receiving as facts statements which are not facts but opinions. 2. Receiving as facts statements which only assume the relation of facts. 3. Receiving as facts general statements or the generalisation of facts. Dr. Dolan then says, 'Some writers have, for instance, maintained with much confidence that a particular state of rigidity of some of the limbs is distinctly characteristic of ramollissement of the brain; but further observation has shown that the disease may exist without this symptom, and that this condition of the limbs may appear in connection with other diseases. This observation of facts was in so far correct that this state of limbs does very often accompany ramollissement of the brain; the error consisted in giving it as a general fact, or a fact applicable to all cases of ramollissement which is without foundation. Yet such statements when brought forward with confidence are often received as facts and rested on as established principles; and then the facts by which their fallacy might be detected are apt to be overlooked or forgotten.' To this reference to the commonest sources of fallacy Dr. Dolan adds: 'We are arming our readers against ourselves.' And yet he goes on, apparently with his eyes wide open, to repro-

duce the fault he has just pointed out in speaking of ramollissement, accepting statements which ought not to be entertained for a moment in the discussion of so grave and delicate a subject, and admitting as genuine cases which are transparently spurious." Dr. Dulles then gives in detail the report of a case by Romberg. This case was declared not to be hydrophobia. He said "that he had selected an illustration of the point which he wished to make, which should include two names well known and justly distinguished, because their very excellences add force to the proof they furnish, that the prepossession of a theory which at the onset demands a certain surrender of the judgment will impair the freedom of the judgment at every subsequent step. Such, it seemed to him, is the condition in which every believer in the specific nature of hydrophobia stands." This is criticism which might be legitimately answered by a *tu quoque*.

The general objections of Professor Dulles might be applied to various other diseases, as diphtheria, phthisis, typhoid, whooping-cough, about which there are differences of opinion on their nature and treatment; and just as there are various theories held regarding these diseases so we must expect to have various theories on hydrophobia. This arises from the fact that Medicine is not as yet a fixed science and the problems of disease are difficult. Two great facts stand out prominently. Whatever name we may give the disease it is incontestible that, after the bite of a rabid animal, certain symptoms arise which almost invariably end in death, and just as after the bite of a snake, and just as after poisoning by morphia, strychnia, we connect the symptoms with these poisons, so we associate the death from the dog-bite with the bite. *The bite of a healthy dog never causes the symptoms of the disease known as hydrophobia.*

Call it by what name we will, or explain it how we will, these two facts are scientifically beyond dispute. With such a frame of mind as Dr. Dulles evidently possesses we are afraid that no further evidence we could produce would convince him that he holds not only erroneous, but dangerous views. We must fall back upon the old test proposed by Mr. Whitney, apothecary, Bath, in 1807, in his reply to a Mr. Lee. This Mr. Lee shared views somewhat similar to those held by Dr. Dulles. Mr. Whitney proposed, to test the matter experimentally, that Mr. Lee should inoculate himself with the saliva of a rabid dog, and, as vaccination sometimes fails the first time, that he should do it three or four times. History reports that Mr. Lee declined the experiment.

DR. BALTHAZAR FOSTER, of Birmingham, is, we understand, to be invited to stand in the Liberal interest at the next general election for Newcastle-under-Lyme.

A DEPARTMENT of Dental Surgery is to be added to the existing medical and scientific branches of study in Owens College, Manchester, and the Council will appoint during the present month lecturers in dental surgery, dental mechanics, and dental metallurgy. Applicants can obtain the necessary information of the Registrar.

Notes on Current Topics.

The Council of the College of Surgeons and the Fellows and Members.

WE are glad to find that the agitation against the present system of ruling the Royal College of Surgeons of England is, in accordance with our suggestions, to be persisted in, and that steps are being taken with a view to this result. The principal mover of the resolutions recently ignored by the Council, Mr. Paul Swain, has addressed reply post cards to all the Fellows of the College, requesting their adhesion to the principles for which he is contending. It should be borne in mind in this connection that the original Association of Fellows committed voluntary suicide at the general meeting held on March 24th, when their secretary announced that, having been conceded all the Association was formed to obtain, it ceased to have an existence. Mr. Swain's new Association will propose to obtain much more than the Council has yet consented to yield, and its programme will be based on the meeting's rejected propositions. It is to be assumed that Fellows of the College will unite to give Mr. Swain the pledges for which he asks, and by determined co-operation on their part, it is certain that they will ultimately succeed in securing what is demanded.

At a meeting of the Association of Members of the College, held on Wednesday last, a protest was passed against the action of the Council in respect to the resolutions forwarded from the general meeting in March last. Other resolutions carried were to the effect that no revision of the charter of the College will be satisfactory unless it has received the general assent of the Members and Fellows, and that another meeting of the Members and Fellows should be called to consider such alterations in the charter as may be proposed by the Council. It was determined to immediately prepare a petition for presentation to the Privy Council, praying that a new charter may not be granted to the Royal College of Surgeons until due effect be given to the suggestions made at the late general meeting of Members and Fellows, and further praying that the privileges originally and justly belonging to the Members may be restored to them.

Royal Medical Benevolent College.

THE annual general meeting of the Royal Medical Benevolent College was held at the offices of the College, Soho Square, on Thursday last, the treasurer, Mr. Hird, occupying the chair, and the scrutineers reporting the result of the polling for pensioners and foundation scholars. The two vacancies for pensionerships were filled by the two candidates recommended by the "Committee of Examination," while three only of the seven vacancies for foundation scholarships were so filled up, and the result, so far, may appear to those Governors who advocated the change in the mode of election somewhat disappointing. We can hardly look upon it in that light, as, with fewer vacancies and a larger number of candidates, it will happen that from a greater amount of active canvassing carried on by the friends of some of the candidates, this is sure to occur. A larger number of the

unsuccessful candidates will at the same time creep up to the top of the list, and these will, it may be presumed, have a better chance of election, and quite irrespective of their relative "claims and merits," or the urgency of the case, and which, it must be remembered, determines and limits the action of the Committee of Examination. It is this, too, that influences those Governors of the College who feel bound to abide by the recommendation which comes to them with their voting papers. Under any circumstances, and as canvassing is not prohibited, the friends of an individual case or two are tolerably certain to succeed at every election, but withal we observe at the head of the present list of the unsuccessful the names of those of the candidates recommended by the Committee, and whose success at the next election is almost certain.

From the Report we learn that the progress of the school and the tone of the boys is all that can be desired; the average of those among them presenting themselves for the usual examinations were successful; while the competition for the several scholarships awarded was close, and in every way gratifying to all concerned. Mr. France, with his usual generosity and praiseworthy desire to relieve the wants of others, for either the third or fourth time placed a free scholarship of the St. Ann's School at the disposal of the Council. The College itself is, we regret to find, greatly in need of funds; it is, therefore, very desirable that a large increase in the annual subscriptions should take place. An almost incredible fact was stated by a Governor at the meeting, that not more than ten per cent. of the parents of candidates for foundation scholarships avail themselves during their life-time of contributing to the support of this useful charity. This is not as it should be, since it betokens a greater lack of duty to themselves and their families than it does to their professional brethren.

The Royal College of Surgeons of England.

THE lecture arrangements for the present month at the Royal College of Surgeons of England include three discourses by Professor E. A. Schäfer, F.R.S., to be given on June 4th, 6th, and 9th. The subjects of these lectures are as follow:—1. The Functions of the Marginal Convolution. 2. The Analysis of Voluntary Muscular Action. 3. The Mechanism of Absorption. Six lectures on some important points in connection with the Surgery of the Urinary Organs will be delivered by Sir Henry Thompson, F.R.C.S., Professor of Surgery and Pathology to the College, in the theatre of the College, on Wednesdays, Fridays, and Mondays, commencing on Wednesday, June 11th, 1884. The following will be the subjects of these lectures:—Wednesday, June 11th.—Lecture 1. Introductory. On the Treatment of Stricture of the Urethra by Internal Urethrotomy. Friday, June 13th.—Lecture 2. On the Diagnosis of Urinary Diseases. Digital Exploration of the Bladder. Monday, June 16th.—Lecture 3. On Tumours of the Bladder; their nature, diagnosis, and treatment. Wednesday, June 18th.—Lecture 4. Impaired Vesical Function; its various forms and consequences. Friday, June 20th.—Lecture 5. The Progress of Operative Surgery for Stone during the present century: with the

most recent improvements in Lithotripsy, and their results. Monday, June 23rd.—Lecture 6. The results obtained by Lithotomy and Lithotripsy in Great Britain during the present century; with an analysis of more than 800 cases by the author, presented therewith.—Professor Schäfer's and Sir H. Thompson's lectures will, in every case, be delivered at 4 o'clock in the afternoon.

Death of Mr. J. Stannus Hughes.

We deeply regret to announce the demise of this eminent surgeon, who expired at his residence, Merrion Square, on Saturday evening last. Although latterly in rather failing health, no apprehension existed as to Mr. Hughes, who attended a meeting of the Council of the Royal College of Surgeons, of which he was Secretary, on Saturday afternoon, shortly after his return from which the fatal event occurred. The deceased was Surgeon to Jervis Street Hospital, and Professor of Surgery to the Royal College of Surgeons, and from his eminent social qualities as well as his professional ability, is much regretted.

Notification of Infectious Diseases.

THE Burgh Police and Health (Scotland) Bill, to which we recently called attention, because it proposes at one swoop to put every town in Scotland under compulsory notification, was the subject, last week, of a deputation to the Lord Advocate. He spoke as if the Bill was not likely to get a second reading this Session, and we fervently hope that his anticipation will be verified, but, if it does, he proposes to refer it to a select committee. Meanwhile, we are glad to learn that the Parliamentary Bill Committee of the British Medical Association has at length awakened to the existence of the measure, and that its Chairman has intimated to the Lord Advocate the opposition of the Association to the notification clauses.

It is to be hoped that this opposition will be something less of a sham than that shown by the Association to other similar Bills last year, and we advise the members of the Association to keep their own eyes on the action of the Committee. It is notorious that all the sympathies of the Committee are in supporting the compulsory notification, and that they have unwillingly entered an opposition because the Association ordered them to do so. If the Bill goes to a select committee, as the local Bills of last year did, at which all independent medical evidence was refused, and at which the British Medical Association made no attempt to obtain a hearing, there will certainly be a verdict against the profession.

The Discovery of the Circulation of the Blood.

DR. CHAPMAN, Professor in Jefferson Medical College, divides the discovery into six different stages—as follows:—1. The Structure and Functions of the Valves of the Heart, Erasistratus, B.C. 304. 2. The Arteries carry Blood during Life not Air, Galen, A.D. 165. 3. The Pulmonary Circulation, Servetus, 1553. 4. The Systemic Circulation, Cæsalpinus, 1593. 5. The Systemic and Pulmonic Circulation, Harvey, 1628. 6. The Capillaries, Malpighi, 1661.

The Examinations at the Irish University

THE following dates have been fixed for the summer medical examinations of this University: Degrees, Monday, June 23rd; Second Medicine, Tuesday, June 24th; First Medicine, Tuesday, July 1st. The first arts examination begins this year on September 2nd, nine days earlier than in 1883. The several examinations in the different faculties commence on September 15th; the medical is fixed for October 1st.

Health of Dublin.

LAST week's mortality in Dublin was the lowest, with one exception, since this time last year. The rate of mortality was 23.7 in every 1,000. There were only 15 deaths from zymotic diseases registered, being 10 under the number for the preceding week, and 12 under average of 10 years. There was but one case of typhus admitted to hospital, against 13 admissions during the preceding week, being 8 under the number in hospital on Saturday, 17th.

The City of the Cretins.

THE population of the village of Kokane, in Turkestan, is almost entirely composed of crétins and persons suffering from goitre. M. William Chapus, in his work on "The Doctors and Medicines of Central Asia," states that he has visited that town, and was quite astonished at the number of these unfortunates, some of whom were only slightly attacked, while others had a very large tumour. This is the only town in Turkestan in which the inhabitants possess this unpleasant privilege; such cases are rarely to be met with in other places. The town is situated on a plain 1,300 ft. high, and is abundantly supplied with water by a river coming down from the Aloï. In 1878, when the Russian troops were quartered there, more than half of them were attacked with goitre and sore throats after a few days, but iodine and subcutaneous injections cured them immediately. It has now been resolved to abandon Kokane, and to transport the population to Marghellone, the chief town of the province.

Lectures on Organic Chemistry.

A NEW course of lectures on Organic Chemistry has been commenced at the School of Pharmacy in Bloomsbury Square. They are given by Mr. Wyndham R. Dunstan, the Assistant Lecturer in Chemistry and Physics, and Demonstrator of Practical Chemistry. The design now carried into effect is founded on the recommendation of the Council of the Pharmaceutical Society in 1882, but the idea has not till now assumed any definite shape. The course is intended to afford a fundamental, connected, and systematic knowledge of the general facts of organic chemistry, as distinguished from a description of particular organic compounds considered separately in their application to pharmacy.

It is hoped that by such systematic instruction the educated pharmacist will be able to advise the medical profession upon the chemical relations of organic substances, their exact nature, and rational employment. The course will include an exposition of the modes of viewing the constitution of organic compounds adopted

at the present time, and of the principles involved in a systematic classification. In addition to this, special and detailed attention is devoted to those bodies which are of importance in medicine and the arts. A synoptical table has been compiled, and accompanies the printed syllabus as a comprehensive guide in considering the relations to each other of different classes of organic compounds. The course, which is numerously attended, is open to all students, and the lectures are delivered the first three mornings of the week.

The Value of "London University Distinctions."

GRADUATES of the University of London are wont to claim for their degrees an amount of consideration equal to, if not exceeding, that accorded to the degrees of any other University whatever. They will therefore be interested to learn the manner in which the Liverpool School Board apprise the acquirements the proof of which they estimate not unnaturally so highly. The authority in question is in need of an Assistant Science Demonstrator in connection with instruction in Mechanics and Domestic Economy, the salary offered being the magnificent one of £100 per annum, rising, in four years, to £120. The Board, however, has apparently been troubled with a suspicion that this figure might fail to attract the "one with experience of teaching, and practical knowledge of elementary physics and chemistry," for whom preference is expressed. Accordingly they advertise that, "if applicant holds Science and Art certificates and *London University distinctions*," they will generously allot him an *extra annual payment of £3 to £11*. We cannot conceive that any London graduate will be found to put so insultingly low a price upon his services and *distinctions*; but the Liverpool School Board evidently thinks there may be some who will be found to accept the terms advertised; and should it really be the case that this is so, it will prove that the Board authorities have formed a juster estimate of the University than that we entertain.

An Unhealthy Hospital.

SOME of our readers will remember the discussion and something warmer arising out of the alleged unsanitary condition of the then existing Lying-in Hospital, Liverpool. Infective disease made its appearance on many occasions amongst the patients, some died, and the institution was several times closed for disinfection. Its last closure was caused by an endemic infantile diarrhoea, accompanied by ulceration of intestines, commencing two or three days after birth with symptoms indistinguishable from thrush, and ending fatally in a short time, or if the little patients did not die off, continuing obstinately in spite of all treatment. It is not necessary to speak of the many efforts made to discover the cause and apply a remedy; it is sufficient to say that the building was at last sold to the Cancer and Skin Hospital authorities. After thorough cleaning, &c., and, moreover, after the hospital had been closed for a period of at least two years, work was again begun by the new management. It was not long, however, before infective disease again made its appearance, and cases did not do so well as it was anticipated and expected. The staff

were, however, on the alert, and, although our information on this head is not of the most exact description, we understand that the sewers were found defective, and sewer gas made its way freely into every part of the building. Things were then put right, discharge pipes were disconnected from the drains, and from this time the hospital has been as healthy as possible. The subject, we think, demands thorough investigation, in order that the blame, if any, should be laid on the right (or wrong?) parties.

The Physical Effects of Walking Matches.

WE do not seem in this country to have been as yet familiarised with the depressing effects produced in those who engage in lengthened pedestrian contests; nothing, indeed, which has hitherto been published in this connection presents any kind of similarity with the descriptions given in American lay papers of the state to which the winner of a recent match at New York was reduced. This unfortunate being might well excite pity in the pitiful. "His eyes were sluggish, bloodshot, and heavy, and encompassed by huge purple circles; his cheeks had so sunk in that the contour of his teeth could have been seen through them, and every movement was an illustration of acute agony; he swung his arms painfully; his head dropped on his chest; his shoulder-blade stuck out sharply from his attenuated body; his legs dragged lamely one after the other, and the muscles of his neck twitched nervously with every step." It is further added that the second prize winner in the same race was an Englishman whose appearance was even more pronounced than that of the American competitor, so that it is not possible to ascribe the pitiable condition of the latter to national causes. It only remains therefore to conclude that neither had duly prepared by training for the contest, and it would be improper to draw any important conclusion from the facts narrated.

DR. CAMERON, M.P., has obtained the first place in the House of Commons on July 1st, for a motion regarding small-pox in London. It is expected that Mr. P. A. Taylor will move an Amendment to the Resolution condemning the Vaccination Laws.

THE Council of the West London Medico-Chirurgical Society have instituted an annual lecture, to be called the "Cavendish Lecture." The first will be delivered on July 11th, at 8 p.m., by Mr. T. Holmes. The subject will be the "Medical Attendance on the Poor of London."

THE deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 19.9 per 1,000 of their aggregate population. The death-rates in the several towns were:—Birkenhead 10; Bristol 14; Salford, Leicester 16; Huddersfield 17; London, Edinburgh, Wolverhampton, Bradford 18; Sheffield, Hull, Derby 19; Bolton, Birmingham, Sunderland; Liverpool, Brighton, Portsmouth 21; Leeds, Nottingham, Norwich, Cardiff 22; Dublin 23; Glasgow, Manchester, Newcastle-on-Tyne, Blackburn 25; Plymouth, Preston 27; Halifax, Oldham 28.

THE Annual General Meeting of the Irish Medical Association was held in the Royal College of Surgeons, Dublin, on Monday last, and was, in all respects, very successful. The attendance was large and representative, and the debates interesting. We print the report of the Council in our Supplement of this day, and hope to give a report of the meeting in our next.

THE election of the Council of the College of Surgeons of Ireland, held on Monday last, was very excited, a coalition having been formed between certain parties amongst the Fellows for the purpose of displacing some of the Councillors whose views they differed from. Upon scrutiny of the poll it was ascertained that Messrs. Stokes, Fitzgibbon, Carte, and Elliott had been placed on the Council in place of Messrs. Butcher and Denham, who had resigned, and Messrs. Macnamara and Thornley Stoker displaced.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

EXTRAORDINARY CASE OF POISONING IN GLASGOW.—On the 25th ult. a peculiar case of poisoning was reported to the police of the western district, Glasgow, a whole family, consisting of a man and his wife and four children, having been taken seriously ill after partaking of some curds and cream obtained from a dairy. The persons affected were Hugh Martin, Mary Ann Bryden or Martin, his wife, and their family—Mary Ann, aged 18; Bella, aged 8; Clementina, aged 6; and the baby, James, aged 11 months. After partaking of some curds and cream obtained from the dairy of Janet Baxter they were all taken ill, suffering internal pains, vomiting, and showing all the symptoms of poisoning. The baby, who had only swallowed a couple of spoonfuls of the preparation, appeared to suffer as much as the others, which proves that the poison must have been of a very dangerous description. Dr. M'Phee, St. George's Road, was summoned to the house, and administered remedies, remaining with his patients for several hours; and it was not until morning before he considered them all out of danger. On the affair being reported to the police, a number of officers were instructed to inquire into the case. They visited Baxter's dairy, and learned that the milk from which the curds were prepared had been obtained by her from a dairyman named M'Leod. A portion of the curds and cream found in Martin's house and some of the milk found in Baxter's shop were taken possession of by the police, and, on the recommendation of Dr. Johnston, forwarded to Professor Dittmar, of Anderson's College, to be analysed.

GLASGOW SANITARY PROTECTION ASSOCIATION.—The quarterly meeting of the Council of this peculiar association was held last week, and it was reported that the Association continued to make progress, and promised, at the present rate of growth, to do a much larger amount of work, and have a larger membership than last year. The engineer was busy, as usual, inspecting and reporting on the sanitary condition of town houses; and the secretary mentioned, with regard to country houses, that they had already examined during the portion of the current year that had run as many as the total number last year.

EDINBURGH.—ANTI-VIVISECTIONIST MEETING.—A conference to consider the practice of vivisection, and to take steps to urge upon the Legislature the desirability of passing a law to suppress it, was held on Saturday, the 24th ult., in

Edinburgh, Rev. Dr. Adamson presiding. The attendance was small, and mostly ladies. The secretary intimated that a doctor in Ireland had left £3,000 to carry on the movement against vivisection. The will, however, was disputed, but a gentleman had intimated his readiness to pay any law expenses that might be necessary. Rev. Mr. Stewart, Aberdeen, moved that, in the opinion of the meeting, both humanity and religion are opposed to vivisection. Rev. C. E. Bowden, Edinburgh, seconded the motion, which was adopted. Another motion, proposed by Dr. Bowie and seconded by Rev. Mr. Henderson, that "vivisection as a method of investigation is erroneous in theory, misleading in practice, and ought to be suppressed," was met by an amendment, proposed by a medical student, to the effect that vivisection had been of use, and would be of greater utility to the country. The amendment was not seconded, and the motion was carried. Votes of thanks terminated the proceedings.

Correspondence.

WHAT IS MEDICAL ADVERTISING?

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The entertaining discussion in progress in your paper respecting the proper limits of professional advertisement has afforded me a good deal of amusement and, I trust, instruction. It is most refreshing to find not only one or two, but three, four, and even five gentlemen openly avowing that they do not worship mammon in the blind spirit of idolatry shown by those who cry their virtues and their books in the columns of the daily press. By-and-by, should the principle of separation evident in recent controversy continue to work its effect, it will be incumbent on the Council to publish annually *two* "Registers," one of those practitioners whose first regard is for their profession, and the other of those whose chief care is "No. 1." It might advance matters a little if that guardian of our morals, the Royal College of Physicians, would kindly issue a list of its Fellows, distinguishing those who, either by virtue of their official position in the College or because of their status *out* of it, are permitted to advertise themselves *cum laude*, the remainder on the list being, of course, made scapegoats for the sins of their more powerful fellow Fellows. The whole question is a most bewildering one, and seems to be sadly mixed. On one side I see a president of a Royal College placarded by name all over the world as a skin doctor; while on the other I see a miserable hand-to-mouth existing general practitioner chivied from corner to post because his too generous friends have given him the benefit of a paragraph in a country paper with at most a few hundred readers. Why is not the ex-president bullied in a similar manner? The answer is very plain, and it is, because we are all of us at heart insincere in this particular. Mr. Editor, do you commence a modern crusade against humbug? Preach the doctrine "advertise everywhere, anywhere, anyhow." Let the ruling principle of nature have free play; and let him who advertises most and best oust his more diffident or less vociferous neighbour. Either this, or more attractive perhaps, though less hopeful, let the College of Physicians throw aside its miserable pretence of shame and utter boldly forth its condemnation of unprofessional conduct and dishonourable dealings on the part of *any* of its dependents. What matter if it must, so doing, sacrifice one or more of its own executive? What pity can be felt for those who determinedly outrage the regulations they have helped to frame, and who feel no compunction in constantly and openly defying them. Let it be, advertise one advertise all; or else let the sickening cant about violated pledges for ever cease to be heard, especially from the invertebrate judges who quail before the powerful and castigate the weak and feeble.

Yours, &c.,

ANABLEPS.

PROPOSED CHANGES AT DURHAM UNIVERSITY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The letters which have appeared in the medical

papers during the past few weeks concerning the proposed change in the regulations for the degree of M.D. of the University of Durham for practitioners of 15 years' standing have created a very strong feeling among the graduates and undergraduates, which culminated in a crowded meeting, held at the infirmary on the 16th ult., Charles Green, M.D. Durham, Medical Officer of Health for Gateshead, in the chair, at which the following resolutions were unanimously passed:—

1. That this meeting hears with great dissatisfaction that there is in preparation a memorial praying the Senate of the University of Durham to alter existing regulations concerning the degree of M.D. for practitioners of 15 years' standing.

2. That this meeting is of opinion that the proposed alterations would greatly detract from the value of the degree as obtained in the usual course.

3. That the degree of M.D. obtained by other than the usual course—viz., that of putting in residence, attendance on lectures, and the passing of the several examinations—is prejudicial alike to the interests of the University of Durham and to the status of those who have obtained the degree in the orthodox manner.

4. That an humble petition be prepared to present to the Senate, praying it, not only to neglect the memorial suggesting the afore-mentioned proposed alterations, but also very earnestly praying it to consider the advisability of abolishing the degree of M.D. for practitioners of 15 years' standing.

5. That an account of the proceedings of this meeting, with the resolutions passed, be sent to the medical journals for publication.

A small committee was formed, of which Dr. Green was elected chairman, for the purpose of drawing up a petition in accordance with the above resolutions.

A circular letter is about to be sent to all graduates in Medicine of the University of Durham, other than those who have obtained the M.D. for practitioners of 15 years' standing, whose addresses appear in this year's "Medical Directory."

We shall also be glad if those whose addresses do not appear will communicate with us *at once*, as we are anxious that no time shall be lost.

We are, Sir, your obedient servants,

J. A. HUTCHINSON, M.B., M.R.O.S.,
C. POPE WALKER, M.R.C.S.,
Hon. Secretaries.

University of Durham College of Medicine,
Newcastle-on-Tyne.

DR. MORE MADDEN ON THE INCREASE OF LUNACY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—When a writer puts forward a startling theory it is important to test both his own mental capacity as an accurate thinker and the data from which he deduces his conclusions. Let us rigorously test both the writer and his data in this particular instance.

1. Dr. Madden states that in 1800 there was only one lunatic to 7,300 of the population, that is about 1,500 in all England. In six years after there were 2,248; in thirteen years, 6,000; in four years again 6,000; in three years, 14,000. Surely no accurate thinker would conclude that these variations in the estimates were due to actual variations in the numbers of lunatics.

2. Turning to the explanation given of the causes of the increase of insanity, they are *increase of drinking* among all classes of society, *growing luxuriousness* of youths, *forced education* generally, and especially *misdirected education of women*. Now, except the first of these evils, it is manifest that only a very fractional portion of the population are affected by such influences. How many of the thirty millions in England are living too luxuriously, or working too hard for Civil Service examinations, or engaging too earnestly in business? Evidently, to prove anything like this, it must be shown in what proportion the increase in insanity has fallen on the different classes in society, both in respect to their occupation and their physical surroundings. Again, it appears that there are more lunatics in Ireland, in proportion to the population, than in England. Yet Irishmen drink far less liquor than Englishmen, and neither over-education nor excessive diligence in business are generally put down among the ills of Ireland—still less that its women are becoming blue-stockings by the million. Again,

I fear Dr. Madden does not come out well as an accurate thinker or reasoner.

3. If Dr. Madden's figures prove anything, they prove that the appointment of Her Majesty's Commissioners of Lunacy had more to do with the increase in lunacy than anything else. There is no question about the *post hoc*, at all events. Lunacy has doubled under their régime. Whether they set men—and especially women—mad, or whether they only found out the lunatics does not appear. Dr. Madden himself admits that people are put in asylums now who would not have been a few years ago. If along with this there has been a decrease in the mortality among lunatics a part at least of the increase of the number of lunatics would be accounted for. I have no special experience in matters connected with lunacy, but I can recognise inconclusive reasoning when I meet with it, and I think I have shown that Dr. Madden has given a notable example of it. Judging from my own small experience I should say that poverty, hardship, and exposure are very potent factors in the production of insanity, and I believe that the source of any real increase in insanity is to be sought for mainly in the condition of the lapsed masses in cities. No doubt a careful analysis of the previous life history of the insane would throw much light on the subject, but I fear the material is not accessible.

While criticising Dr. Madden's figures thus sharply I would fully endorse what he says about the importance of having the treatment of the insane under the supervision of "all round physicians" who can recognise a diseased stomach or uterus as a cause of insanity, and the equal importance of having the committal of the insane entrusted to men who have considerably greater fitness for such a responsible duty than the "legal qualification."

Yours, &c.,

A. W. WALLACE, M.D.

THE DUBLIN TRADE IN DISEASED MEAT.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I am very glad to see that you are taking up this question and so ably discussing it. I cannot agree with you, however, that we make a profit by the sale of these diseased carcasses, our nett loss is nearly £4,500 a year for the last six years. Of course if we only received 15s. a head from the knacker for all the beasts, our loss would be enormously increased, but profit there is none. Again, why do you insist that we sell the meat to the poor, I maintain that you and I have just as good a chance of getting our share of it, we deal with a contractor who disposes of it to the butchers. I allow that he may make a splendid profit. Some years ago when the majority of the guardians decided that our paupers in the unions should not be fed on this meat, which, however, they considered good enough for the general public, a good opportunity was lost for deciding at once and for ever the question as to its wholesomeness. If the paupers thrive on it then it is good for food, but if a plentiful crop of carbuncles, phlegmons, and other such unholly fruit appeared, then let all lung diseased cattle be cremated. As to the medical aspect of the question I have nothing to say, let the doctors fight that out. I am only recently a member of the Cattle Diseases Committee and cannot say how long this disgusting traffic, as you term it, has gone on, but suppose medical opinions were taken as to the digestibility, &c., of the diseased meat and the sanction of the authorities was obtained before the guardians began it, I think your strictures would be directed against these parties and not against the unfortunate guardians who, sorely against their will, are obliged to carry out the provisions of this Contagious Diseases (Animals) Act, and to apply £4,000 or £5,000 a year out of the poor rates in such a useless and thankless manner.

The subject is a most proper one for the medical press to ventilate, but I wish it would devote some of the superfluous energy expended in reforming the Poor-law guardians towards pointing out some tangible means of prevention or cure of this pleuro-pneumonia. I wish also the general press would take up my side of the question—viz., this enormous expenditure of the ratepayers' money in purchasing these diseased animals in the vain hope of stamping out the disease by their slaughter and by bringing public opinion thoroughly to bear on it, so influence all those who should be interested in the matter that they would no longer passively endure the state

of things which has gone on so long, but energetically seek and carry out a remedy. Meanwhile, as long as our present system of trusting the constitutions and lives of the citizens of Dublin to the mercies of two veterinarians and accustoming our stomachs to digest irritant poisons at their discretion, as long as we pay dairymen a premium for lung-diseased cattle, and inspectors a good salary for discovering them, so long will the farce go on until, in process of time, we may have in Dublin a reproduction of the sixth plague of Egypt.

Yours, &c.,

WM. DOMVILLE HANDCOCK, J.P., P.L.G., S.D., &c.

[As we have already said, we feel fully justified in accusing the guardians of making a profit by the iniquitous traffic in diseased meat in which they are engaged. The knacker's price of this carrion for boiling down is 15s.; the butcher's price is £5; so that, clearly, the guardians make £4 5s. by selling to the latter.

When this traffic was initiated a medico-sanitary inquiry was held, and a report was made by Dr. MacCabe to the Privy Council; we believe that that report unhesitatingly condemned the proposal to sell any of the pleuro-pneumonic meat for food except that of cattle who had just shown symptoms of the disease.

That report was suppressed by the authorities, and this disgraceful trade entered upon in spite of the warnings of Dr. MacCabe and others. We believe that the law, the guardians, the Local Government Board, and the Irish Privy Council, are one and all to blame in the matter. The law offers a premium to the farmer to pass off all the unsaleable cattle he has as pleuro-pneumonic, for it awards him a compensation amounting to three-fourths of the fancy price of the animal—which three-fourths is usually in excess of the real price. The guardians seem to keep no sufficient control over their inspector, who, if he were disposed to do a job for the benefit of the farmer, is in a position to do so.

The Local Government Board passes the accounts for these compensations, and the amounts which the guardians receive for the fevered carrion, through the hand of its auditors, and yet never remonstrates either against the monstrous outlay or the abominable traffic, and the Privy Council gives its authority for the continuance of the trade.

We note that Mr. Gray, M.P., has elicited from the representative of the Privy Council the official statement that he "is happy to say that the sale of pleuro-pneumonic meat is not permitted in England." We earnestly trust that Mr. Gray, recollecting that the largest proportion of this stuff goes to the low-class butchers for consumption by the poor, will persevere in his praiseworthy attempt to put a stop to it. If he need evidence of the extent of it he will find it in the report of the Medical Officer of Health for Dublin, from which it appears that no less than 8 tons of diseased meat were seized by the corporate authorities within the month, nearly 7 tons of which consisted of "guardians" beef. —ED.]

Royal College of Physicians of London.—At an extraordinary meeting of the Council of this College, held on Thursday last, Sir W. Jenner, Bart., K.C.B., President, in the chair, the following business was transacted:—Replies to the addresses of condolence passed by the College were read from Her Majesty the Queen and H.R.H. the Duchess of Albany. A proposal from Dr. Alexander Tweedie to present his portrait to the College was read and was cordially accepted. A memorandum from the Royal College of Surgeons relating to the manner in which it is proposed in the Medical Acts Amendment Bill to dispose of the surplus funds of the Medical Boards was referred to the Medical Bills Committee. Mr. John Bland Sutton, the Murchison Scholar, was presented and congratulated on his success. The election of Fellows was adjourned, the list of the nominees being referred to the Council for further consideration.

Dr. Dyce Duckworth was unanimously elected treasurer of the College in the room of the late Dr. Whyte Barclay. A report was read from the Nomenclature Committee, which has completed its labours, and thanks were voted to the Committee. The following addition to the Bye-laws was proposed for the first time, and carried:—"1. The President shall appoint annually, from among those Fellows of the College who have filled the office of Senior Censor, two Fellows as Vice-Presidents, who shall hold office for one year, and not be re-eligible until after the lapse of five years. 2. In case of the unavoidable absence of the President, or of his inability to act, one of the Vice-Presidents shall, for the purpose of transacting routine business and on all matters of form, act as his Vicarius. 3. The Vice-Presidents, on taking office, shall give their faith to the Fellows, using the following words:—"I give my faith that I will discharge faithfully the duties entrusted to me as Vice-President." On the report of the Council being presented, with a list of sixteen Members nominated for election as Fellows, the following was moved and adopted:—"That the list of Members nominated by the Council and proposed to the College for election to the Fellowship, be referred back to the Council for re-consideration, with full power to insert fresh and to remove existing names, provided that the total number of nominations do not exceed twelve."

Royal College of Physicians of London.—The following candidates, having undergone the necessary examinations, were admitted Licentiates on Thursday, May 29th:—

Deane, Arthur Cecil, 40 Bassett Park Road, W.
De Morini, William Raoul, St. Bartholomew's Hospital, E.C.
Maitland, Percy Edmund, 12 Albert Street, N.W.

Royal College of Surgeons of England.—The following has just been announced by the Council of this College as the subject for the Collegiate Triennial Prize:—"The Nature of Inhibitory Action in the Animal Body to be elucidated by Original Research." This prize consists of the John Hunter Medal, executed in gold to the value of fifty guineas, or, at the option of the successful author of the dissertation, of the said medal executed in bronze, with an honorarium of fifty pounds. Essays for this prize must be sent in on or before Thursday, December 31st, 1885. The following are the subjects for the Jacksonian Prize of this and the succeeding year:—"The Surgical Treatment of Uterine Tumours, both Innocent and Malignant," and "The Diagnosis and Treatment of such Affections of the Kidney as are amenable to Direct Surgical Interference." The value of these latter prizes is the amount of the dividend (between £12 and £13) received from the Trust.

Royal College of Surgeons of Ireland.—The undermentioned candidates, having passed the necessary examination, were admitted Licentiates of the College during the May meetings of the Examiners:—

Berkeley, J. Acheson.
Bagot, George A.
Bate, Louis A. F.
Bernal, John.
Carte, Francis L.
Collins, James V.
Cronin, Cecil.
Crow, T.
Cuffe, Alexander.
Daly, Thomas J.
Delaney, Julius Barry.
Dillon, Thomas L.
Eccles, Cuthbert.
Ford, Patrick J.
Greig, Frederick J.
Hanna, James.
Kennedy, Denis.
Kennedy, Graham.
Kilkelly, Charles E.
Lane, Benjamin.

Lawson, Frederick D.
Lowney, John.
McNulty, Edward.
McGrath, Thomas J.
Maguire, James H.
Minchin, E. L.
Moloney, Cornelius R.
Murray, Walter A.
Nash, Llewellyn J. M.
Perrott, Charles J.
Scott, William W.
Smart, Edward N.
Stewart, Alexander.
Thomson, Malcolm E.
Westropp, Augustus M.
Wright, H. E. P.
Wright, Thomas N.
Woods, John H.
Yates, John F.

Thirty-nine candidates passed, and thirteen were stopped. Seventy-one gentlemen passed the first half of their examination for the licence, and thirty-six were stopped.

University of Cambridge.—At a congregation holden on Thursday last, May 29th, it was agreed, on the recommendation of the Special Board for Medicine, that any person who had taken the degree of Master of Arts before February 27th, 1882, and done all that is required by the statutes and ordinances of the University for admission to the degree of Bachelor of Surgery may be admitted to the examination for the degree of Master of Surgery. At the same Court the undermentioned degrees were conferred:—*Doctor of Medicine.*—Alfred Francis Street, Trinity College. *Doctors in Science.*—William Johnson Solias, St. John's; John Venn, Caius. *Bachelor in Medicine.*—George Henklots Vos, Christ's. *Bachelor in Surgery.*—Geo. Lindsay Johnson, Caius.

Notices to Correspondents.

✎ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

DR. DUTIL (Paris).—With pleasure.

DR. WOJNARSKI (Ballarat) is thanked. Interesting information from the Colonies is always acceptable.

SALIVATION.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—A similar case to that described by "Myosotis" in your last issue came under my notice some three years ago; various remedies had been ineffectually tried. The patient was a female, and had suffered for years. Atropia, used hypodermically, was resorted to, with complete success, 1-240 gr. was given, gradually increased to 1-80 gr. I should be glad to learn the result of this treatment in the present instance.

Yours, &c.,

CHARLES FREDERICK KNIGHT, M.D.

82 Harcourt Street, Dublin.

NITRO-GLYCERINE AS A MEDICINAL AGENT.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—It is strange that Dr. J. McGrigor Croft has not till now heard of the medicinal uses of nitro-glycerine. It was introduced into medical practice in 1819, by Dr. Herring, of Philadelphia, under the name of glonorin, and since that time has been largely used in the homoeopathic school, chiefly for congestive headaches of a peculiar sort, and some forms of neuralgia. Last year a monograph on its uses in angina pectoris, with numerous cases, by Dr. Murrell, was published, and these nitro-glycerine lozenges have been advertised for some time past. There is not much fear of its action being cumulative, and thus causing death by explosion, for its action is very short, and after a dose strong enough to cause intense headache, in an hour or little more the symptoms are all gone.

Yours, &c.,

R. E. DUDGEON, M.D.

58 Montagu Square, London,
May 28, 1884.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—If Dr. McGrigor Croft will consult the number for 1st April last of the *Journal of the University of Philadelphia*, edited by the notorious Dr. Buchanan, he will read of a patient exploding through an over-dose of nitro-glycerine, the roof being lifted clean off the house, and the nurse in attendance was found sticking in the chimney.

Yours, &c.,
CYNIO.

[Nitro-glycerine, otherwise glonorin, has been in extensive use since 1858, and Martindale's pills and lozenges containing it have been well known for the last five or six years. Our correspondent would find references to it in the "Medical Digest," and instances of its frequent employment have been recorded from time to time in the various medical journals. There is no fear of cumulative disasters, nor an exhibition in this country of a like character to that referred to by our correspondent "Cynio."—ED.]

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.—We are asked to state that a quarterly court of this Society will be held on July 9, for the purpose of electing appropriate candidates to its benefits. Members of the profession wishing to be balloted into the Society must send in their names to the Secretary before June 17.

MR. W. B. (Wigan) and M.D. LOND.—On account of the public holidays your communications did not reach us in time for the present issue.

The Societies, College Lectures, &c.

WEDNESDAY, JUNE 4TH.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—At 4 p.m., Mr. Edward Albert Schäfer, The Functions of the Marginal Convolution.

OBSTETRICAL SOCIETY OF LONDON.—At 8 p.m., Specimens will be shown by Dr. Godson, Dr. Galabin, Dr. Aveling, Dr. Walters, Dr. Mallins, Dr. John Williams, and Dr. R. Barnes. Dr. Playfair, Note on the Absorption, with ultimate recovery, of Thrombosis of the Pulmonary Artery in the Puerperal State.—Dr. Matthews Duncan, On Fetal Revolutions.—Dr. Lediard, Fibro-cystic Myoma of Uterus.

THURSDAY, JUNE 5TH.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.—At 8 p.m., Dr. F. H. Miles, Drawing of Fundus with Choroidal Tubercles; Stained Sections of Tuberculous Choroid.—Dr. Bralley, (1) Paralysis of External Rectus and Mydriasis, with a recent history of Unilateral Diplopia. (2) Sympathetic Papillitis.—Messrs. Critchett and Juler, Case of Choroiditis Disseminata.—Messrs. Cowell and Juler, Mounted Specimens of Intra-ocular Sarcoma.—Dr. Sharkey and Mr. J. B. Lawford, Optic Neuritis associated with Acute Myelitis.—Mr. Nettleship, (1) Cases of Recovery from Amaurosis in Infants. (2) Cases of Retro-ocular Neuritis.—Dr. C. E. Fitzgerald, An Instrument for showing the Action of the Accommodation.—Mr. J. B. Lawford, Amblyopia with Contraction of Visual Fields and Central Scotoma, ending in recovery.—Mr. Adams Frost, Ciliary Staphyloma following Irdochoroiditis, sympathetic ophthalmitis subsequent to excision.—Mr. Sims in Snell, Case of Unilateral Diplopia.

FRIDAY, JUNE 6TH.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—At 4 p.m., Mr. Edward Albert Schäfer, The Analysis of Voluntary Muscular Action.

ROYAL INSTITUTION.—At 8 p.m., Mr. Willoughby Smith, Electric Induction Experiments.

SATURDAY, JUNE 7TH

ROYAL INSTITUTION.—At 8 p.m., Professor Bonney, Microscopical Geology.

MONDAY, JUNE 9TH.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.—At 8 p.m., Casual Communications by Messrs. W. St. George Elliott, W. E. Harding, David Hepburn, &c. Mr. Oakley Coles, On the Maintenance of Health amongst the Practitioners of Dental Surgery.

TUESDAY, JUNE 10TH.

SOCIETY FOR THE STUDY AND CURE OF INEBRIETY.—At 4 p.m., Papers: Dr. W. B. Carpenter, On the Causation, Physical and Moral, of Inebriety.—Mr. Axel Gustafson, On Inebriety and Volition.

Vacancies.

Brompton Consumption Hospital.—Resident Clinical Assistant. Applications, testimonials, &c., to be sent in to the Secretary before June 14. (See advt.)
Burton-on-Trent Infirmary.—House Surgeon. Salary commencing at £180, with furnished rooms. Applications to the Hon. Sec. before June 12.
Owens College, Manchester.—Lectureship in Dental Surgery. Applications to the Registrar before June 16. (See advt.)
Queen's College, Birmingham.—Professorship of Anatomy. Stipend is £262 10s. Applications to the Secretary by June 30.
St. Mary's Hospital, Paddington.—Medical Superintendent. Salary, £150, with board and residence. Applications to the Secretary before June 10.

Appointments.

CAIGER, F. F., M.B., M.S., M.R.C.S., L.R.C.P., House Surgeon to St. Thomas's Hospital.
COOPER, G. F., M.R.C.S., L.R.C.P., House Surgeon to St. Thomas's Hospital.
GRANT, H. L., M.B., Assistant Medical Officer to the Buckingham County Asylum, Stone, near Aylesbury.
GREEN, C. D., M.R.C.S., L.R.C.P., Resident House Physician to St. Thomas's Hospital.
HEBERT, C. A., M.R.C.P. Lond., Demonstrator of Anatomy in the Westminster Hospital Medical School.
HULL, W., M.B., M.R.C.S., L.R.C.P., Resident House Physician to St. Thomas's Hospital.
JOHNSTON, G. D., M.R.C.S., L.R.C.P., House Surgeon to St. Thomas's Hospital.
LEVINGE, E. G., M.B. Dub., L.R.C.S.I., Resident Medical Superintendent to Mount View Lunatic Asylum, Wellington, New Zealand.
ROBINSON, H. B., M.R.C.S., L.R.C.P., Assistant House Surgeon to St. Thomas's Hospital.
SANEYOSHI, Y., M.R.C.S., L.R.C.P., Assistant House Physician to St. Thomas's Hospital.
SCOTT, T., M.R.C.S., L.R.C.P., Assistant House Physician to St. Thomas's Hospital.
SMITH, F. W., L.R.C.P. Lond., M.R.C.S., Medical Officer to St. George's Workhouse, Southwark.
STEVENS, F. J., M.R.C.S., Medical Officer for the Kilburn District of the Thirak Union.
STONE, F. W. S., M.R.C.S., L.R.C.P., Non-resident House Physician to St. Thomas's Hospital.
SUTTON, S. W., M.D., B.S., &c., Ophthalmic Assistant to St. Thomas's Hospital.

Births.

BODINGTON.—May 26, at Ashwood House, Kingswinford, Staffordshire, the wife of G. F. Bodington, M.D., of a son.
HALL.—May 24, at Silvermines, the wife of J. H. Andrews Hall, L.K.Q.C.P.I., of a daughter.
KINKAD.—May 27, at West House, Galway, the wife of E. J. Kinkad, M.D., of a daughter.
MOYMAN.—May 25, at Loughton House, Newport, Monmouth, the wife of E. M. Moyman, M.D., of a son.
WOODHOUSE.—May 27, at 80 Upper Merrion Street, Dublin, the wife of Stewart Woodhouse, M.A., M.D., of a son.

Marriages.

DUKE—RUCKER.—May 27, at St. James', Clapham Park, Edgar Duke, M.R.C.S., of Freshwater, I.W., to Adela, youngest daughter of D. H. Rucker, Esq., of Errington, Clapham Park.
RYLEY—MEADOWS.—May 27, at St. Mary Abbott's, Kensington, James Ryley, M.D., of Great Yarmouth, to Mary Grace, eldest daughter of M. W. H. Meadows, B. Matthews's, Ipswich.

Deaths.

ALDRED.—May 21, in Hyde Park, suddenly, H. Allen Aldred, M.D., of Westbourne Park.
ALDRIDGE.—May 22, at Shirley House, Dorchester, John Peck Aldridge, M.D. & J.P., aged 71.
CUFAUDE.—May 24, at his residence, Acle, Norfolk, William Henry Cufaupe, M.R.C.S. Eng., L.S.A.
FINCH.—May 28, at Pau, Basses Pyrénées, France, Frederick Cotter Finch, M.D., late of Blackheath, Kent, aged 70.
TWEEDIE.—May 20, at Bute Lodge, Twickenham, Alexander Tweedie, M.D., F.R.S., late of Brook Street, London, aged 79.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 11, 1884.

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Original Communications.

ANTISEPTIC INHALATION AND THE BEST METHOD OF CONDUCTING IT. (a)

By ROBT. J. LEE, M.A., M.D. Cantab., F.R.C.P. Lond., Late Lecturer on Pathology and Forensic Medicine, Westminster Hospital, and Joint Lecturer on Obstetric Medicine, St. George's Hospital.

It was not difficult to foresee that if the antiseptic principle of treating certain surgical forms of disease were once established upon a sound clinical basis, it would be soon extended to the treatment of diseases of the lungs, and particularly of the most common disease, pulmonary phthisis. Before this could be done, however, we had to consider carefully the different conditions under which the treatment could be carried out. It was easy to use a fluid antiseptic where the parts were within reach, but in the case of the lungs it was clearly necessary to use the antiseptic in the form of vapour, so that it could be carried by inspiration into contact with diseased tissues.

The bacillus theory of phthisis rather favoured the use of antiseptic agents, and thus encouragement was given to this extension of a principle, at first applied only in surgery, but promising very reasonably to be of value, and great value, to the physician. It must be distinctly admitted, I think, that the merits of this method of treatment will be determined entirely by clinical experience. I mean to say that if it is to be a matter of faith with the great number of us, it will depend on our own personal observations and our own experiments; and however reasonable it may be in theory, we should soon cease to adopt it if, after a few trials, we met with doubtful or negative results. It matters very little to the majority of our profession whether the bacillus theory of tubercle be decided one way or the other, and only those few can feel much interest in the question who are competent to examine it for themselves. But the majority of our profession cannot do this. The knowledge and skill required

to test microscopically or otherwise the nature of a bacillus or bacterium are very considerable; and the most experienced microscopical examiners are the most aware of the difficulties of this kind of investigation.

But we can put to the test the value of the antiseptic principle in practice, and it is not only our duty to do so, each one for himself, but the promise held out of benefit to those that suffer is so great that our liveliest interest must be excited by it.

The question, therefore, that we must first decide is briefly this. The antiseptic agent which we propose to employ must be in the form of vapour, and not of fluid. This vapour must be tested in some way, and shown to be reliable. It must be tested just as we should test a fluid before using it. It will not do to be making experiments with an agent the qualities of which we are ignorant of, for self-evident reasons; but particularly because we could not bring into harmony with our own observations those of others who had obtained different results. We must at the very outset settle this question first, and when we are agreed on the plan we intend to follow, we shall soon be able to establish conclusions. You would imagine that this preliminary question must have been decided already. This is not the case, however, and it still remains to be considered.

I will point out as briefly as possible the method that appears to me to be altogether the most convenient, the most reliable, and the most accurate.

I have here a solution of carbolic acid in water, such a solution as could be relied upon for surgical practice; the ratio of carbolic acid to water is 2 per cent.; that is, one in fifty. Now if we convert this solution into the form of spray some might suppose that it could be inhaled. This spray, however, is not vapour. The particles of fluid have not changed their condition except that they are separated or pulverised. They are still in the fluid state, and they act as the fluid itself would act on parts they come in contact with; but it would be easy to show that they cannot pass far into the respiratory passages, and cannot reach the remote parts of the lung.

(a) Read before the West London Medico-Chirurgical Society.

The agent or force by which bodies are generally converted from the solid or fluid state to that of vapour is heat; and if we heat or boil this fluid and convert it into vapour we shall discover that the carbolic acid also evaporates, and we may naturally inquire, what are the properties of this carbolic vapour. Is it in the first place a vapour of definite strength, or does the carbolic acid only come off in small quantity? Is it antiseptic vapour?—that is, will it prevent septic action? and lastly, can it be inhaled? and can we reasonably expect it to act as an antiseptic in phthisis and other forms of disease of the lungs? On these points I have made experiments which would satisfy you, if I had time to enter into details, that there is no method so convenient and reliable as this very simple one of heating an aqueous solution of carbolic acid and breathing the vapour of it. There is one reason for this to which I would ask particular attention, and after explaining it, if time allows, I will make a few remarks on the use of some agents, such as benzoic acid, thymol, and others, which might possibly be useful in therapeutics.

Our first object being to obtain an antiseptic vapour of definite strength; when it was observed, I believe by myself for the first time, that carbolic acid apparently evaporated at the same rate as the water with which it was mixed, it was clear that we had thus presented to our use the most simple and accurate means of testing this question. When I say that vapour of carbolic acid appeared to come off equally with the water, you will understand that I was using the only tests which I could apply personally, and that this observation arose, not by accident, but as the result of a series of experiments made with several substances, of which the volatile oils were the most important—the oils of turpentine, eucalyptus, cloves, cubebs, cinnamon, and many others, the experiments being made simply to determine this question of how they acted when boiled with water. There were no data to assist; as you can easily understand, this question would not offer much attraction to any one but a medical practitioner who had a special object in view. Having found that none of the substances had this peculiar property of carbolic acid, I felt impressed with the importance of submitting my own results to further experiment conducted by scientific chemists. It appeared to me most necessary that there should be no mistake upon this point, and I must take advantage of this opportunity to express my obligations to Dr. Piesse, and Mr. Johnston, for the care and trouble they took in deciding a question of some difficulty in chemical analysis.

The determination of the quantity of carbolic acid in a given solution is not a very easy matter. What was done was this: A certain measured quantity of water was taken, and to this a certain definite quantity of pure carbolic acid was added. This was boiled until a certain quantity of the solution had evaporated, and the remainder was then tested. Again, another quantity was evaporated and the remainder tested in the same way as before; and this operation was repeated until the solution had been entirely used. It was thus easy to determine whether the carbolic acid kept a constant proportion to the water or not. It is known to chemists that hydrochloric acid mixed with water evaporates in constant ratio, a fact observed, I believe, by Professor Roscoe.

The experiments of Dr. Piesse and Mr. Johnston were entirely confirmatory of those I had made in a different manner, so that now I am in a position to assert that for the purposes of testing the antiseptic method in the treatment of pulmonary disorder we have a reliable, accurate, and convenient plan at our disposal.

I will read to you the letter in which Dr. Piesse states the results of his experiments:—

“January 1, 1884.

“The experiments consisted of three sets, each of six experiments.

“The strength of the solution of carbolic acid in Set 1 was 5 per cent.; in Set 2, $2\frac{1}{2}$ per cent.; in Set 3, 0.5 ($\frac{1}{2}$) per cent.

“The *modus operandi* was as follows:—

“Six flasks were taken, numbered 1 to 6, and into each a solution containing 10 grammes (150 grains) of pure crystallised carbolic acid (absolute phenol) was poured, and the bulk of fluid made up to 200 centimetres by the addition of distilled water. They were then set to boil, and were boiled vigorously—

“No. 1 for 10 minutes

“2 „ 20 „

“3 „ 30 „

“4 „ 40 „

“5 „ 50 „

“6 „ 60 „ respectively.

In each, after cooling and restoring to its original bulk with distilled water, the amount of phenol remaining was estimated by pouring in a standardised solution of hypobromate of soda, containing a trace of free bromine.”

Then follow the actual figures in a tabular form, from which it will be clear when we consider the nature of this analysis that for practical purposes the vapour is constant in its quality. I will not trouble you with these figures as they would more suitably be submitted in a printed form.

The next question which arises is this, What proportion of carbolic acid and water should be used to afford a vapour of certain value as an antiseptic, in which the carbolic acid is reduced to a minimum? for there is clearly a disadvantage in using a vapour stronger than necessary; or, worse than that, injurious effects might follow from it.

If the solution contains carbolic acid in the proportion of 1 to 80 as the strongest, and from that to 1 in 150, we can be certain of obtaining a vapour of high antiseptic properties. A vapour stronger than 1 in 80 acts as a solution would upon the skin and produces the usual irritating effects which follow the application of carbolic acid. A drachm of carbolic acid, that which is known as Calvert's No. 2, added to from fourteen to sixteen ounces of water, will be found to supply a vapour of proper qualities for the purposes required.

I would suggest now a simple plan by which the vapour can be exhaled. Instead of boiling the solution in a small vessel or in a kettle from which the steam would pass off at a high temperature, and thus considerable danger might arise of accidental scalding of the mouth or throat, the steam may be made to issue in a jet at a certain tension. As the steam in this state escapes it carries with it a current of air which quickly reduces its temperature, and reduces very considerably the possibility of the danger arising from the use of vapour at low tension.

Some years ago I explained the use of this principle for the supply of warm vapour, as distinguished from steam at high temperature. By the addition to our knowledge of the property of carbolic acid which I have been pointing out, we obtain a current of antiseptic vapour, and we obtain it in such a form that we can use it very conveniently for the purposes of testing clinically the value of the antiseptic theory in the treatment of pulmonary disorders.

It has been thought by some that the best plan would be to place the patient in a room the air of which was charged with the vapour of carbolic acid, and theoretically this plan has much to be said in its favour; but I need hardly point out that such a plan must be so greatly limited in its application as to make its general adoption quite impossible. It has no advantage practically over the plan I have suggested, and as the chief object of my remarks is to provide a very simple and ready means of applying the antiseptic principle in daily practice, I shall make no further observations upon the advantages or disadvantages of the carbolic room.

Now, if you ask the question, What proof is there that the vapour or steam given off by water and carbolic acid when boiled together in the proportions I have stated is surely antiseptic? the answer is simply this, that by experimentally exposing to its action solutions which under ordinary circumstances are found to putrefy, such putrefaction does not occur. The general plan adopted

in such experiments is the same in principle as that we employ when testing a solution: it is only modified to suit the altered conditions.

It is easy to vaporise many substances by heating them in their pure state, and I promised to make a remark upon some of these. For example, benzoic acid, as we all know, is very volatile. If a piece of dry gum benzoin be heated it parts with the benzoic acid. The same thing happens when a piece of gum-benzoin is boiled in water. The benzoic acid evaporates very quickly with the steam. Eucalyptus oil does the same. Here we have two substances which are converted into vapour at very different temperatures. Benzoic acid vaporises below the temperature of boiling water, while oil of eucalyptus must be raised to a much higher temperature; and yet they both vaporise in much the same way when boiled with water. They differ entirely, however, from carbolic acid. The reason is not apparent, but the fact must be clearly recognised if we use any particular substance in clinical practice.

You can easily understand that one person may say that he has obtained such and such results, while another has obtained very different ones, and useless discussion may arise; that is to say, if the methods of vaporising the substance in question are not stated the real explanation of the disagreements is overlooked. It is therefore necessary if we desire to use any volatile substance for clinical purposes to ascertain the proper conditions for its use. I would advise that we should work for some time with carbolic acid alone and test the question of the antiseptic principle as generally as possible. There may, after all, be no value in it. I am inclined to think from personal experience that there is a great deal in it if it is carried out on accurate and scientific principles.

We are too apt at the present day to sacrifice our independence to assumed authority in matters of therapeutics, and I think there is a degree of credulity in our profession which we ought to be on our guard against. We do not trust enough to our own experience, and we are rather too apt to adopt new remedies on insufficient evidence of their merits, and then we are disappointed and discard them. I have been anxious this evening to place before you the question of the antiseptic treatment of a certain class of diseases in such a way as to prepare you to judge independently of the question and to criticise any statements which are submitted to you.

SIX CASES OF SUCCESSFUL REMOVAL OF THE UTERINE APPENDAGES. (a)

By FRANCIS IMLACH, M.D.,

Honorary Surgeon to the Liverpool Hospital for Women.

CASE I.—M. A., æt. 29, entered the Hospital for Women, 7th November, 1883, having been under my care as an out-patient during the preceding four months. Though married eight years, she has had neither child nor miscarriage. For the last seven years she has been almost constantly bed-ridden from pelvic pain and from weakness. Menstrual discharge recurrent every fortnight, and very profuse. Uterus measured four inches, and was slightly mobile; on each side of it a tender doughy mass was detected by bi-manual examination. The temperature varied between 102 and 104 deg. Hot vaginal douches twice daily were given without material relief. On the 29th the left and most prominent mass was aspirated *per vaginam*, and an ounce of grumous pus and blood withdrawn. The next menstrual period being preceded by the customary pyrexia and marked with the usual menorrhagia and dysmenorrhœa, I determined to remove both ovaries and fallopian tubes. An abdominal section was performed on the 7th January, 1884. The left fallopian tube was more than twice as thick as one's forefinger throughout, but

seemed partially collapsed. The left ovary was small and so soft that it broke down when seized. The right ovary, which had undergone cystic degeneration, was the size of a small orange, and closely adherent to the peritoneum deep in the pelvis. The right fallopian tube was thickened in its walls, slightly enlarged, and its fimbriated extremity was adherent to the ovary. When all these structures were removed both tubes were found to be filled with blood and grumous pur. There was some hæmorrhage from the peritoneal surface where adhesions had been separated, but this was soon stopped with sponge compresses. A glass drainage tube was inserted and left for twenty-four hours. The patient made a rapid recovery and left hospital on the 14th February. She was then and is now absolutely cured of her pelvic pain and menorrhagia. She is quite able for household work, and says that she feels as well now as ever she did before marriage and during the first year after it. She is in perfect health, and can walk for miles without fatigue.

CASE II.—M. A. McD., æt. 23, married at 18, two children, the last ten months old. Dysmenorrhœa before marriage, and much aggravated since the birth of the second child. Menstruation lasts eight days, and is profuse. Walking is always painful. On vaginal examination a small cyst was felt on the left side of the uterus, and there was some thickening and great tenderness on the right side. The uterus measured three inches. On the 9th January an abdominal section was made. Both tubes were greatly thickened in their walls, and distended with blood. The right ovary was a cyst about the size of an orange, with fatty contents, in which a few fine hairs were interspersed. The left ovary was three times the ordinary size, and its tube was thickened and adherent. All these parts were removed, and the patient made a rapid and uninterrupted recovery within a fortnight. In all other cases I have used carbolic spray during operation, but this time it was dispensed with, and only pure water was employed for both sponges and instruments. It is possible that the absence of pyrexia or inflammation is to be attributed to the excellent drainage and ventilation of the hospital.

CASE III.—M. Y., æt. 42, married sixteen years, four children and nine miscarriages. Catamenia recur every fortnight, and last eight or nine days. She is a great sufferer from pelvic pain, which is much worse at the menstrual period. The bowels are always constipated, except when aperients are taken, and she is quite unable for household work. Having attended the dispensary for six months without evident relief, and as the frequent railway journeys to and from Southport seemed to increase her pelvic pains, she was admitted to hospital on 19th January. The uterus, which then measured three inches was retroverted and tightly bound to the sacrum. There was great pelvic tenderness, and on the left side of the uterus a small mass was felt, which was thought to be the left ovary swollen and inflamed. On the 24th, abdominal section was performed. The uterus was quickly felt to be adherent to the sacrum, but no broad ligaments could at first be detected. When the tough uterine adhesions had, with great difficulty, been separated, and the uterus raised from the sacrum, both ovaries and fallopian tubes were found tightly packed down behind it, and rather to the left side. These adhesions in Douglas' pouch having been torn through the ovaries were found to be very small and hard, and the fallopian tubes extremely atrophied. As it seemed probable that continued tension had been the cause of the atrophy of the organs, and also of the woman's pain, I was tempted to leave them and to shorten the round ligaments of the uterus at a later date. But fear lest fresh adhesions should take place, and their evident complete loss of function, determined me to remove them. The patient made a satisfactory, though not very rapid, recovery, and left the hospital on the 11th March. Her symptoms have

(a) Read before the Liverpool Medical Institution, May 1, 1884.

greatly improved. She has now little or no pain, and can walk with greater freedom, but is not yet in full health. It is curious to observe that although the ovaries were so atrophied, and there was no appearance of Graafian vesicles in them, menstruation was profuse before the operation, but entirely ceased after their removal. There was, indeed, in her case, as there has been in most of my other cases, a discharge of blood from the uterus within a week after operation, but since then there has been no appearance of the menstrual molimen.

CASE IV.—L. S., æt. 28, married four years, no children, and no miscarriages, was admitted into hospital on 1st February, suffering from menorrhagia. She said she lost bucketfuls, and I had ample evidence both of the profuseness of the discharge, and of the subsequent prostration. When in hospital on a previous occasion I had recognised soft fibroid enlargement of the uterus, which increased four and a half inches in length. Ergot, ergotin injected subcutaneously, and other medicinal agents having already failed, I then dilated the uterus with a sponge tent, scraped the endo-metrium with a wire curette, and applied iodine. No beneficial effect having resulted, the ovaries and fallopian tubes were removed on the 19th February. Although from her fatness, occasional bronchitis, weak heart, and general ill-health, she was an unfavourable subject for operation, she made a rapid recovery, and since then the function of menstruation has ceased. The ovaries were apparently healthy, but the walls of both fallopian tubes were greatly thickened, and their veins were enlarged and swollen with blood. Unfortunately she left hospital against my wish on 16th March, a bleak day with an east wind, and increased her bronchitis.

CASE V.—M. A. L., æt. 21, married three years, no children, had been under treatment at the dispensary for eight months. She stated that she was subject to severe dysmenorrhœa before marriage, and that once for a period of eight months, and twice for a period of four months, she had amenorrhœa. Since marriage the dysmenorrhœa has increased, menstruation occurs every fortnight or three weeks, and lasts nine days. For the past two years walking has greatly increased her pain. The uterus measured three inches, as it generally does in sterile married women, and on each side the tender and swollen fallopian tubes were readily detected. As she was much weakened by her long illness, I removed both ovaries and fallopian tubes on the 13th March. The tubes were distended with ash-grey thin purulent fluid; the ovaries were enlarged, and each one contained two or three small interstitial abscesses. The pain from which she had so long suffered immediately disappeared. Sloughing of a small portion of the sheath of the left rectus muscle somewhat delayed the union of the abdominal incision, but in all other respects her progress has been perfectly satisfactory.

CASE 6.—E. N., æt. 28, married eight years, one child who is three years old, no miscarriages. Having been deserted by her husband she is obliged to support herself and child by work as a shirt-maker, but being unable to continue her employment from constant pelvic pain, "bearing down," and debility, she was anxious for relief, and willingly agreed to the proposed operation. I had already treated her for more than six months at the dispensary, and in November she had been in hospital for a fortnight, during which time the uterus was dilated without relief. The physical signs were slight enlargement and ante-flexion of the uterus, with a painful soft swelling on either side, which can be detected by bimanual examination. She is extremely anæmic, and suffers from dysmenorrhœa and menorrhagia, which recurs every fortnight, and remains eight days. On the 29th of April I removed both ovaries and fallopian tubes. There was about a teacupful of bloody serum in the abdomen, which was carefully sponged out. Both tubes were dropsical; the left tube

containing an ounce of serum tinged with blood, and the right, one-half that quantity. The ovaries were healthy, but somewhat swollen. Probably at each menstrual period the dropsical effusion increased until the tube burst, and the pain was eased by the flow of a portion of its contents into the abdominal cavity.

These six cases are all those in which I have removed both ovaries and fallopian tubes for any purpose whatever. They have all been successful, and the relief of symptoms has been very marked. Lest, however, there should be even the appearance of reservation, I may add that in one case in which I removed a small left cystic ovary, previously diagnosed as such, from a woman, æt. 34, on account of very painful pelvic symptoms, a small portion of the left fallopian tube (which, though healthy in itself, was adherent to the ovary) was removed at the same time, and death from peritonitis ensued. Against this case may, perhaps, be placed that of a patient admitted about the same time with double ovaritis, and an enormous perimetric and parametric abscess, which mounted almost as high as her left ribs, sent up her temperature to 106 degs. and her pulse beyond 150. Had I seen her sooner, I should certainly have advised removal of the inflamed ovaries. As it was, I contented myself with opening the abscess and draining as much of the pus as would run. Though able to walk about, she is now certainly in far worse plight than any of the cases which have been narrated.

Removal of the uterine appendages has been proposed for three classes of cases:—

1. Hæmorrhagic fibroid tumours of the uterus.
2. Inflammatory diseases of the ovaries and tubes.
3. General pathological conditions, as epilepsy, hysteria, &c.

Of my six cases, five have belonged to the second class, and none to the third. How controversy can be maintained as to the suitability of the operation is not easily to be understood. Though the short limit of time at my disposal prevents any consideration of the pathology of the subject, I should like to add that in not one of my cases was there a distinct history of gonorrhœa. I am no follower of the school which ascribes all pelvic inflammation to gonorrhœa and all other diseases to syphilis. The hypothesis I have formed as to some of my cases is, that they have been due to perhaps frequently repeated early tubal abortions.

CONSUMPTION VIEWED IN RELATION TO EVOLUTION AND MOLECULAR ENERGY.

By WILLIAM H. PEARSE, M.D.,

Senior Physician to the Plymouth Public Dispensary.

(Continued from page 514.)

Anatomical.—Many of those whose general ideas do not embrace the hypothesis of "continuity" as absolute throughout other existences, will feel no doubt as to the truth of this great "form" and order throughout the animal structures; their minds will see *a priori* that there must be a region of "comparative disease," and this not only embracing the revelations of helminthology, but also the more subtle and general diseases; but further it will be obvious that a disease such as phthisis will have very wide correlations within the body itself. Further, a just study of the anatomical correlations of those who tend to phthisis may help us to perceive how it is that the formative energy should fail so early and destructively in the lungs—for the body in its embryonic evolution, and in its future structure and function, is but one reciprocal organ or whole.

Large-Browed.—Two cases of adult phthisis seemed continuous with semi-hydrocephalous in early life. In one the frontal region was very broad, the upper maxillary arch small, the two lateral incisors small and pointing obliquely inward. About thirty of the prephthisical were abnormally sunken across the root of

the nose and line of orbits, with flattish brow, perhaps what might have been a degree of hydrocephalus in early life. I have in several instances noted this type in women, who, healthy themselves, have had children die of phthisis.

Upper Maxilla.—In the pre-phthisical and phthisical the upper jaw is often narrow from side to side and markedly out of the mesial line. The nose still more often in those who pass into phthisis has an undue lateral twist. My observations are not enough to establish the exact law of the correlation, but such a correlation is very marked. The twist was to the left in thirty-three cases; of these, twenty-two had the left lung affected; eleven the right. The twist was to the right in forty-seven cases; of these, twenty-two had the right lung affected, and twenty-five the left. In pre-phthisical cases, the nose was toward the right in ninety-six cases, and toward the left in forty-four.

In the phthisical the terminal cartilages of the nose are often unduly large and unsymmetrical on the two sides; the end of the nose may be lumpy, or the *alae nasi* different in shape on the two sides. A common feature is for the end of the nose to be rather pointed on both sides—a kind of double nodulated termination. In one rapid case of phthisis in a young man of twenty-three, who said he was well two months prior, the nose was extremely lateral and had a sulcus at its end. His younger brother, *set.* 18, is now under my care with rapidly developing phthisis, chiefly in the left lung; his nose is much out of the mesial line and towards the right; his eyebrows heavy. On the other hand, in many cases the end of the nose will be extremely fine and pointed and pinched. These structural peculiarities are quite apart from the prevailing stillness of the *alae nasi* and general inexpressiveness of the organ, in the pre- and phthisical.

I have cited these illustrations to show the profound correlation of phthisis to the organic evolution; the deepest forces or laws of the organic and animal innervation are involved.

Under-jaw.—Fundamentally correlated as are the cerebro-spinal segments, most nearly connected in the evolution of the upper maxillary and nasal regions with phthisis, on the other hand, the lower maxillary region shows very little correlation to phthisis. One half-Italian child of seven, who was "underhung," died of phthisis. I have now also under care a seeming pre-phthisical girl of fifteen who has amenorrhœa, weakness, &c., and whose father died of phthisis, who is slightly "underhung;" but I do not remember ever to have seen a person in phthisis who had a prognathic type of face.

I am sure also that there are peculiarities connected with the lips which show future phthisis, *e.g.*, sometimes it may be a wide mouth and full lips; also, often the ears stick out, and are ill-shapen.

The clavicles may be exquisitely fine, but they may also be unduly large; and, further, the bone system in general may be very small and exquisite in form; or the bones may be large in the clavicles, tarsus, carpus, &c., &c., showing disturbed or irregular innervation, evolution or development. The set-up of the neck is often poor, looking as though it had sunken down somewhat into the top of the thorax.

The thorax in the phthisical may be well developed, both generally and in the infra-clavicular regions; but where it is extremely small, we must not look at such a state as resulting from want of exercise, but in the main, as fundamentally due to defective nerve "energy" in certain segments of the cerebro-spinal axis.

Whilst a large number of phthisical cases have elegant hands, yet there is a considerable proportion whose hands are unduly large. I have often rightly predicated phthisis from a glance at the large cold hand of the patient; the unduly small hand is not so common.

I have grouped the foregoing anatomical correlations of phthisis as belonging to the nerve and bone segments;

they indicate disturbed innervation in growth or evolution, and show how far back we have to look for the roots of phthisis, and remind us that although conventionally, phthisis is a "disease," yet philosophically, phthisis is in absolute natural "continuity." It seems to me of very great importance to our method that we deeply study these correlations of the so-far fundamental nerve and osseous segments to phthisis; our views of the disease will thus deepen and widen, and our methods of prevention will thus pursue earlier and more controllable deviations.

The skin system shows not less striking correlations to phthisis. We must, however, carefully remember that the skin system is not isolated, but is absolutely in relation to the whole body and nerve centres. We shall never grasp the true "form" of any disease, unless we carefully guard our minds against the existing influence of words and definitions; but we may fairly, but approximatively, use the term "skin system" in referring to the correlations of the skin, hair, teeth, nails, &c., to phthisis.

I remember that the late Professor Alison used to teach that he had often recognised a relation between great delicacy in the texture of the skin and phthisis. I often see such in the pre- and phthisical; not only is the surface unusually smooth and fine, but the skin seems thinner than normal. In a few cases of phthisis, a discolouration of the skin has come on, as in pregnancy. I have seen phthisis in those who have a great abundance of freckles. One woman of 40, with advanced phthisis of the left lung, had for six to eight months a small strumous wound on the brow. It has healed, her phthisis has not advanced, her general condition is better than it was a year ago; she has taken quinine, arsenic, and muriatic acid. I watched the slow healing of the little wound with great interest; if vital energy and growth would be restored there, how, not in the lungs? The deep involvements and correlations of the skin system are well illustrated by the following case:—Mrs. K., *set.* 36, an unusually fine woman, has had lupus of the right cheek and end of nose during the past three years; she was in perfect health before then, "hadn't a blemish." She says that her disease commenced from a scratch which she received from a child. She is the youngest of eleven children; all her brothers and sisters are healthy; her five married sisters all have families; she had been married nine years, had regular menses, but has never been pregnant. Her father was sixty, and mother forty-five, when she was born, her mother having stopped having children for four years prior to her birth. Her disease has arrested in progress, and the surface healed under the use of arsenic, quinine, muriatic acid, lemons, &c. The deeper points of her case are the age of her parents, the seemingly previous expiry of her mother's fecundity, the patient's barrenness, the natural devolution of healthy growth at 35, in the parts most remote from central nerve force, the restoration of vital "energy" and growth, by certain minerals and organic compounds of unknown molecular powers. Such cases help us in a right method of viewing the great breadth of phthisis. Conventionally her lupus was a disease; philosophically, it was a natural devolution, having absolute correlation in the general and nerve systems, and with roots in the embryonic evolution of the patient. We know empirically that the contained, latent, "modes" of arsenic, quinine, and muriatic acid, became correlated vital "energy." No doubt exists that with the progress of science and method, the deviation and devolution of the skin of such cases as this woman, and the restoration of the "energy" by certain forms of matter, will be reduced to exact statement; we hold it as an *a priori* "necessary truth," that "nothing is created, nothing lost;" the whole process in this woman, from her conception to her approximative cure, has been within the reign of exact law, and of the "correlation of energy."

Hair.—The fact of a correlation between the hair and phthisis is being constantly forced on my observation. 113 of the pre-phthisical and phthisical had heavy eye-brows, which tended to meet in the middle line. In our present infancy in knowledge of the "form" of the complex organic series, we may well fail to know the steps and process of this "continuity;" but it has a most striking correlation to phthisis. I often see cases of phthisis, where these heavy and meeting eye-brows are associated with the excessive lateral position of the nose; in another class of cases, the eye-brows may be exquisitely pencilled and delicate in shape. The hair of the scalp is often enormous in amount in those who tend to phthisis. In men the whisker is sometimes tufty and scant. The hair in phthisical girls is often wavy. I have cases noted in which enormous scalp hair, small lateral incisors, and phthisis co-existed. One fine man, *æt.* 35, with phthisis of the left lung, had the hair on his breast scant, but developed in spiral-like curves. In a child of seven, who died of phthisis, a very scant whisker developed. Our knowledge of the laws of embryonic evolution, and of their "continuity" with molecular energy does, not yet show us how it is that such organic types are apt to show the cell devolution of tubercle, at the varying ages at which young adults pass into phthisis.

Atavic phenomena.—I have a beautiful young woman of 26 now in advanced phthisis, her upper incisors are small, regular, and not decayed; her elder sister, *æt.* 31, has enormous hair, regular, but decayed lateral incisors, her nose is lateral and unsymmetrical; married to two husbands in ten years, she is yet barren, their mother died of phthisis. Another young woman, *æt.* 23, with phthisis of the left lung, has an elder sister lame from old strumous disease of the ankle, whose middle upper incisors are large, the lateral incisors very small, the left lateral incisor being extremely small and conical.

(To be continued.)

Clinical Records.

ST. BARTHOLOMEW'S HOSPITAL.

Case of *Pyæmia*.

Under the care of Dr. REGINALD SOUTHEY.

[For the report of this case we are indebted to Mr. ALBERT GRESSWELL, B.A. Oxon., M.R.C.S.]

RACHEL C., *æt.* 15, was admitted to Faith Ward, on September 6th, 1882; died on September 14th. She was a well-nourished girl, of fair complexion, and had recently been engaged in housework of various kinds. The catamenia had not yet commenced. On admission her mind was quite clear, she shivered frequently, and her hands were somewhat tremulous. She lay fixedly on her right side, complaining of great tenderness over the left hip.

The skin was dry and hot, and presented no rash. There was marked sallowness of the skin of the abdomen. The tongue presented a dry brown centre, which was slightly fissured transversely, and its sides were coated with a moist yellow fur. The lips were covered with sordes. The pupils were equal, and reacted freely to light.

The chest presented no abnormal signs; the movements, the resonance, and the breathing sounds were normal. The heart's impulse was somewhat feeble, and the first sound at the apex was prolonged.

The abdomen was of natural fulness being neither distended nor retracted. The area of the splenic dulness was slightly increased.

There was great tenderness over the left hip; otherwise the extremities presented nothing unusual. The temperature on admission was 102°; the pulse 108, soft, full; the respirations 36. The urine was acid, of sp. g. 1026, and contained no albumen. The patient said that she had always enjoyed good health until two weeks ago, when the present illness set in, with gradually increasing loss of appetite, headache, and chilliness.

Four days before admission the bowels had been loosely open four times, but have only been once open daily since. She vomited on the evening before admission, and has ever since felt very sick. She said that great tenderness of the left hip had prevented her from lying on the left side, and that she had a little cough, and had raised much darkly coloured phlegm.

Ordered D.L., beef-tea and arrowroot. *Haustus ammoniac acetatis c. camphor*, ʒj.; and *spiritus ætheris nitrosi*, ℥xxx.; *quartis horis*. The following notes record her condition from day to day:—

September 7th.—Passed a good night. Has taken food well. Bowels have not been open. Passed water freely. Lies comfortably on either side. Tongue very dry. Skin has no rash. Pulse 120, soft. Temperature last night, 102°6; this morning 102°4.

8th.—Complains of pain in the back and in the hips. Bowels have not been open. Pulse 120, softer. Respirations 30. Temperature last night 103°; this morning 103°6. Diet changed to D.L., milk, barley water. Ordered a tepid bath at 96° Fahr. for 15 minutes. Bath to be repeated if the temperature should reach 102°5°.

9th.—Passed a fairly good night. Bowels not open, but has passed an *ascaris per anum*. Numberless slightly raised vesicles appeared on the skin of abdomen, chest, and back during the night. Pulse 96, still softer. Respirations 28. Temperature last night 103°4, was reduced by bath to 100°, but rose in an hour to 102°. This morning temperature is 101°8°. Ordered *ol. ricini*, ʒij.; and tepid bath (if temperature should reach 102°5° Fahr.).

10th.—Has passed a good night. Bowels open ten times during the last 24 hours, the motions being loose and light in colour. The skin all over the right hand is very red. The vesicles are larger. The temperature last night was 101°8° this morning 100°8°. Ordered *enema amyli c. opio* (tinct. opii, ℥ xx.).

11th.—Has passed a fair night without delirium. Bowels not open since administration of the enema. Is very thirsty, the vesicles are pustular and perhaps slightly larger. Pulse 120, and much more compressible. Respirations 42. Temperature last night 101°8°, this morning 101°. Has complained ever since admission of a dull aching pain in both hips, the legs, and shoulders.

11th (continued).—A large tender swelling of the left cheek, which is very painful, developed in the region of the left parotid gland, very suddenly this morning shortly after she was washed. The swollen cheek is hot but not red. Two very painful red elevations also now present themselves on the dorsum of the little finger. On the base of each lung behind laterally, and in front are heard crepitations and friction sounds. Ordered D.L., milk, brandy, ʒiv.; eggs, iv.; *cataplasma lini* to left cheek, *infusi cinchona*, Oj.; *acidi nitrici diluti*, ʒj.; *tinct. cassia*, ʒj.; *syrupi durantii*, ʒj. (as a drink during the day).

12th.—Has been very restless the last 16 hours and was a little delirious in the night. Bowels not open but passed another *ascaris per anum*. Pulse 120, very soft. Respirations 48. Urine passed freely, sp.g. 1024, neutral; no albumen. Abdomen not tender, presents no spots. Area of splenic dulness enlarged. The pustules slightly shrivelling. No tenderness along the saphenous veins. The painful swelling of the little finger of the right hand has disappeared. The redness of the left forefinger is of deeper hue, but the swelling, though not larger, is more irregular, and presents an appearance as if the skin was the seat of one, or more patches of *erythema nodosum*. Temperature last night 101°, this morning 101°. Shivered yesterday about noon, and the temperature rose to 103°. Ordered brandy ʒv.; *essence oss.*; *lotio plumbi c. opii* to be applied to the fingers.

13th.—Was somewhat delirious in the night, and had very little sleep. Has taken food freely. Is now perspiring profusely. Tongue very dry and brown. Swelling of the left cheek rather smaller, hard and not fluctuating. Area of splenic dulness not increased. Right pupil much larger than the left, both however reacting freely. Urine is acid, sp.g. 1016, contains a trace of albumen. Water passed under her during the night. Bowels open twice last evening. Pulse 130, very soft, small and weak. Respirations 60. Temperature last night 101°8, this morning 101°. Ordered brandy ʒvj.

14th.—Delirious throughout the night. Pulse last night 150, extremely weak and small. Respirations 75. Very sick

this morning. Very thirsty, drinking freely. Bowels open once this morning. Has passed water freely. Pulse 156. Respirations 68. She continued insensible through the day, perspiring freely. She gradually sank and died.

A post-mortem examination was made by Dr. Astley Gresswell.

The heart was found to be very flabby. The parietal and visceral layers of the pleurae were injected and covered here and there with white coagulated lymph. The visceral pleura over the base of each lung presented pustular points which, on section, were found to be minute abscesses in the superficial parts of the lungs, and surrounded by areas of vascular engorgement. There was much hypostatic congestion of the base of each lung. A small subperiosteal accumulation of pus was found under the left iliacus muscle, as well as a very small amount (about 3j.) of watery pus in the left hip-joint. The left parotid gland was greatly enlarged and infiltrated with small purulent masses, and there was a small collection of pus between the fifth and sixth cervical spinous processes. The rest of the body presented nothing unusual.

Remarks.—The symptoms at first simulated those of enteric fever, for at the time of admission the illness had already lasted a fortnight. The onset was very gradual, and was ushered in with headache, chilliness, and gradual loss of appetite. The area of splenic dulness was increased, and there had been some diarrhoea. On the other hand, there was no tracheal catarrh, so common in enteric fever, there were no rose-coloured spots, the abdomen was not distended, and the diarrhoea did not continue more than one day. Shortly after admission, however, the symptoms of pyæmia manifested themselves. The vesicles on Sept. 9th, which later became pustular, the sudden swelling of the left parotid gland on the 11th of September, the crepitations and friction sounds over the bases of the lungs, and the swellings on the fingers all spoke of pyæmia. The post-mortem fully bore out the diagnosis, and revealed to us the probable sequence of events. The pus formations in the skin, in the parotid gland, the lungs, and elsewhere, were probably the result of inflammation, set about by the septic matter absorbed from the inflammatory centres under the periosteum of the centre of the left iliac bone, or in the left hip-joint. This case is the more interesting if we compare with it a case of a lad admitted to Mark Ward, and then transferred to Radcliffe some few months previously. This patient complained of chilliness, of great thirst, and of a very dry and parched mouth. He died about two days after admission, and at the autopsy an accumulation of pus was found in the right hip-joint. Pericarditis and other probably secondary lesions were also observed. A somewhat similar case, moreover, was treated by Dr. Church, and in it also pus was found in the left hip-joint.

Special Articles.

THIRD GERMAN CONGRESS FOR "MEDICINE."

THIS gathering, as already announced, followed closely the meeting of the Society for Surgery, and was held in Berlin from the 21st to 24th of April, under the presidency of Frerichs.

DISCUSSION ON PNEUMONIA.

An important discussion on pneumonia took place on the 21st, and as might be expected from the place of meeting and from the names of the principal speakers the talk was a good deal of the pneumonia micrococcus and the part attributed to it in the causation of the disease. The subject was introduced by two papers by Jürgensen (Tübingen) and A. Fraenkel (Berlin). The former gave a brief historical sketch of the views that had been prevalent at various times regarding the nature of the disease, and then proceeded to give those held by himself. "Croupous pneumonia," he said, "was a general disease, the inflammation of the lung only its principal symptom. The phenomena of the disease could not be explained by the local affection, the adoption of a specific disease originator was necessary. Croupous pneumonia belonged to the group of infective diseases." Ten years ago he was compelled to bring his proofs of this from a tolerable distance, but to-day experimental pathology furnished immediate proof. He would start out from the proposition which he held to be proved: pneumonia was an

infective disease, and we knew the originator of it. Statistics gave "cold" as the cause of the disease in from 2 to 20 per cent. of the cases. During the last 10 years he had determined in every case coming before him, not only that "cold" was the cause, but in what the cold consisted. The percentages were 10·2 per cent. gross and 4·1 nett. If one were really to take cold into account one could easily represent the catarrh as rendering the admission of the micro-organism more easy, and as furnishing for it a more favourable soil to grow in. A second important point was that the disease was not preponderantly prevalent during the years of greatest vigour. The erroneous view that it was, had its origin in the fact that hospital material was almost exclusively the only kind made use of. If you took the whole population, the years from 1—14 furnished nearly three-fifths of the cases, and the later years from 45 upwards double as many as the years between 20 and 44. Dittell had already noted that those who were suffering from temporary debility were attacked more readily than the strong, he gave 18 per cent. of the cases as occurring in those previously quite healthy, whilst Flint, of Denmark, gave the proportion as 21 per cent., he, the speaker, had found it to be 29·3 per cent. To the question whether pneumonia had any dependence on meteorological conditions he must answer, yes. From observations carried out for a period of 10 years it was shown that in Tübingen the disease exhibited a certain relationship to the amount of atmospheric downfall, that when this was above the average the effect was a disturbing one, and that when it was below, the occurrence of pneumonia was favoured. Keller had gone further than this and had formulated the proposition that relative moisture of the soil hindered, and dryness favoured, pneumonia. Out of a ten years' observation the further fact was adduced that pneumonia was a "dwelling" disease as typhoid was. It clung to the locality. The speaker reached the conviction from observing an epidemic of pneumonia in Amberg that the sleeping-room was the breeding place of the disease. Three or four years later the pneumonia cocci were found under the flooring of the rooms, cultivated and transplanted to animals, and thus furnished the proof that his conviction was sound. Further observations on the pathogenesis of the disease were necessary, however, and even if the relationship between the disease and the micro-organism were proved to be constant only one more factor would have been obtained; the regular distribution over the whole year and the occurrence of local epidemics still remained unexplained. It was observed spreading through garrisons, prisons, and villages, and then again limited to certain houses. It was possible that epidemics did not become general from the pertinacity with which the disease clung to localities, and perhaps also considerable individual predisposition must also be present before an outbreak of pneumonia could take place. The possibility of the immediate transference of the poison from one person to another could not be denied, but such instances were extremely rare. Flint during six years observation had marked a direct or indirect connection with earlier cases of the disease in nearly two-thirds of the cases. It would be rather hazardous to say that pneumonia was an infectious disease. The question of the unity or otherwise of the pneumonia poison could soon be decided by the inoculation of the isolated and cultivated fungus upon other individuals. He was of opinion that the poison circulating in the blood could find a place for development anywhere, and that no organ was safe from it, as those cases showed in which the brain and its membranes, the kidneys, the alimentary canal, and especially the heart had served as places for its development. Croupous nephritis was not rare. Nauwerck found Friedländer's cocci in the kidneys of thirteen individuals who suffered simultaneously from nephritis and pneumonia. He had seen the cocci develop in the vessels of the kidney, and especially in the colonies of veins. This could only be taken to mean that germs introduced into the system developed and formed new centres. In one of his cases he took it that the poison was present in the kidneys before it was in the lungs. He himself observed an encephalo-meningitis in the course of a pneumonia, moreover, discharges of blood into the intestinal tract were very frequent in genuine pneumonia, which he looked upon not as congestive hemorrhages but as localisations of the poison. The temperature curve also was slightly irregular as was the case in malaria and recurrent fever and from the same cause—origination and disappearance of the exciting cause.

The newly discovered facts had really added much from a therapeutical point of view. The hygiene of dwellings had become of eminent importance from the proof of the cocci beneath the flooring. Regarding the use of iodine as an abortive his results had been of a negative character. He held firmly to immediate lowering of temperature—extraction of heat, and pleaded for prophylactic treatment, and above all for timely sparing of the heart whereby speedy convalescence was brought about. That the heart could be temporarily relieved by blood-letting was plain, but it was doubtful if this procedure was often of value. In conclusion he advanced the following propositions:—Genuine pneumonia was an infective disease which was preponderantly, but not exclusively, localised in the lungs. Cold was more rarely a cause of the affection. The vigorous were less frequently attacked than the weak. Antiphlogistic treatment, as understood by our forefathers, was to be rejected.

Herr A. Fraenkel (Berlin) would deal more with the originators of the disease, and not only discuss what was already known but also supplement somewhat on the basis of his own investigations. After referring to the results of Friedländer's labours, the so-called nail cultivation on meat gelatine, and the mucin envelope surrounding single cocci, diplococci, or groups of them, to the remarkable fact that the capsule was not present under all circumstances, but that it was altogether absent in many pneumonic exudations, and in other cases, partially so, he said that Friedländer was inclined to attribute these differences to age and stage of the inflammation. Rabbits, according to the same authority, had shown themselves completely refractory in inoculative experiments, whilst mice succumbed with extraordinary rapidity with double pleuritis and inflammatory centres in the lungs. Guinea pigs were a mean between the two. Out of five dogs a typical lobular pneumonia was produced in one by injection. Respecting his own investigations, early in 1883 he had succeeded in cultivating the microbes of pneumonia. If a small quantity of this cultivated material was injected into rabbits the animals died without exception with extraordinary rapidity. This result differed markedly from Friedländer's. On examination the lungs were either found intact or moderate effusion was present in both pleural cavities. Other rabbits could be infected either with the blood of the dead animals, or with the cultivated microbes, except that the pleural exudation was more frequently absent. Guinea pigs differed so far from rabbits that a number were quite refractory, and others died in the course of a few days, and showed pleural and peritoneal effusions. He then took some exudations from two other cases of pneumonia, cultivated, and then made comparisons by inoculating with the cultivated virus and with fresh exudation scraped from a section of pneumonic lung. From a comparison of the whole of these observations it appeared that rabbits were acted upon according to the nature of the material of inoculation. In the first case they died, as stated, without exception; in the second, they were refractory without exception; and in the third, a fever was set up that lasted several days. In inoculation with exudation from lungs, the animals sometimes died speedily, and sometimes recovered. There could be no question of impurities in the case of the first series of inoculations. He believed that rabbits were susceptible to the pneumonic coccus under certain conditions. Friedländer had already noted that the capsule formation was not present under all circumstances; he could supplement this observation by the fact that in addition to the pneumonic micrococcus there was still another which showed the capsule in a marked manner, one which was present in the oral cavity of every individual. He designated this as the micrococcus of sputum septicæmia. These could be easily isolated by inoculating rabbits with mucus from the oral cavity. Many died in 24 or 28 hours, and at the point of inoculation only a slight inflammatory re-action was to be seen, whilst in the blood masses of the microbe were found, and these were again transferable to other animals. Only two points of real distinction were observable between the two corpuscles; that of the septicæmic micrococcus appeared after uncolouring by alcohol as a broad, colourless covering, whilst in that of the pneumonic coccus the colour was rather more firmly fixed. The second point of difference was in regard to form. He advanced in conclusion the following propositions: 1. The coccus of pneumonia which could be cultivated purely was transferable to various species of animals. It appeared that according to the case from which the exudation for cultivation was taken rabbits were either refractory or they died

with symptoms of severe general disease, or with special localisation of the virus upon internal organs, the pleura or pericardium. 2. It must remain for further investigations to decide upon what the varying behaviour of the rabbit depended. 3. The development of a capsule as well as the peculiar nail-like form of the pneumonia cultivation was not constant. 4. In regard to the so-called capsule, this was present also in the case of other fungi, and in a striking manner in the microbe of sputum septicæmia. 5. Nail cultivation could only be looked upon as the expression of energy and growth, and as an appearance that in all probability could be assumed by other fungi. 6. For these reasons it was not possible from the presence of the two last named phenomena to characterise the pneumonic micrococcus as such.

Herr Friedländer (Berlin) remarked that he had been able, in a series of cases of acute pneumonia, to examine blood removed by cupping. The skin, knives, and vessels were all sterilised so that the blood was perfectly free from impurities. The blood was employed for inoculations, and parts of it kept in gelatine at the heat of the body and of the room. In five out of six cases of pneumonia the blood remained perfectly sterile, the sixth case gave a positive result; out of twelve points of inoculation one developed a growth of micro-organisms. Its appearance, as well as the results of experiments on animals, reminded one of the "nail" culture of pneumonia. The rabbits remained healthy, the mice died in a manner completely typical of pneumonia and pleurisy. In these animals the capsules could be demonstrated; the pathological product employed in inoculation again gave the "nail" culture, so that it was demonstrated that in certain cases or stages of pneumonia the coccus of pneumonia was present in the blood in a living form. That the coccus was absent in a great number of cases was no wonder. The capsule or the growth in the nail form were valuable criteria under certain circumstances, but one should avoid giving a scientific diagnosis based only on one of these appearances. What he considered as characteristic for the pneumonic coccus was the complete circle of manifestations,—the capsule, the "nail" culture when transferred to gelatine prepared in a certain way, the behaviour of these cultivated organisms when transferred to animals, and finally the effect upon the animals themselves. Either there were various kinds of pneumonia, and only one of them was referrible to the pneumonic coccus, or these were no longer present at the moment of examination, or they were no longer visible, and were changed. He was inclined to accept the first view. The main point to strive for was to ascertain the conditions under which the coccus ceased to grow and died. These conditions were present in the system; out of it its life was almost indefinite, whilst within it had to struggle with other conditions, to which it succumbed in the majority of cases.

Herr Gerhardt (Würzburg) held with Jürgensen and completely accepted the unity of the virus. He also considered it a happy thought to include the complications, such as meningitis, nephritis, &c., as resulting from the action of the virus upon the various organs. The expectant treatment was at present the one justifiable.

Herr Fräntzel (Berlin) was opposed to the view of Jürgensen that pneumonia was a disease of living rooms. Whilst serving in the military hospitals he made the observation that frequently many people at a time when they were exposed to the weather sickened of pneumonia and the disease spread through the whole barracks, whether the rooms were high or low. He believed the micro-coccus entered through the air passages. Those cases in which bronchial catarrh preceded the pneumonia created the impression that in these the germs more easily found a nidus.

Herr Rhüle (Bonn) thought we were in a transition stage in regard to our view of the disease. If it could be proved that the coccus was present in all cases of pneumonia, it would not prove that it was the cause of the disease. All the facts that had hitherto been collected, were but the commencement of unavoidable inquiry, and were not data upon which to found a doctrine.

Herr Nothnagel (Vienna) spoke principally upon treatment and saw no need of alcohol as was the case in typhoid.

Herr Rosenstein (Leyden) said pneumonia might be an infective disease, but was not necessarily so. He referred to the case of a person suffering from contracted kidney, and then dying of croupous pneumonia. It could not be argued that in such a case the poison was the same in both the kidney and the lung. He would say that pneumonia

could be an infective disease, was so in many cases, but apparently not in all. He was opposed to the view of the unity of the virus.

Herr Bäumler (Freiburg) seemed to be in doubt as to what to believe.

Herr Edlessen (Kiel) found from a comparison of the cases of pneumonia in the Kiel polyclinic, a striking confirmation of the statement of Jürgensen, that a definite relation existed between the number of cases and the meteorological conditions (downfall).

Herr Jürgensen in reply said the differences of view had their origin in the difference of material. Secondary pneumonia was not in his opinion a croupous pneumonia.

Herr Fraenkel was rejoiced that Freidländer essentially agreed with him. The question of the unity of the poison could not yet be finally solved. The spread of the virus must first of all be studied. The pneumonia coccus was undoubtedly present in all cases of pneumonia, but its virulence was apparently exceedingly varied in degree.

Transactions of Societies.

LIVERPOOL MEDICAL INSTITUTION.

THE Fourteenth Ordinary Meeting of the Session was held on Thursday, May 1st, 1884, Dr. GEE, President, in the Chair.

Dr. BARR exhibited a

MEMBRANOUS CAST OF THE TRACHEA AND BRONCHI DOWN TO THE FIFTH DIVISION, FROM A CASE OF DIPHTHERIA.

The history of the case may be briefly stated as follows:—M. J. A. B. J., æt. 6 years and 8 mon this, was first seen by Dr. Barr on April 7th, when he found her suffering from well-marked diphtheritic patches on both tonsils. Her condition rather improved, and the patches almost disappeared from her throat, but, on the 11th the disease attacked the larynx. The dyspnoea did not become urgent until the morning of the 15th, when Dr. Barr assisted by Dr. Archer, performed tracheotomy. When the tube was placed in the trachea the air rushed in with a loud hissing sound, but immediately afterwards there were signs of suffocation and the child was in imminent danger, which, however, was quickly relieved by the child coughing up a complete tough membranous cast of the trachea and bronchi. The dyspnoea then subsided and the child was very comfortable, but the following day she sank from exhaustion about 27 hours after the operation. This was a beautiful, complete, tough membranous cast of the trachea and bronchi down to the fifth division. It also exhibited markings from the rings of the trachea and the primary bronchi.

Dr. BARR exhibited a

HEART SHOWING WELL-MARKED AORTIC-STENOSIS,

taken from a patient who had been under his care in the Stanley Hospital. The heart weighed 28 ozs. The aortic valves were very much thickened and calcareous and so united at their edges that the opening would not admit more than the tip of the little finger. The commencement of the aorta was very atheromatous. The left auricle was greatly hypertrophied, but the muscular structure was healthy. The mitral valves were much thickened and slightly hypertrophied, and the tricuspid orifice was much dilated.

Dr. HYL A GREVES showed

SPECIMENS OF GREAT ENLARGEMENT OF THE CERVICAL, MEDIASTINAL, AND MESENTERIC GLANDS OF A TUBERCULOUS NATURE,

taken from a boy, æt. 10, with the following history:—Was quite healthy till about eighteen months before, when the glands in the neck began to enlarge, since then they had gradually increased in size, and during this time he had been gradually losing flesh and strength. When admitted into the Infirmary for Children, on Dec. 7th, 1883, he was greatly emaciated and very pale, the great size of the cervical glands produced great disfigurement. The axillary and inguinal glands were also slightly increased in size. The abdomen was distended and tense, and contained a little fluid, and tender on pressure in the right lumbar and hypogastric regions. There was only 42° of hæmoglobin

and a great increase in the number of white blood corpuscles, which were large and extremely active, there was one white to forty-five red corpuscles. On Feb. 21st, 1884, he began to complain of headache and lost his appetite, he became worse and gradually weaker. On March 21st he was delirious at night and uttered the peculiar sharp "hydrocephalic cry," but said his headache had gone, he was quite sensible in the day when spoken to, and although continually crying out, when questioned about it, he said he did not know that he was doing so. His temperature had been constantly about 100° F. for some weeks. The head became a little retracted, and his pupils dilated and sluggish, he continued to cry out and died, without any other cerebral symptoms appearing, on March 2nd. Post mortem.—In addition to the general enlargement of the lymphatic glands, there was well-marked tubercular meningitis, especially on the upper surface of the cerebellum, but very little in the usual situations, this might explain the absence of many of the characteristic symptoms of tubercular meningitis. There was a considerable amount of fluid in the ventricles with softening of the brain substance around, and flattening of the convolutions. The lungs were full of miliary tubercles, and there was general tubercular peritonitis. The chief points of interest in the case being, 1. The long duration of the lymphatic enlargement before any cerebral symptoms appeared. 2. The large increase in the number of white blood corpuscles. 3. The presence of well-marked tubercular meningitis without the usual symptoms, the only ones present being the hydrocephalic, with slight retraction of the head, and dilated pupils.

Dr. IMLACH showed as card specimens a strumous kidney, and an ante-flexed uterus and atrophied ovaries from a woman, æt. 26, who had been the subject of absolute amenorrhœa.

Dr. J. CAMERON related a case of

BRONCHOCELE TREATED BY HYDROFLUORIC ACID.

The patient was a female, æt. 20, a native of South Wales, who up to the commencement of the affection had enjoyed good health in every respect and whose health remained good throughout, independently of the bronchocele. The enlargement began in 1881, and in the autumn of that year was the size of a large orange. The whole gland was affected, but the right lobe more than the left. It was soft and painless, and the breathing was stridulous. It had already been treated by the routine methods but without much benefit. Hydrofluoric acid was now given and continued for three months, but without perceptible improvement. Some time after its discontinuance, however, it grew more rapidly, and caused greater dyspnoea and stridor. Dr. Cameron thought the accelerated growth was due to the withdrawal of the hydrofluoric acid, and began the treatment again, after which, the tumour first ceased to grow, then became smaller and now only a trace of the right lobe remains. The dose ordered by him was, at first, 15 minims, afterwards 45 minims twice daily. Generally, however, only one daily dose was taken. The treatment was continued for two years. The large dose produced nausea, which was prevented, however, by taking it after a full meal. It caused loss of flesh, but the general health continued good. He was inclined to think that, as many other drugs had been used without effect, the hydrofluoric acid was of benefit.

Dr. CARTER would suggest that the method of sending out the drug might have had something to do with the long treatment required, as if sent out in glass bottles all but the first few doses would be practically useless.

Dr. C. G. LEE suggested from the analogy between the diseases that hydrofluoric acid might also be found useful in post pharyngeal disease also described by Woakes, and in Addison's disease.

Dr. W. WILLIAMS had seen Dr. Cameron's case and was able to corroborate all that he had said concerning it.

Dr. LOGAN suggested that the drug acted as fluoride of silicon.

Dr. CAMERON in reply, said that the drug could be given in larger doses and more frequently. Another case was under treatment at the present time and had improved since December.

Mr. DAMER HARRISON reported three cases of wiring of bone and showed the patients, after which

Dr. IMLACH read a report of

CASES OF REMOVAL OF THE UTERINE APPENDAGES, which will be found on page 533.

Dr. WALLACE had operated in these cases many more times than Dr. Imlach, and he considered that he was in a position to speak to the value of the operations. In hydro- and pyosalpinx as in uterine fibromata, operations had frequently been performed that had better been left undone. He spoke of the operation unsexing women and deprecated it on this account. He had been begged by a patient not to unsex her, and had removed one ovary and retained the other after puncturing several small cysts. Some of these cases got well, the fluid finding its way into the uterus and peritoneum. He had drained a case through the fallopian tube and the cyst had not refilled. There was a doubt as to the diagnosis being correct.

Dr. BURTON thought the Society was indebted to Dr. Imlach for bringing his cases forward. The operation had done good by drawing the attention of the profession to a class of diseases previously overlooked. He was certain there were cases that required operative treatment. The diagnosis could not, however, be made at once. He had seen cases in which a tumour or swelling was well-marked and continued so for weeks, but on later examination nothing could be found. Medical and general treatment would often remove symptoms, and he mentioned a case in which blisters, saline purgative, and a strengthening treatment had removed all distressing symptoms. Such patients were generally neuroathenic, and this condition required attention. He pointed out that in ovarian diseases the termination, if not interfered with surgically, was almost always fatal, and operation was undertaken to save life, but in the diseases under discussion the termination was rarely if ever fatal; after a time the parts accommodated themselves to their new conditions, adhesion became less tense and pain subsided at the menopause. Bearing in mind the non-fatal character of the disease, the mortality from operation (6 per cent.) was much too high to justify it, except in extreme cases. Even if it were reduced to 2 per cent. it would still perhaps be unjustifiable. Gusserow, of Berlin, had recently had a series of nine operations, and in three of them he had removed nothing, and these patients were as completely cured as the others. This was very suggestive, and might lead to a modified form of operation. Dr. Wallace's objection that the operation unsexed the patient, the speaker did not think of much value, for the disease itself rendered the patient unfit for wifely duties, and unsexed her as much as the operation. Indeed, patients were rendered more fit for cohabitation by the operation.

Dr. ALEXANDER agreed with previous speakers as to there being a legitimate field for the operation, but thought it should be as much restricted as possible. He mentioned a case in which, three months after operation, the symptoms returned. He thought some cases were operated on that should not be. He alluded to a case which was admitted into a hospital in which a good many operations of the same kind were performed. The case was diagnosed as one suitable for operation, and operation was proposed accordingly. The patient, however, was reluctant to undergo so grave an operation and went to Wales where she consulted a medical man. This one diagnosed some bowel mischief and treated her, when she recovered, and she was now a most useful and active nurse in his (the speaker's) own wards. In some other cases he had operated with perfect relief of all symptoms.

Mr. PAUL had over and over again seen cases, post-mortem, in which the fallopian tubes were adherent, and as sure as this was the case they were dilated and full of fluid, but in every instance the tubes were open to the uterus.

Dr. IMLACH, in reply, said he had seen a fallopian tube dilated to the size of his wrist and filled with pus and blood in which the uterine opening of the tube would easily have admitted number 10 sound. Notwithstanding this patency the tube had remained distended. Dr. Wallace claimed that he had a much larger experience of the operation than Dr. Imlach had. Yet he protested against its propriety, and said he always cured his patients by tapping *per vaginam*. He did not know where Dr. Wallace had gained this large experience. He chanced to hold in his hands all the annual reports of the Royal Infirmary since Dr. Wallace's appointment. Only in the last report was there any note of such

operation. In the course of last year Dr. Wallace performed abdominal section for disease of the fallopian tubes four times, but in former years not once. Furthermore these four cases are set down as exploratory incisions, and only two as having recovered. It was not evident, therefore, whether Wallace had ever performed the complete operation. As regards his alleged constant success by tapping *per vaginam* the same reports showed that he had only tapped one, and the woman unfortunately died.

[Dr. Imlach has requested us to add that, in an overlooked second case of tapping by Dr. Wallace for pyo-salpinx, the patient did not, indeed die, but she is not recorded as having recovered. She "remains under treatment"]

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN. MONDAY, MAY 5TH.

Mr. J. S. TURNER, M.R.C.S., L.D.S., Esq., President,
in the chair.

MR. STORER BENNETT showed, for Mr. Balkwill, of Plymouth, the skull of an English black rat, which illustrated in a very remarkable manner the serious results which might happen to rodent animals from the continuous growth of their characteristic teeth when from any cause their normal antagonism was lost. In this case the two lower incisors had been deflected to the left, and the two upper to the right, so that they did not meet in the usual way. The right upper tooth had described one complete circle and three-fourths of another, but being well inclined outwards it had not met with any obstacle. The right lower tooth had penetrated the upper jaw and the parts above, and its tip projected a quarter of an inch above the highest point of the skull. The left upper tooth, after describing a complete circle, had encountered the front of the upper jaw, which it had penetrated to the depth of one-third of an inch. The left lower tooth had been broken off. The lower jaw was thus quite fixed, and the animal could only have obtained nourishment by means of suction.

Mr. E. G. BETTS stated that he had found ethylate of sodium very useful for obtunding the pain of sensitive dentine. Before applying it the dentine should be carefully dried, and the application could be repeated at intervals as the sensibility returned. As it was used by the medical profession for destroying cutaneous nævi, he thought it might be useful for destroying the tooth pulp; but in this he had been disappointed.

Mr. J. H. MUMMERY read notes of a case of extensive alveolar abscess of obscure origin. The patient, a strong, healthy-looking young man from Natal, had suffered for more than a year from constant purulent discharge from an opening below the angle of the jaw on the right side, which was a source of great annoyance to him. He had consulted several surgeons, one of whom sent him to Mr. Mummery with a request that he would remove the necrosed roots of the right lower first molar. This was done, but did not affect the abscess. The second molar had a small cement filling, but was to all appearances healthy, as also was the third molar. Six months later the patient returned in the same condition, and now consented to a further examination of the second molar, which was, however, still firm, and free from tenderness or percussion. On drilling into the pulp cavity, pus escaped, the tooth was at once extracted, and the sinus healed within a week, and a complete cure effected. The patient stated that the tooth had cost him between £400 and £500 in travelling expenses and surgical fees.

Mr. BETTS then read a paper entitled "Observations on the Teeth of certain Rodents," in which he disproved the statement of Professor Hilgendorff, since copied into other works, that the incisors of the Leporidae had a complete investment of enamel, and showed that the thin transparent layer at the back of the incisors of hares and rabbits was really continued from the cementum and could clearly be demonstrated not to be enamel. Although apparently a small matter, it was of more importance than appeared at first sight, since this supposed fact had been held to show that the Leporidae were in this respect a missing link between the rodents and other mammalia, whilst in reality the exact relations of this large class to the rest of the animal kingdom must still be considered an open problem.

The result of Mr. Bett's observations was confirmed by Messrs. A. Underwood and Chas. Tomes, who also commented on the obscure zoological relations of the Rodent class, and the latter suggested that some of the missing links might yet be supplied by a careful study of the marsupials.

The Society then adjourned.

THE ANNUAL GENERAL MEETING OF THE FELLOWS OF THE IRISH COLLEGE OF SURGEONS,

Which had for a couple of months past been looked forward to as the probable occasion for an arraignment of the Council by a section of the provincial Fellows, took place on Saturday, May 31st, and passed off, on the whole, much more quietly than was anticipated. The attendance of Fellows was not very large, the provincial members being especially sparse in number.

The notices of motion, which had been circulated beforehand, were four in number, and to them the entire debate was confined. Dr. Molony, of Tulla, proposed the following motion:—

"We, the Fellows of the Royal College of Surgeons in Ireland, assembled at the annual meeting of the College, hereby declare that, in our opinion, the Medical Acts Amendment Bill at present before Parliament is wrong in principle, and would, if enacted, be injurious to the public welfare, and destructive to this and similar institutions which are engaged in an earnest and successful endeavour to maintain a high standard of professional education. We, therefore, request the incoming Council to use every means in their power to prevent the enactment of said Bill."

Before Dr. Molony concluded his observations on it, he saw good reasons for modifying it so that it declared for opposition only in case the amendments sought by the Council were not obtained. Even in this modified form the motion was not acceptable, and it was eventually withdrawn in favour of an amendment by Professor MacNamara—

"That this College thoroughly disapproves of the proposed Medical Bill as it now stands before Parliament, and hereby recommends its incoming Council to oppose it by every constitutional means in their power, unless its provisions be amended in such a manner as the Council may consider necessary to the interests of the College."

The Fellows are to be congratulated on thus tardily accepting the advice offered to them at their last general meeting, and we trust that the hindrances to conciliation and compromise which were then raised up by their unwise attitude of neck-or-nothing hostility to the Bill will not prevent the College from obtaining the alterations in the measure which are necessary for the College interests. These alterations are practical and consistent with the recommendations of the Royal Commission. Moreover, they are just in principle, and accordant with the interests of the public as well as those of the College. The new Council will need to act with vigour, and by every constitutional means, and we are confident that they will yet secure the College against the injury which many expect to accrue from the Bill as it stands.

The first was moved by Dr. Tagert—

"That we disapprove of and condemn the conduct of the outgoing Council, in so far as it neglected to take the steps necessary for giving effect to the resolution of the College, passed without a division on 4th of June, 1883, recommending that the Fellows shall, in future, have the right of voting *in absentia*, by means of voting papers, for President, Vice-President, and Members of Council; such neglect being a practical ignoring of the expressed wish of the Fellows at large, and especially detrimental to the Provincial Fellows."

The second by Dr. Brunker—

"That the necessary steps should be taken by the incoming Council to have such alterations made in the Charter of the Royal College of Surgeons of Ireland as will enable Provincial and other Fellows of this College to vote at the election of the President, Vice-President, and Council, by voting papers or otherwise, as in the case of Trinity College, Dublin, the University of Edinburgh, and other institutions; and that it is expected and desired that the incoming Council shall, as one of their earliest acts, cause the above desire of the College to be carried into effect, and

will not permit any other proposal to interfere with or retard the same."

The second and third resolutions were censures on the Council, full of sound and fury, for having omitted to carry into effect last year's resolution of the Fellows with reference to voting by papers. We need not trouble our readers with a narrative of the *casus belli* of these resolutions; suffice it to say that, after much effervescent oratory, the Fellows were satisfied that the Council had not been guilty of the neglect, and had not been influenced by the personal motives attributed to them, and accordingly the resolutions were withdrawn in favour of an instruction to Council to carry the paper voting resolution into effect as soon as circumstances permitted.

The last resolution was one moved by Dr. Martin, of Portlaw, and seconded by Dr. Jacob—

"That the College regrets that its repeated recommendations to the Council to make arrangements for the more frequent and complete publication of the Proceedings of the Council have not been carried into effect; and it, therefore, again declares its desire that, without avoidable delay, provision shall be made for the issue to the Fellows of a *précis* of the Proceedings of the Council at least three times in the year, such *précis* to contain all motions and amendments of importance, together with the names of proposers and seconders, and of the votes of Councillors thereupon, in case a division has been taken. That the Council be requested, on the first occasion on which they communicate with the Fellows at large, to report to them the steps (if any) which they have taken to comply with the desire herein expressed."

Upon an explanation by Dr. Kidd, that the Council was engaged in carrying out the wishes of the Fellows in this respect, the resolution was withdrawn on the understanding that the Council would, without delay, complete the requisite arrangements.

THE ELECTION OF THE COUNCIL

took place on the Monday succeeding the general meeting, and was rendered specially interesting by the efforts of the party who had moved the foregoing resolutions to make their mark upon the new Council by removing those who were against the paper-voting project, or in favour of the Medical Bill, or otherwise associated with reform in the College.

It was rumoured that a coalition had been made for this purpose, and had been at work canvassing the Fellows for some time before the election. Dr. Jacob having declared himself hostile to *absentia* voting, and an advocate of the principles of the Medical Bill, and having made himself prominent in attacking the night-lecture sham certificate system, had the honour of being made the special object of attack, while Dr. Thornley Stoker, as a reformer and a Professor in the College, was also singled out by the private school party and the anti-Medical-Billists to be "removed." Several candidates were selected to run against those members whom it was desired to ostracise, amongst whom were Drs. Tagert and Bellew Kelly, as representing the provincial paper-voting party. Mr. Stokes, Dr. Carte, Fitzgibbon, Alcock, Nixon, Meldon, and Elliott, were also in the field as new candidates, while all the outgoing Councillors, save Mr. Butcher and Dr. Denham, sought re-election.

The result of the poll showed that the paper-voting party had failed in their enterprise, their two special candidates having scored respectively 48 and 43 votes, the minimum number to secure election being 66. Their co-operation had, however, enabled the other parties to the coalition to effect a part of their purpose by removing two of the Councillors, Mr. Thornley Stoker and Dr. Macnamara.

Mr. Stokes and Dr. Elliott, Dr. Carte and H. Fitzgibbon, were elected, and Dr. Jacob held his seat, beating the leading representative of his assailants by one vote. His poll, it is believed, would have been considerably higher but that a report was industriously circulated amongst the Fellows that he had retired from the contest, upon which certain of the voters removed his name from their lists.

Mr. Thornley Stoker, we feel bound to say, is a great loss to the College executive, and the Fellows have been badly advised in voting against him. He was one of the most industrious and intelligent of the Council, and by his votes and speeches always showed himself to be above personal considerations, animated by high professional principles, and sincerely anxious for the welfare of the College.

Sanitary Department.

SUPPLEMENT TO THE TWELFTH ANNUAL REPORT OF THE LOCAL GOVERNMENT BOARD.

[SECOND NOTICE.]

IN the Vaccination Officers' Returns, the various percentages of children not accounted for as to vaccination are given. Thus, of counties, Leicestershire shows the highest percentage (11·7), and Carmarthen the lowest (1·4). Shoreditch is the highest of the metropolitan unions, with 12·2. Of provincial towns, Keighley (63·4), and Leicester (21·2), show an undeniable prominence, Banbury (15·7) and Dewsbury (16·8) following closely.

An abstract of the medical inspections and inquiries into local outbreaks during 1882 is given, and consists chiefly of investigations into the incidence of enteric fever and diphtheria, though also comprising conditions of scarlet fever prevalence, and questions of sanitary administration; many interesting points are brought out in the epitome of the chief facts reported.

ANIMAL VACCINE.

An interesting account of the operations of the Animal Vaccine Establishment is contributed by Mr. Shirley Murphy. A description of the plan and construction of the premises in Lamb's Conduit Street is given, from which, amongst other things, it seems that each calf has a floor space of 36 feet, and that an isolation stable is provided. After February 1883, the calves were subjected to detention in quarantine in Somers Town, owing to the prevalence of foot-and-mouth disease in London, the result being that no illness had been introduced into the station. The lymph was obtained from Bordeaux originally, and started from the 17th in succession. Mr. Murphy makes the observation that the character of the vesicle is influenced by the weight and sex of the calves, the light weights and females producing the best. The insertion-succes, average diameter of vesicle, and extent of areola were found to be practically the same with animal as with humanized lymph; occasionally it was necessary to revert to lymph from an earlier calf than that immediately antecedent.

Notes are given as to the laws regulating vaccination in 18 European countries, from which it is seen that the operation is directly compulsory in 7, not directly in 11, compulsory in the army in 6, in the navy in 4, on school-children in 5. Re-vaccination is compulsory generally in 4 countries, in the army only in 3.

DR. CORY'S SYPHILITIC AUTO-INOCULATION.

The Report of the Committee appointed to investigate Dr. Cory's syphilitic auto-inoculation is given, from which it is seen that Dr. Cory had previously attempted on three occasions to inoculate himself with syphilis. In the first case there was no skin eruption or active symptom of the disease, though hereditary syphilis was diagnosed, and the vaccination was successful; in the second, the child had a coppery eruption and "snuffles," and the vaccination was unsuccessful; in the third the symptoms were subsiding under mercurial treatment, and the vaccination did not succeed. In the fourth case, the child was in an active stage of the disease, with an eruption and sores, and again the operation did not succeed, but a papular syphilide showed itself on the 21st day at the seat of inoculation, and a secondary general eruption subsequently appeared. In all these experiments admixture with blood was carefully avoided, and the result of the fourth experiment shows that it is possible to communicate syphilis from a vesicle on a syphilitic person, even if no blood be used. Attention is drawn by the Committee to the fact that all these cases

were obviously syphilitic, and by Dr. Buchanan in an appended note to the fact that two important vaccination rules were intentionally discarded, viz., to take lymph from subjects in good health, and to examine for skin disease and hereditary syphilis.

DIPHTHERIA OUTBREAKS.

Mr. Power's exhaustively minute inquiry into the prevalence of diphtheria at Pirbright was directed chiefly to examination of the school influence in its causation. The sanitary condition of the place was first examined and absolved from blame, and it was soon seen that minor cases of sore-throat, as well as true diphtheria followed by paralysis, had to be taken into consideration. The distribution of throat illness in time showed it to fluctuate directly with the several re-openings of the school, and its incidence to be confined mostly to children under 15 years. But, as the age 3—15 predisposes to diphtheria, differentiation had to be made between this age-influence and school-influence proper. Thus, it was found that the highest percentage of attacks in invaded families was amongst those from 3—12, and that the bulk of first sufferers in families were also of this age. The child of 3—12 was, therefore, apart from its age, pre-eminently the one to suffer and to bring it home. Moreover, children of this age who were attending school were affected five or six times as often as children of the same age who, during the same period, were not attending school. Further, the attacks and deaths at the foregoing ages were much greater during periods of school-opening than closure, and during the former were almost entirely amongst those who had attended school until taken ill. Hence the conclusion was arrived at that school-conditions had played the chief part in the incidence of the disease in children from 3—12. The sanitary circumstances of the school were found free from fault, and no reasons were found to uphold the suggestions that infection was introduced by convalescents, or that the disease was established by "progressive infection," or by non-recognition of mild cases of so-called "cold." Mr. Power concludes his masterly analysis by a reference to the capacity of minor trivial sore-throats in families of young children to breed malignant diphtheria, and a suspicion that such breeding may have gone on in Pirbright School.

SCARLATINA.

The same inspector's investigation into a sudden outbreak of scarlatina in Bloomsbury during January 1882, showed that the incidence was confined to the customers of a particular milk-seller, those supplied by other dairies escaping. It was found that some of the dairyman's customers received their milk from Charing Cross Railway Station before it had entered the shop, and that these had suffered synchronously with those supplied from the shop. Again, milk from the same farm had been sent to a dairy in Peckham, and distributed to people in Camberwell, who afterwards suffered from the disease. Further, some of this same milk, purchased by railway servants at Charing Cross, had attacked thirteen persons at the same time as the St. Giles and Peckham customers, whilst no outbreak was noticed amongst the railway people at Waterloo, where such purchase is prohibited. So that it was apparent that the milk owed its infection to the farm; and, failing to discover any source of human infection, Mr. Power was led to the hypothesis that some element of animal infection had been introduced. Relying on the relation between scarlatina and puerperal fever, he suggests infectiveness of the milk of a recently delivered cow, either from the system or lochia. As facts worth recording in connection with milk outbreaks, he notices (1) the short infectivity of the milk; (2) that the

businesses from which the milk comes are concerned only with milk (not butter or cheese), and not with calf rearing—hence, the cows would speedily return to work after parturition; (3) that milk scarlatina has a lower mortality, is milder, more localised to the throat, and less able to spread than the ordinary form. The facts, he contends, are not inconsistent with an animal origin. Mr. Power's ingenious hypothesis was made the subject of experiment by Dr. Klein, who, whilst failing to induce illness in animals fed with the lochia of a healthy cow, yet succeeded in transmitting to a cow inoculated with human scarlatina a disorder which was further transmissible to dogs. The lochia of a recently-calved cow, that had been inoculated and fed with human scarlatinal throat discharge, and had developed a local abscess only, added to some of its milk, were introduced into the tissues of dogs, pigs, and guinea-pigs, with the result of producing swelling and inflammation of the throat and ulceration of the tonsils, as well as caseous enlargement of glands.

(To be continued.)

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 11, 1884.

REJECTING THE YOKE.

AN intense feeling of relief has been experienced throughout the profession at the action taken by a majority of the Fellows of the Royal College of Physicians of London present at the extraordinary meeting held on May 29th. On this occasion, the Council of the College, according to custom, presented a list of those to recommended for election to the Fellowship, in the expectation that, as heretofore, it would receive the unquestioning assent of those assembled. For once,

however, this trust was rudely shaken; and on the motion of Dr. Andrew, seconded by Dr. Sieveking, the list was declared by a large majority of Fellows present to be unsatisfactory, and was then and there remitted back to the Council for amendment.

Such a determined assumption of their due rights by the proper rulers of the College ought to have a salutary effect on the Council, by proving to its members that they do not form an irresponsible oligarchy, as seems to be their impression, if we may judge from evidence afforded by their past actions, and that they are liable to incur the displeasure of their constituents by neglecting the claims that should influence their selection of candidates for the highest diploma of the College. For a long time past a feeling of despair has taken possession of those who look for the exhibition of a real spirit of anxiety for general professional advancement on the part of the Council of the Royal College of Physicians; and now that the whole body of Fellows have evinced a decided intention of provoking the reforms essential to the preservation of the prestige of the College, a most welcome sensation of relief pervades the profession, by which this first sign of revolt will be accepted as an indication of approaching wholesome and thorough change.

The immediate effect of this rebellion of the Fellows will no doubt be felt as a hardship to those whose names were proposed for the coveted distinction of F.R.C.P.; but we may very well consent to the sacrifice they must undergo, if by it the principle of merit is made to assume its rightful place in determining the choice of the Council. A study of the lists of recently-elected Fellows affords a melancholy illustration of the proneness of officialism to favour the claims of mediocrity, when untrammelled by free criticism and direction from those whose right it is to criticise and direct. A correspondent declares in another part of our present issue that only nine Fellows out of the thirty-nine last elected can be said to be well-known professional men, and this, notwithstanding that deserving names have been passed over year after year by the Council of the College. If the Fellowship is to hold its own as a symbol of professional eminence, then it is clear that of late years the Council has failed in its duty, by proposing for election many by whom the honour is undeserved so long as others more deserving than they remain without the pale of Fellows; and that this opinion is entertained apart from the Council, in the College itself, is sufficiently shown by the decided refusal of the latter to accept the Council's nominations for the present year.

This occurrence at the Royal College of Physicians offers a striking illustration of the differences which exist between it and the Royal College of Surgeons, as regards the powers possessed by the Council. Had the same conditions obtained at both institutions, the selections made by the Council of the College in Pall Mall must have been acquiesced in by the Fellows, who could not have done that which they recently did, or refused to sanction the act of their Council. As we have lately been engaged in showing in these columns, whatever is done by the Council of the Royal College of Surgeons is done by an irresponsible and uncontrolled committee; the general body of the College is neither consulted as to the advisability of particular acts, nor required to

confirm them when about to be carried out. It is not at all improbable that the time may come when the executive of this corporation will commit an error as distasteful to the Fellows as that into which the sister College's officials have just fallen; but so long as the present constitution of the College of Surgeons is continued there will be no force capable of controlling its Council, however extravagant the proceedings in which they indulge. That a grave injustice to the profession has been prevented at the College of Physicians by virtue of the subjection of the Council to the *comitia* of Fellows, is a matter for deep congratulation. Apart from the immediate and remote influence on the College itself, this act will have an important bearing on the attitude of all those who are engaged in a struggle with the unyielding few who form the Council of the Royal College of Surgeons. It provides them with an argumentative weapon the utility of which can scarcely be overestimated, for it shows at once how prone private interests are to usurp public welfare, and how vital it is to preserve a power of defence against possible violations of unwritten law.

All will desire that, having once manifested their strength, the Fellows of the College of Physicians will not rest content with what they have done, but will compel the pursuance of reforms that have long been decided to be essential in the interests of Medicine. Indeed, the whole profession will anticipate this sequel to the motion of Dr. Andrew, and will be grievously disappointed should no such consequences ensue as its result.

THE NEW BANKRUPTCY ACT IN RELATION TO ARTISAN PRACTICE.

To the poorer tradespeople and the artisan classes the New Bankruptcy Act is not likely to prove an unmixed blessing. To a certain extent they are bound to live on credit, and anything that serves to shake confidence in the soundness of their credit must increase their difficulties in securing the necessities of life. The working of the Act is especially prejudicial as regards the relations between these classes, and medical men. The poorer classes, out of their regular income, or the weekly wage, are able to make provision for all ordinary expenditure; it is the unforeseen or extraordinary that compels them to draw upon their credit for existence. In the case of the working man, in addition to want of work, which of course leads to a credit expenditure without revenue, the main source of unforeseen expenditure lies in the strain caused by sickness, which seems never to be anticipated or provided for. It would be simply an impossibility for a working man to pay cash down for medical attendance in the course of a sharp illness, necessitating daily visits or even visits twice a day. This being so, credit is absolutely necessary, payments being made in small instalments spread over an extended period. This system has, hitherto, worked fairly well in the case of the industrious and honest-minded working man, who is both willing and anxious to discharge his debts, and who, up to the present, has received encouragement to persevere in doing so, in the

knowledge that the opposite course was not a bed of roses for those who followed it, owing to the legal proceedings that might be taken in the event of prolonged default. On the whole, we think it may be fairly claimed for medical men, that they have, as a rule, been long suffering and patient in their dealings with the poor, and that they have been careful to avoid harsh measures in the case of those, of whose honesty and desire to pay they were satisfied, but who were unable to do so from the force of surrounding circumstances. As a rule, legal proceedings are only put in force as a last resource. The honest and thrifty folks find no difficulty in meeting their doctor's claims. It is only the wilfully dishonest, the thoughtless, or the drunkard and spendthrift that come to grief and appear in court, and who, through the teachings of experience, find, that on the whole, proceedings in court afford them a chance for the evasion of their debts as so few care to follow a case out to the bitter end by selling the home up under an execution order. At present, the application for "administration orders" is steadily increasing. In a great number of these cases, medical men's accounts appear as a very large proportion, often over half the whole amount of the debtor's liabilities; giving rise too frequently to unfavourable comments on the part of the judges. Indeed, these comments are often made in such a manner as to cast a slur upon the profession, making it appear discreditable for the doctor to have allowed his patient to run on such an account. It seems, in such cases, to be almost a pleasure to the judge to reduce the amount and to order its payment to be made by very small instalments each court day. No allowance seems to be made for the length of time over which the attendance has extended, nor the amount of work which has been performed. No consideration appears to be shown for the position of the medical man, who finds it difficult to refuse his services, however shaky he may know the financial position of his patient to be. If it is the father of the family—the bread winner, who is ill, all earnings cease at a time when expenditure is necessarily increased in the effort to provide proper food and other comforts for the patient. If the medical man refuses to attend, he is regarded as hard of heart and wanting in the feelings of humanity, his conduct being severely criticised by the neighbours, and his reputation suffering to a greater or lesser extent according to the surroundings of the case. If it is the wife or children he is still called upon at a time, when there is necessarily an increased strain upon the resources of the household, and when it requires all the man can make to keep things square; under such circumstances, it would be a matter of considerable difficulty for the father to pay the medical man ready money, and it would be looked upon as a great hardship if the latter were to refuse his services.

It will be impossible, however, for medical men to continue the credit system of attendance, if those who are indebted to them avail themselves largely of the facilities under the New Bankruptcy Act, for the evasion of payment of the greater part of their debt, and the slow discharge of the amount they are ordered to pay.

For example, A owes altogether £40 of which £15

may be due for medical attendance extending probably over five or six years in some cases, or, if the illness has been a very severe or prolonged one, the debt may have been contracted in four or five months upon the one case. A applies in the Court of Bankruptcy or County Court, for an "administration order." The judge reduces the gross amount one-third or one-half, i.e., to £27 or £20, and directs payment to be made by instalments of 6s. to 8s. each court day, that is, per month. This means that at the end of seven years and a half, the doctor may hope to receive two-thirds or one-half of his account where the total amount has been reduced, and the instalments ordered amount to 6s. each court day. This is not encouraging to trustfulness on the part of medical men, and must, in time, lead them to refuse their services unless paid at the time the services are rendered, in all cases where there is the slightest doubt of the patient's honesty or solvency; and thus a real hardship will be inflicted upon many a poor family, who, under present circumstances, can command proper medical attendance in the time of sickness.

Unless carefully administered, with a due regard to the interests of the creditors, and acting upon the clearest proof that the position of the debtor was in no way due to his misconduct the working of this Act is likely, by shaking confidence in their credit, to increase the difficulties of living for the poorer classes, who will suffer for the misdoings of those who are dishonest enough to avail themselves of the Act, for the evasion and slow discharge of their just debts.

Notes on Current Topics.

A Fresh Chance for the Antivivisectionists.

It was to be expected that those whose business it is to maintain the antivivisection agitation would seize the opportunity afforded by M. Pasteur's expressed intention of proving his latest conclusions by aid of experiments on living animals. As, however, there seemed but little likelihood of affecting the French people from this side of the Channel, the agitators determined to make their charge in the full front of Parisian Society; and accordingly a meeting was held on Friday with the avowed object of organising an "International Congress," the effect of which is presumably intended to supplement Mr. Jesse's "total abolition" schemes. Miss Anna Kingford, whose declamations against scientific progress are familiar to every student of crazes whose interest extends to a perusal of the literature relating to them, occupied the post of orator on this occasion, and her arguments were at once instructive and refreshing. Because hydrophobia is a "very rare" disease, this lady concludes that M. Pasteur is not justified in "torturing thousands of animals with the object of abolishing the disease." There is, fortunately, nothing original in the ignorance and inhumanity of this declaration. It has been made in similar terms a thousand times before, and probably will serve to tickle the intelligence of unthinking crowds as many times more. But, nevertheless, it is a gross misstatement as regards, at any rate, the particular case in point. The "thousands of animals" is an antivivisectionist's

phrase for forty dogs, twenty of which only will suffer under the experiment to be tried; while the other part of the statement, to the effect that it is not justifiable to reduce human suffering through discoveries by physiologists, can appeal to none but the intolerant and bigoted. It is useful to know that antivivisection is not entirely a dead and gone delusion; although at the same time it is humiliating to think that some presumably educated men and women, few as they may be, can be found to listen to its supporters.

Another Patent Medicine Victory.

ONE more death attracting public notice is to be credited to the Patent Medicine Act, the victim this time being a little girl twelve months old. At the inquest held on the body, and presided over by Dr. Danford Thomas, coroner for Central Middlesex, it transpired that the unfortunate infant had been dosed with patent medicine, the effect of which had been to hasten the fatal event. Dr. Thomas very properly judged the occasion one to call forth a decided expression of opinion from him, as to the terrible injury inflicted on the community from the absence of any restrictions on manufacturers of widely-advertised secret remedies for a thousand ills, and which, at the untrammelled will of the maker, may or may not contain even the most deadly poisons. The coroner further expressed a hope that before long the law would be altered so that persons would have to make known the contents of each patent medicine before selling it; and the jury, in returning a verdict in accordance with the medical evidence, expressed their disapproval of patent medicines being given to children without medical advice.

The City Coronership.

THE date fixed for the election of a new coroner for London City, in succession to the late Mr. W. J. Payne, is to-morrow (Thursday), and the number of candidates for the office is fourteen. But one of these gentlemen—Dr. Wynn Westcott—appears to us to combine in himself all the necessary qualifications to be desired in a responsible officer like that of coroner for so important a centre as the metropolitan city; and we cordially trust the choice of the electors may fall upon him. Our knowledge of Dr. Westcott is entirely derived from his public life, but it is of a kind to lend assurance to the belief that he is especially competent to carry out the magisterial duties associated with the post he is seeking; while at the same time his professional position entitles him to the sympathies of all who recognise the close connection between inquiries respecting the cause of death and a technical knowledge of the laws which regulate the relations of life and disease.

Some surprise was created by the announcement, made by a prominent opponent of Dr. Westcott's, to the effect that "the staff" of Charing Cross Hospital had written a letter of congratulation to the former on his appointment to the Coronership of the City of Southwark, and expressing a wish for his further success in the competition for the greater office. On the part of the hospital staff, a public denial of the letter was made, and then it transpired that "the staff" consisted of the senior students resident in the hospital, and holding the posts of house-physician,

house-surgeon, and maternity officer respectively. The mischievous intervention of these young men in a question of City politics cannot be excused on any ground whatever. If it arose from a silly desire to bring their names into prominence, it shows a contemptibly boyish spirit of conceit; while if it was, as appears most probable, suggested to them, then they have exhibited a painful lack of discretion in responding to the appeal without first consulting with their seniors and teachers on the staff of the institution to which they are attached. Though no one possessing any knowledge of hospital administration would be for a moment led away by the letter of these youths, still the uninformed public, especially when told that it emanates from the "staff," cannot be supposed to discriminate between it and *bonâ fide* testimonials from persons of position and judgment; and in this way the cause of other candidates unpossessed of similar meaningless credentials is likely to be detrimentally affected by the action of a few students at a London hospital. It is to be hoped that on the real facts of the case becoming known, the real meaning of the letter may be apparent to the electors, and duly appraised by them.

Medical Advertising.

IN a recent issue of the *Times* newspaper a letter appeared from Mr. Richard Barwell, F.R.C.S., Surgeon to Charing Cross Hospital, the occasion for its production being given by the dynamite explosions of Friday week last. Several of the injured persons came under Mr. Barwell's care in the hospital, and he very properly satisfied public anxiety by contributing to the principal lay journal an account of their condition, written in a way to be generally understood. With this proceeding no fault is to be found; but when Mr. Barwell goes on to discuss a surgical problem in the latter part of his letter, it seems to us that he exceeds the proper bounds to be observed by a surgeon in communications addressed to the public press. Further, also, he incurs a wholly unjustifiable responsibility by taking on himself to prognosticate in one case, that of a girl, that the ultimate effects of the shock she experienced will not in any way interfere with her well-being, and on the text thus provided, to pursue a line of discussion such as ought by right to be followed only in a paper designed for professional readers. In the present state of disturbed feeling respecting advertisement of themselves by medical men, those who hold an assured position in the profession should be especially careful to avoid every appearance of the weakness attributed to such as said to offend; and Mr. Barwell may not improbably be held to have exposed himself to the charge hurled against others.

MR. LAWSON TAIT has accepted an invitation to deliver an address in "Abdominal Surgery" to the Canada Medical Association at Montreal on August 25th.

THE 500th anniversary of the foundation of the University of Heidelberg will shortly be celebrated. The sum of £8,000 has been voted by the Baden Parliament to defray the expenses.

The Collection of Refuse.

THE Vienna authorities have recently adopted a new method of collecting refuse that one would think cannot fail to commend itself to our own governing bodies, although whether they will find imitators amongst us is quite a different matter. The new Vienna method is based on the assumption that infective matter is not unfrequently mixed with dust, sweepings, and rubbish, and that by transporting such rubbish on open conveyances there is at least a possibility of disease being disseminated along the route of conveyance. The method consists in having all refuse put into barrels provided with tightly-fitting heads. These barrels are then collected, carted away to the proper locality, emptied, disinfected, and then returned. In order that every household may keep his own, the name and address of the owner are painted on each barrel. The Vienna authorities are making a valuable experiment, and if it proves successful and not too expensive other municipalities will not be long in following so good an example.

Scarlet Fever in Wigan.

SCARLET fever has been epidemic in Wigan for the last eight months, and measles also has become prevalent, in consequence of this, and also previous unsuccessful efforts to stop the spread of these infectious diseases, Mr. Barnish, the medical officer of health, has felt compelled to recommend to the Sanitary Committee of the Town Council that all elementary schools, as well as Sunday schools, should be closed for a period of five weeks. The Committee have served notices on the managers to close them at once for the period recommended. Some opposition was met with from three schoolmasters and school managers who will lose in school pence probably to the extent of £7 per week for each school, but as the health officer ably showed the loss is small (considering that 162 deaths have already been caused by scarlet fever) in comparison with the prevention of the spread of such infectious diseases as scarlet fever and measles.

Milk-Scarlatina and Cow-Disease.

MR. POWER's hypothesis as to the possible relationship between scarlatina and disease of the cow, particulars of which will be found under the heading of our Sanitary Department, marks an era in etiological pathology.

Mr. Power, whose analytical talent is so well established, traces the causation of the particular outbreak to the farm, and eliminating human infection from men or things (which has formerly done ample duty as a cause), boldly attacks the problem whether any or all of the conditions of what may be termed a lying-in cow may not supply the infective link or links required. He inquires whether it may not be possible that a perverted secretion on the one hand, or a local admixture of lochia from a soiled udder on the other, should suffice to envelop the milk with its specific power to cause scarlatina, and reminds us of the causation of puerperal fever by the exposure of parturient women to the virus of zymotic disease. Now, this latter is true enough; but the analogy between the occasional causation of puerperal fever by, say, scarla-

tina, and that of scarlatina by cow-disease, seems scarcely strict enough to warrant further inductions, inasmuch as puerperal fever is not to be compared with scarlatina in point of specificity. To establish the hypothesis, it would seem necessary to prove that a newly-calved cow suffers, under certain conditions, from a disease analogous to human scarlatina, either autogenetic, or derived originally from human infection. Dr. Klein's experiments, though not conclusive, seem to point in this direction; and in the meantime, whilst awaiting further researches, we commend the matter to the attention of our veterinary *confrères*.

The Stewart Scholarship.

SOME months ago we noted that the bulk of the property left by Dr. Stewart, of Dublin, had been appropriated by the Master of the Rolls, Sir Edward Sullivan, to a purpose with which the deceased had never shown the slightest sympathy, to the exclusion of those objects with which the efforts of his life had been associated. £30,000 of the money of this benevolent gentleman were thus handed over to be divided between the University of Dublin and the Royal Irish University, neither of which institutions either needed or cared for the money, for the purpose of founding literary and medical scholarships. With regard to these scholarships in the Royal University, its Senate has adopted the following regulations. One scholarship of the annual value of £50, tenable for three years, will be offered in the autumn of 1885 for competition among medical graduates of not more than two years' standing, for proficiency in mental diseases. A second medical scholarship, of the annual value of £10, tenable for three years, will also be offered in the autumn of 1885, for competition in the subjects of the second examination in medicine. In order to be eligible, candidates must present themselves after the lapse of not more than one academical year from the time of passing the first examination in medicine. A scholarship in arts, of the annual value of £30, tenable for three years, will be awarded at the autumn examinations of 1885 to the candidate who will be found to have obtained the highest aggregate of marks upon taking into account the marks obtained at the honour examinations in English and in a modern language at the first university examination in the present year (1884), and at the second university examination in arts in the year 1885.

International Conference on Education.

THE Executive Council of the International Health Exhibition having decided to hold an International Conference on Education in connection with the Educational Division of the Exhibition, they have appointed a Committee of Management, who have drawn up a detailed programme of subjects for discussion, all papers in which will be printed beforehand, and these will subsequently be published by the Executive Council. Persons desirous of attending the Conference are invited to send in their names to Mr. R. Cowper, Secretary to the Committee of Management, International Health Exhibition, South Kensington, to whom any inquiries can be addressed.

The Conference will be opened on Monday, the 4th of

August, at 11 a.m., and will continue throughout the week. The subjects for discussion are arranged under eleven heads, and are as follow:—1. Conditions of healthy education. 2. Infant training and teaching—*a.* kindergarten; *b.* instruction generally. 3. technical teaching—*a.* science; *b.* art; *c.* handicrafts; *d.* agriculture; *e.* domestic economy. 4. Teaching of music in schools. 5. Museums, libraries, and other subsidiary aids to instruction in connection with schools. 6. Training of teachers: under this head will be considered the right professional preparation for teachers in—*a.* elementary, *b.* intermediate and higher, *c.* special and technical schools. 7. Inspection and examination of schools—*a.* By the State; *b.* By the universities; *c.* By other public bodies. 8. Organisation of elementary education. 9. Organisation of intermediate and higher education. 10. Organisation of university education. 11. Systems of public instruction in various countries.

Fellowships and Examinerships in the Royal University of Ireland.

AT a meeting of the Senate of this University last week, Dr. Robert O. Cunningham, Professor of Natural History in Queen's College, Belfast, and Dr. George Sigerson, Professor of Botany and Zoology in the Catholic University College, Dublin, were elected Fellows in the Department of the Natural Sciences. The following examiners were reappointed for one year:—In medicine, Stephen M. MacSwiney, M.D.; in midwifery, John A. Byrne, M.D.; H. Macnaughton Jones, M.D.; in medical jurisprudence, E. W. Davy, M.D.; in materia medica, F. J. B. Quinlan, M.D.; J. Seaton Reid, M.D. And the Senate appointed Dr. Michael M'Hugh one of the examiners in medical jurisprudence, in succession to the late Dr. Matthias O'Keeffe, of Cork.

OUR American contemporary, the *Cincinnati Lancet and Clinic*, which has, on several occasions, done good service to the profession by the exposure of educational shams, announces in its issue to hand, that the "Medical University of Ohio" on which we animadverted in a recent number, only exists on paper, and is another of those diploma-selling swindles which flood the world with "bogus doctors." Again, on the strength of these repeated announcements, we enter our protest against the legal admission to practice, within British possessions, of the *alumni* of institutions over whose educational requirements and status we can have no possible knowledge or control.

IN the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follow—Bombay 30, Madras 89, Paris 25, Geneva 24, Brussels 20, Amsterdam 27, Rotterdam 36, The Hague 29, Copenhagen 25, Stockholm 25, Christiania 11, St. Petersburg 36, Berlin 23, Hamburg 30, Dresden 28, Breslau 34, Munich 33, Vienna 31, Prague 39, Buda-Pesth 39, Trieste 26, Turin 31, Venice 22, Lisbon 24, New York 25, Brooklyn 18, Philadelphia 19, and Baltimore 19.

The American Medical Association.

A LIVELY picture of the recent annual meeting of the American Medical Association is drawn by the Washington correspondent of the *Boston Medical and Surgical Journal*. Every society passes in its earlier periods of existence through some curious stages, and has, probably, to admit into its fellowship a few candidates for the distinction who would not at a later time be accepted as members. It may, for instance, be questioned whether the presence among them of gentlemen who, during a reception, "spent a large portion of their time in the supper room with their hats on," would be welcomed by members of our own Association; but the most remarkable incident described in connection with the American Assembly refers to the locality in which the meetings were held. This chanced to be the congregational church, centrally situate, but seemingly a building, the use of which was unappreciated by not a few of the doctors gathered together inside of it. We are gravely informed that "the janitor of the church was also busying himself by hanging up placards of 'please do not smoke in this church,' and exerting his personal influence to the same effect, which was resented as an interference by some, quietly ignored by others, while the good-natured strolled out to the front steps with their cigars." It is satisfactory to learn, after all this, that the meeting accomplished some good work, having been attended by nearly 1,300 members.

A Centenarian.

THE *Connaught Telegraph* reports the death, at Foxhill, near Ballyhaunis, of one Luke Mannion, who had reached the patriarchal age of 108 years, and who to the very last retained his mental faculties in unimpaired perfection.

The Reuben Harvey (Dublin) Memorial Prize.

THE first award of this triennial prize will be made in July, 1885, and will be open to all students of the Dublin medical schools, also to graduates or licentiates of Irish licensing bodies of not more than three years' standing at the time the award is made. The essays are to evince original research in animal physiology or pathology, and are to be illustrated by drawings or preparations.

THE *Graphic* states that, under the will of the late Mr. George Hudson, of Monkwearmouth Grange, Sunderland, the sum of £200,000 has been set aside for the maintenance, clothing, and education of orphans belonging to Sunderland. Mr. Hudson has also bequeathed £500 to the Sunderland Infirmary.

AT the last meeting of the West London Medico-Chirurgical Society, Dr. Thudichum, the President, made an announcement that an annual lecture would be delivered under the auspices of the Society, to be called the "Cavendish Lecture," in honour of the distinguished chemist who resided in the west of London, and who was an ancestor of the Duke of Devonshire, now President of the West London Hospital. Mr. Timothy Holmes, F.R.C.S., has, we understand, consented to deliver the first "Cavendish Lecture" early in July.

A Quack in Trouble.

ONE of those benevolent individuals whose impudence is only equalled by their insensate greed for money, and who, for nearly a generation past, has succeeded in amassing a not inconsiderable income by offering advice *gratis*, and nostrums at an incredible charge; a man in fact who lived for the exclusive benefit of his fellow men in advertisements, a heaven-born heal-all in theory and a fraud in practice, is just now under remand at Manchester on several charges of conspiracy to defraud. This individual, the Rev. Mr. Silverton, Baptist minister by profession, is, if we mistake not, the same who for years advertised from the neighbourhood of Nottingham his wonderful powers of cure in cases of deafness, blindness, and other trifling complaints, offering to supply his prescriptions free to whomsoever would. Gradually his *gratuitous* business has increased, until of late years the opening of an office in London was rendered a necessity, and a tour of health lectures also *gratuitous*, through the provinces was being indulged in. Here he met with a slight check in his humanitarian mission; some patients who attended these discourses paid him considerable sums to be healed of their infirmities, and failing to get what they bargained for, inconsiderately had him arrested and put to much annoyance thereby. It would be amusing, were it not so serious, to notice the credulousness of the public with these quacks. One man stated that he went to the defendant with a bad foot, he felt his pulse, told him he wanted clearing, and gave him some medicine, for which he was charged 35s. A lady also consulted him for sterility, and he gave her some medicine. The medicine in both cases was examined by the city analyst, and was found to be simply tincture of rhubarb. Detective Caminada also consulted him with a feigned rheumatism in the foot, and was given harmless cough medicine. With Silverton, unfortunately for the credit of our profession, is associated a Mr. C. Mitchinson, M.R.C.S. Eng., to whom we beg to call the attention of his College; meanwhile we anxiously await the Manchester magistrates' decision.

THE following topics for papers in the Public Health Section at the Belfast Meeting of the British Medical Association have been suggested:—1. Prevention of Epidemics; 2. Inspection of Meat Markets, with special Reference to the Causation of Disease in Man by the Consumption of Diseased Meat; 3. Over-pressure in Schools, with special reference to the Record of clinically observed Facts. Communications should be addressed to Mr. S. Murphy, 158 Camden Road, London, N.W.

DR. ALEXANDER TWEEDIE, F.R.S., whose strength had been failing for some time, died on Friday, the 30th ult., in the ninetieth year of his age.

SINCE the practical suspension of the "Infectious Diseases Act," effected by Mr. Stansfeld's motion last year, the number of syphilitic cases in the military hospital at Colchester have increased 300 per cent.

EXAMINATIONS of candidates for commissions in the Medical Department of Her Majesty's Army, Naval, and Indian Services will be held at the London University on the 11th August next, and following days, at 10 o'clock a.m. The vacancies are—Home Army 19, Indian 5, Naval 24.

THE first of Sir Henry Thompson's lectures on Some Important Points in connection with the Surgery of the Urinary Organs, will be delivered at the Royal College of Surgeons on this (Wednesday) evening, June 11th, at 4 p.m.

WE understand that Dr. Hare Philipson, Newcastle-upon-Tyne, Professor of Medicine in the University of Durham, has been appointed to deliver the annual Bradshawe lecture at the Royal College of Physicians, London, August 18th.

The Coming Election at the Royal College of Surgeons of England.

THE annual election of Fellows of this College to fill the five vacancies at the Council board will be held next month, and already several candidates are in the field. These include Messrs. Barwell, Gant, Durham, Lawson, Cowell, Berkeley Hill, and Pemberton. In addition to these, Mr. T. Smith, one of the retiring candidates, will seek re-election. At this stage of the contest we can do little more than name the candidates, but it will be proper to express the hope that electors will not fail to remember the duty that rests with them of returning those gentlemen at the head of the poll who are supporters of the contemplated necessary reforms. This platform is assumed by more than one of the candidates named, who sympathise with the movement to give all Fellows of the College a proper share of its government, and we trust that these liberal views will rule the coming election.

The Appointments held by the late Dr. J. Stannus Hughes.

THE lamented death of the late Dr. J. S. Hughes, has set free several appointments of some value in Dublin. The Professorship of Surgery in the Royal College of Surgeons is already the subject of competition. Mr. Hamilton, formerly Lecturer on Surgery in the School of Stevens's Hospital, has declared himself a candidate, and being long associated with the College and well-known as an experienced teacher and a distinguished practitioner, his claim is fully recognised. Mr. Corley, the Vice-President of the College, Lecturer on Surgery in the Carmichael College, and Surgeon to the Richmond Hospital, will also probably offer himself, and other candidates, as yet undeclared, will no doubt submit their claims.

THE office of Surgeon to the Vice-Regal Household also held by Dr. Hughes for so many years is worth nominally £100 a year, but actually much more. It is in the hands of the Lord-Lieutenant, free of all political influence. Dr. Mapother, Surgeon-in-Ordinary to His Excellency, and Dr. Lentaigne, Surgeon to Jervis Street Hospital, are both named as likely to be selected for the office. The Secretaryship of the Council of the Irish College of Surgeons, held by Dr. Hughes for no less than twenty-six years, has already been filled, it being, as will be understood, impossible for the Council to proceed with the College business until it was provided with a recorder of its proceedings. The election took place on Thursday last, when five candidates offered themselves,

viz, Drs. Minchin, Tweedy, C. H. Robinson, Pratt, and Jacob. Dr. Jacob was selected, and has entered on his duties.

By his acceptance of office he vacates his seat on the Council, and an election thereto has been fixed for Monday, 23rd, at 1 p.m. We understand that Mr. MacNamara, representative of the College in the General Medical Council, will offer himself to the Fellows for the vacant office.

The death of Dr. Hughes also vacates the Surgeoncy of Jervis Street Hospital, and an Examinership in Lunacy under the Court of Chancery.

AT a meeting held in Chester on Friday last in connection with the election of candidates for the Royal Albert Asylum, the Duke of Westminster said that in the seven northern counties which the asylum covered there were 8,000 idiots, of whom about 2,400 are between six years and 25 years of age.

WE congratulate that most able and indefatigable officer, Dr. Rees Phillips, upon his appointment as Medical Superintendent of St. Ann's Health Asylum, which has just been erected with funds given by the late Mr. Holloway for that purpose. Dr. Phillips has for some time occupied a similar position at Woulford House Asylum, and we have no doubt the same enlightened system of treatment will be carried out at St. Ann's.

PROFESSOR PASTEUR, even in vivisectioning France, is not allowed to carry on his researches altogether in peace, and his establishment at Meudon, a suburb of Paris, has been interdicted by the Mayor on account of the noise of innumerable dogs kept by him. The distinguished *savant*, however, has human sympathisers, and already two—a medical student and a railway porter—have offered themselves for inoculation with the virus of rabies. The question whether Pasteur has elected to run the chances of being eventually tried for homicide, or to perform the experiments on conies, is as yet unsettled.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

POOR-LAW CONFERENCE IN GLASGOW.—At a Poor-law Conference arranged by the City Parochial Board, held in Glasgow on the 3rd inst., Dr. Russell, the medical officer of health for the city, read a valuable paper on "Public Health and Pauperism." He pointed out that in one aspect public health became a question of profit and loss—a mere matter of book-keeping. The community must pay in one way or another, and the question came to be whether they would support the pauper and neglect public health, or expend money in general measures for the preservation of health, and so cut at the roots of pauperism, in so far as they were nourished and sustained by disease. The question of poor-rates *versus* sanitary assessment was merely a portion of the wider question of cure *versus* prevention. If the public did not prevent disease because the means of prevention could not usually be had for nothing, then they might presume that there was in the public mind a belief that disease, if it did not actually cost the community nothing, at any rate cost less than the means of its prevention. If it were, as he asserted, that not only as to pauperism, but in all its relations, health

was cheaper than disease, how was it that the public were so slow to see this? It seemed to him that it was because, while the items on the debit side of the public health ledger were direct and personal, those on the credit side were indirect and impersonal. Dr. Russell compared, in some respects, England and Scotland. In the six years, 1855-60, the death-rate per 10,000 of the population was in England 219, and in Scotland 207. In the ten years, 1861-70, it was 225 in England and 220 in Scotland. In the ten years, 1871-80, it was 214 in England and 216 in Scotland. Those figures showed that while England started in the race with a higher death-rate than Scotland, the relative position was now reversed. In all respects, therefore, England was outstripping Scotland in the business of health-seeking, for while Scotland had taken only 2 per cent. off her death-rate in the last ten years, England had reduced hers 5 per cent.

A SANATORIUM FOR EDINBURGH STUDENTS.—Professor Chiene is at present erecting a sanatorium in the Marketgate, Craik, to which over-exerted students are to be brought for rest. The house is situated next the Professor's summer residence, and consists of a double storey building, with accommodation for two or three students at a time. For the sake of the University we hope that the number of applicants will be numerous; for the sake of the students that they may be few. At any rate, this effort of Professor Chiene to place rest and health before the really hard-working student cannot be too highly commended, if commendation were possible for an act that must bring its own reward, and which at once betokens the thoughtfulness and kind-heartedness of Mr. Chiene.

EDINBURGH.—FIRE IN THE ROYAL INFIRMARY.—About half-past nine o'clock on Saturday, the 31st ult., a fire, which occasioned a good deal of alarm, broke out in one of the servants' dormitories of the Edinburgh Royal Infirmary. A detachment of the fire brigade was promptly on the spot. The firemen soon extinguished the flames, but the water found its way into the ward below, and besides causing considerable alarm among the patients, rendered the removal of them to some of the other wards necessary.

GLASGOW ROYAL INFIRMARY.—At a meeting of the directors of this institution, held on the 5th inst., the subject of filling up the vacancy caused by the promotion of Dr. Lothian was discussed, when it was resolved to make no appointment in the meantime. It is understood that some changes in the management of the dispensaries are in contemplation.

A VOLUNTEER MEDICAL CORPS FOR SCOTLAND.—Surgeon-Major Evatt, of the Army Medical Department, Woolwich, whose indefatigable exertions in the same direction throughout the United Kingdom are well known and have met with considerable success, addressed a largely-attended meeting of students and members of the profession in the New University Buildings, Edinburgh, on the 6th inst., on "Volunteer Medical Organisation, with special reference to the Objects and Aims of a proposed Hospital Corps." Professor Douglas MacLagan presided. Surgeon-Major Evatt explained, by means of a diagram, the constituent parts of an English Army Corps. It was divided into three divisions, with a cavalry brigade and a body called the corps troops; and each division was again subdivided into two brigades. He proceeded to describe the present arrangements in the army for the care of the wounded. Behind each division there was a bearer company, to which the wounded men were carried, and, if their wounds were so serious that they could not again proceed to the front, they were carried back to the field hospitals, which formed

the next line of medical relief, and thence, if necessary, to the hospitals at the base of operations, from which they were conveyed to England. We required, said Dr. Evatt, for the volunteer force medical men, who could teach the people what ambulance work meant, and they would get a hearty response from the public. The work would in no way handicap the student, for it would teach him how to attend to the injured, and in the industrial warfare going on every day—with people injured on railways and in factories—it was something to their advantage to be able to attend skillfully to such cases. Professor Chiene expressed the hope that in a large school like that at Edinburgh there would be no difficulty in forming a medical corps. With two thousand students, he thought they should have not only an efficient combatant company, but also an efficient hospital corps. He moved that a Volunteer Hospital Corps be formed in connection with the Edinburgh Medical Schools, and that a committee be appointed to make the necessary preliminary arrangements. Dr. Cathcart seconded the motion, which was carried by acclamation. Professor Turner, in moving a vote of thanks to Dr. Evatt, said that in that great school of medicine they should do something to help on the important work that had been brought before them that day.

Correspondence.

THE FELLOWSHIP OF THE LONDON COLLEGE OF PHYSICIANS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your issue of Feb. 20th, I drew attention to the subject of the election, or selection, of Fellows from among the members. I there pointed out (1) that, of the last thirty-nine selected, only nine had any claims to be regarded as men well known to the profession; or men who may be said to have "won their spurs"; and (2) I gave a list of men fairly well known, who have been passed over. After that, followed some speculations as to what constituted a claim to be elected, or a cause of objection. Then followed these words:—"Something was said a little time ago about a new regulation, by which the claims of Fellows to be elected, would be enumerated when chosen; the next list will perhaps indicate some outline of the principle by which the election is guided."

Alas! The list has not come out. Why? What says the published report of an extraordinary meeting of the College on May the 29th (remembering that the outside world knows nothing except what the College allows to be published!)

"The next business was the election of new Fellows. Considerable dissatisfaction, however, was evinced by the majority of those present with the list of names submitted by the Council. Dr. Andrew moved, and Dr. Sieveking seconded a motion, referring the list back to the Council for reconsideration, with full power either to omit names, or to insert fresh ones, with the proviso, that the total number should not exceed twelve. An animated discussion followed, but finally this motion was carried by a large majority."

Having flaunted their indifference to outside opinion, the Council have at last taken action so flagrant in the matter of their selection, that the Fellows "by a large majority" have rejected their list. Instead of mending their ways, they have outraged the bulk of the Fellows, until the latter have practically turned round upon, and censured, their rulers. What motives these said rulers can have in degrading the College and its Fellowship in public opinion, it is not easy to see. It is some time ago since a leading medical journal announced that it had abandoned all hope of amendment on the part of the Council of the College; a pretty stiff expression of opinion! Instead of "amendment" they have gone on their evil path until the body of Fellows have pulled them up by rejecting their list of men presented as suitable for the Fellowship. No wonder our profession holds that position, sketched out so vividly by the author of the pamphlet, "The Political Powerlessness of the Medical Profession"! What

respect can the world have for a profession, whose ruling powers—both at the College of Physicians, and the College of Surgeons—are acting with a self-willed caprice, that could only call up a smile of derision, or the sneer of the scoffer; if it were not for the harm they are doing by the natural affection one feeble man manifests for another, until the proportion of mediocrity becomes (or would become) overwhelming! What intellectual, or moral blight is it which falls upon medical men; so soon as they enter the ruling bodies of the tainted corporations? Men of integrity in their private life, of good professional reputation, seem to become utterly transformed when they get upon the Council of the College: they seem, indeed, "to put on corruption." However, at last the good sense of a long suffering profession has shown itself, and there seems a prospect of its casting off a yoke which has galled it—a thralldom which has been no credit to it. Such a positive step by "a large majority" of the Fellows ought to lead to some results at of the College of Physicians. If outside opinion is impotent to influence the rulers of the College, surely this evidence of internal dissatisfaction can not be sterile of result. It ought to convince the erring oligarchy of the folly of which they have been guilty—of the blunder which they have perpetrated—of the injury which they are inflicting on a venerable, if not positively infirm corporation; whose natural guardians they assume to be. *Quis custodiet custodes?* Yes, indeed! A college which prides itself on the fact that it guarantees the conduct of its Members and Fellows, cannot do better than set to work to construct some means of guaranteeing the conduct of its Council.

Yours, &c.,

M.D.

THE INCREASE OF INSANITY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I should be sorry to deprive Dr. Wallace of the satisfaction he evidently feels in having, as he says in yesterday's *Medical Press*, so sharply criticised my paper on "The Increase of Insanity, &c.," and so vigorously tested my mental capacity as well as the data from which I deduced my conclusions. Personalities are proverbially the resource of those who have a weak cause. Therefore, I leave them to Dr. Wallace; but, with regard to the data on which I based my statements, I may observe that, beyond the expression of his own incredulity, Dr. Wallace has not even attempted to disprove in any way the evidence I collected from official and other statistical documents to prove the progressive and rapid increase of insanity of late years in these countries. And hence, as Dr. Wallace's individual opinions, valuable as they may be, cannot altogether outweigh established facts and figures I must still adhere to my published statements, however "startling" he may find them.

Secondly, the causes which I assigned for this increase of mental disorders makes Dr. Wallace fear that I do not come out well as an accurate thinker or reasoner. Now, may I venture to ask in which of the following causes referred to in my paper does Dr. Wallace find such evidence of my mental incapacity? These causes, according to my views, are moral as well as physical, and both largely arise from the changed conditions of society with the past couple of decades, the race of life being now too generally run at a pace destructive alike of mental and bodily health. Amongst the many circumstances which thus conduce to the increase of insanity are the prevailing tendency to alcoholism in all classes. Secondly, the crime of luxury and sensuality too generally characteristic of the youth of the present day. Thirdly, the forced system of education, by which the mental powers are over-strained and prematurely exhausted in the effort to acquire that superficial smattering of universal knowledge now generally deemed necessary. Fourthly, the misdirected tendencies of modern female education, and the neglect of suitable occupation for women in after-life. And fifthly, the growing frequency of those utero-ovarian complaints which have come into such prominence of late years, and which are productive of reflex cerebro-nervous disorders—must all be recognised as powerful factors in the increase of insanity so observable amongst women at the present time. Dr. Wallace, however, maintains that, "except the first of these evils, it is manifest that a very fractional proportion of the population are affected by such influences." I cannot

agree with him in this; competition for life is now almost equally great in every class, and the efforts to attain a superior station, or to ensure success in life, have led to forced education in every rank. My experience has not been confined to Ireland, as Dr. Wallace seems to think. But even in Ireland I have for some years had daily occasion, in hospitals and private practice, to trace cerebral disease to premature stimulation of the mental powers and brain over-work in the national schools, where the poor are now absurdly over-educated, as well as in collegiate institutions of a higher class. Nor am I aware that the utero-ovarian disorders to which I have assigned a prominent place in the modern etiology of insanity in women are confined to any special class or rank in society.

On Dr. Wallace's theory, "that the source of any real increase in insanity is to be sought for mainly in the condition of the lapsed masses in cities," I am unable to express any opinion, as my "mental capacity" is too limited to enable me to understand its meaning. I am glad, however, that Dr. Wallace at least endorses the practical conclusions which I endeavoured to establish, namely, that the treatment of the insane should be confined to those who have some actual knowledge of the physical diseases which may produce reflex cerebro-nervous disorders; and secondly, that some change is required in the system and laws under which patients are now admitted into lunatic asylums.

I am, &c.,

THOMAS MORE MADDEN.

55 Merrion Square, Dublin.
June 5th, 1884.

WHAT IS MEDICAL ADVERTISING?

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—A custom obtains among members of the theatrical profession which possesses so many obvious advantages as a means of engaging public attention to those who adopt it, that it is not surprising to find medical men also resorting to it for advertising purposes. I refer to the exhibition of cartes-de-visite and other portraits of physicians and surgeons in the shop-windows of booksellers and publishers, not only in London, but in the principal provincial towns also. As I walk along Oxford Street, Regent Street, the Strand, and elsewhere, I am able to enjoy unlimited opportunities of studying the faces and expressions of innumerable professors of the healing art; and in many cases, too, along with this privilege, I may, by an odd coincidence, distinguish the "special practice" of the photographer's original by reason of the close proximity of the picture to the last work written by him it depicts. Can you tell me for whose benefit these photographs are thus exposed to popular admiration? Surely not for the profession, for its members, if desirous of gazing on the revered features of leading practitioners, can take other means of doing so than the uncomfortable method of standing open-mouthed before a window in a crowded thoroughfare. If the system is not a form of advertisement, why is it that special requests are sometimes made to exhibitors of such things to include in their collection the photographs of particular practitioners—and made, too, by the practitioners themselves? Educationally, the plan has, no doubt, many advantages; it teaches the public to recognise particular individuals, and to associate them with the cure of particular diseases; and when the daily papers herald forth that Dr. So-and-so is in constant attendance on an illustrious patient, a personal interest attaches to the announcement in the mind of every chance inspector of the counterfeit presentment of the attendant in question. To the latter the philanthropic wish to inform the public mind as to his own appearance thus brings its due reward; and this it must be that stimulates the profitable benevolence of so many of our "leading stars." There is much encouragement in this reflection, and for younger and struggling men it opens up a field of usefulness and profit of which they may be trusted, as is occasionally proved from the presence of unknown faces, duly subscribed, among the collections referred to, to avail themselves as far as possible.

Yours faithfully,

AES,

Notices to Correspondents.

PRACTICAL PHARMACY IN THE EXAMINATIONS OF THE ROYAL COLLEGE OF SURGEONS.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—In the next issue of your valuable paper would you be kind enough to answer the following questions: 1. What book on elementary pharmacy would you recommend me to study? 2. Could you give me an idea of the kind of questions likely to be asked on elementary pharmacy at the first examination in medicine in the College of Surgeons, Ireland?

Yours, &c.,

CORKONIAN.

[The desiderata of this examination may be briefly given as follows: No. 1. Weights and Measures.—The student should endeavour to learn the metric system, but an acquaintance with the British system of medical weights and measures, and their popular equivalents of teaspoonful, &c., is indispensable. This is no needless request; for example: One gentleman on being shown some brass weights positively declared he "did not know what that medicine was or its dose," and an utter ignorance of simple weights and measures is very common, even in advanced pupils. No. 2. To be able to read the pages of the "British Pharmacopoeia," and understand the meaning of "infusum," "tinctura," "decoctum;" and when we state that candidates were unable to explain the words "aede," "mel," radix, folia, &c., it will be seen the amount of knowledge required is not unreasonable from young lads who are supposed to have recently passed an examination in Latin. No. 3. To translate simple Latin prescriptions into English, and explain the ordinary words, symbols, &c., and to understand the usual contractions, such as misce, cras, mane, pr., stet., s.l., ft. haust., &c. No. 4. To know something about the more usual operations of pharmacy and pharmaceutical chemistry. For illustration: One ingenious gentleman who had somehow learned how to fold a filter paper, when requested to place it in the funnel, ingeniously tried to balance it on the orifice of its spout; another could not form the slightest idea what a funnel might be used for. It is far from uncommon to find a thermometer in either its simple or self-registering form above comprehension. Ordinary matters of evaporation, or the use of a spirit lamp, unknown; an evaporating capsule grossly termed a mortar, and all idea of specific gravity considered unworthy of study. In the examination itself, as there is neither time nor opportunity for practical work, the candidate's knowledge is tested by questions, and the use of prescriptions and instruments, and an appeal made to the pages of the "Pharmacopoeia" itself. No text-book is recommended for obvious reasons, there are several that may be consulted, but any individual with sufficient intelligence to pursue our profession hereafter would acquire all the requisite knowledge in a dispensary or pharmacy far easier than by reading, just as bandaging is best learned by practicing it on the human body, so will practical pharmacy be best acquired by spending a few hours behind a pharmacist's compounding department, or in the dispensary of an hospital, and the knowledge thus acquired will go a considerable way to smooth the difficulties in future surgical and medical studies. The object of the examination is to secure such an amount of elementary information before entering on his strictly practical professional studies that it may be turned to the best account, not only for his future examinations, but for the practice of his profession in civil, naval, or military life hereafter. —ED.]

DR. CULLMORE.—We hope to find space for your paper in our next, or at latest the following number.

MEDICAL "ATTENDANT" OR MEDICAL "ADVISER."

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I think the profession as a rule do not like the word attendant when following coffins of public funerals. Webster's Dictionary defines "attendant" as one that attends or "waits on," meaning a servant really. Members of our profession are advisers, in the same light as spiritual advisers, legal advisers; therefore, why not use the more dignified and more appropriate term of "medical adviser?" At the funeral obsequies of Sir Bartle Frere, Sir So-and-so are named medical attendants. The term ought to be altered. Sir Bartle Frere was a very able man, of Indian experience. Who gave India to England? Why, a member of the medical profession. A noble-minded surgeon in the pristine days of the East India Trading Company was requested by the Great Mogul at Calcutta to prescribe for his daughter. He did, and cured her. The Eastern potentate bowed to the talent of a profession that carries more influence than any other in the East, and asked the Company's surgeon his fee. This noble-minded man requested that his Company should be allowed a possession of a piece of ground at Calcutta to trade from. It was granted, and from that request India became our possession! Are we servants? No.

Yours, &c.,

ANGLO-INDIAN PHYSICIAN.

AUSTRALIA.—A correspondent asks whether Australia "is a good field for practice." The colony is a trifle larger than the continent of Europe, and presents every conceivable field for practice. We know of no sort of practitioner, if not blind, or stone deaf, or a drunkard, who could not find a place to suit him in the colony. Not knowing anything about our correspondent's qualities, physical, mental, or professional, we can give him no better answer.

NITRO-GLYCERINE.

IN our last issue space was accorded to correspondence on this subject, in which a small but important typographical error appeared, which we desire to correct, namely, the substitution of r for s in glonorin; this word should read "glonoin" (nitro-glycerine). It may be as well to mention, for the information of our readers, that this substance, even when prepared for medicinal purposes, if not perfectly pure, is liable to explode spontaneously, but in fatty or oily solution it is absolutely safe. Two minutes after taking a dose, the pulse becomes accelerated, arteries relaxed, and a throbbing headache is produced, which lasts according to the strength of the dose. Its use is principally indicated in angina pectoris, persistent neuralgia, and sea-sickness, its action being like nitrite of amyl, than which its effects are more lasting.

MR. J. LLOYD (Bethesda).—We shall be glad of notes of the case of "Sporadic Cretinism" under your care; they would doubtless be interesting to many readers.

The Societies, College Lectures, &c.

WEDNESDAY, JUNE 11TH.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—At 4 p.m., Sir Henry Thompson. On Some Important Changes in connexion with the Surgery of the Urinary Organs.

EPIDEMIOLOGICAL SOCIETY OF LONDON.—At 8 p.m., Dr. H. Franklin Parsons. Some Observations on the Etiology of Diphtheria.—Dr. John Wortabet. Epidemiological Notes during the Autumn of 1883 in Beyrout, Syria. Office-bearers for the ensuing year will be nominated.

ROYAL MICROSCOPICAL SOCIETY.—At 8 p.m., Dr. J. Anthony, On the Camera Lucida.—Mr. G. Dowdswell, (1) On Some Phenomena of the Red Blood-Corpuscles of Vertebrates, with reference to the occurrence of Bacteria normally in Living Animals; (2) On the Constancy of Specific Morphological Characters in the Bacteria.—Mr. C. D. Ahrens, On a New Polarising Prism.

EDINBURGH OBSTETRICAL SOCIETY.—At 8 p.m., Exhibition of Specimens: Dr. Angus Macdonald, (1) Ovaries and Tubes from a Case of Salpingo-oophorectomy; (2) Microscopic Sections of Mucous Membrane from a Menstruating Uterus, and from a Healthy Uterus; (3) Microscopic Sections of Vulvar Lupus (prepared by Dr. Milne Chapman). Dr. A. S. Currie, Ante-Partum Hemorrhage, with Special Reference to a Recent Fatal Case.—Dr. Angus Macdonald, Report of Cases Treated in Ward XXVIII., Royal Infirmary, from 1st Nov. 1883 to 30th April 1884.—Dr. Leith Napier, Puerperal Albuminuria, Reflex Paralysis, and Eclampsia.

FRIDAY, JUNE 13TH.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—At 4 p.m., Sir Henry Thompson, On Some Important Changes in connexion with the Surgery of the Urinary Organs.

ROYAL INSTITUTION.—At 8 p.m., Professor Dewar, Researches on Liquefied Gases.

Vacancies.

Clogher Union, Clogher Dispensary.—Medical Officer. Salary, £125. Election, June 21.
Dromore West Union, Skreen Dispensary.—Medical Officer. Salary, £180. Election, June 19.
Fulham Union.—Assistant Medical Officer. Salary, £100, with board, &c. Applications to the Clerk to the Guardians by June 16.
Owens College, Manchester.—Lectureship in Dental Surgery. Applications to the Registrar before June 16. (See advt.)
Queen's College Birmingham.—Professorship of Anatomy. Stipend is £262 10s. Applications to the Secretary by June 30.
York County Hospital.—Assistant House Surgeon. Salary, £20, with board and residence. Applications to the Secretary by June 21.

Births.

BURNETT.—June 5, at Pinner, the wife of J. Compton Burnett, M.D., of Holles Street, London, W., of a daughter.
FURLONG.—June 1, at Lynton, Enniscomrthy, the wife of N. Furlong, L.R.C.S.I., of a son.

Marriages.

HUBBERT—TWENTYMAN.—June 4, at St. Mark's, West Hackney, Philip Hubbert, M.R.C.S.E., of Arundel, to Harriett Lepper, daughter of the late Thomas Twentyman, Esq., of Whitehaven, Cumberland.

Deaths.

BROWN.—June 7, at Grantham House, Grantham, Anne Barton Brown, wife of J. J. A. Brown, M.D. Oxon., aged 67.
DUNCAN.—June 4, at Fir Grove, Ballybrack, Nugent B. Duncan, M.B., F.R.C.S.I., of Finglas.
GAMBLE.—May 28, at Brompton, Deputy Inspector-General Richard Gamble, M.A., M.D. (half pay), Army Medical Department, late 4th King's Own and 28th Cameronians.
HALL.—June 2, at Woodley, Buddington, near Nottingham, John Hall, M.D., aged 41.
HUGHES.—June 1, at 1 Merrion Square W., Dublin, James Stannus Hughes, M.D., F.R.C.S.I.
LLOYD.—May 29, at his late residence, Church Road, Malahide, Hans Lloyd, M.D., aged 88.
LLOYD.—June 1, at Broughfield, St. Albans, Ridgway R. Lloyd, M.B.C.S., aged 41.
RULE.—June 4, at Elgin Crescent, W., George Frederic Henry Rule, M.R.C.S., aged 40.
WALTER.—May 23, at Mansfield House, South Hampstead, James King Walter, Surgeon-Major (Retired List), Indian Army.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 18, 1884.

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Lectures

ON SOME

IMPORTANT POINTS IN CONNEXION WITH THE SURGERY OF THE URINARY ORGANS.

Delivered at the Royal College of Surgeons,

By SIR HENRY THOMPSON, F.R.C.S.,

Surgeon Extraordinary to his Majesty the King of the Belgians, Professor of Surgery and Pathology to the Royal College of Surgeons of England, Consulting Surgeon to University College Hospital, Emeritus Professor of Clinical Surgery, &c.

LECTURE I.

Introductory.—The Treatment of Stricture of the Urethra by Internal Urethrotomy.

MR. PRESIDENT AND GENTLEMEN,—It will be my object in this course of lectures to consider certain grave forms of disease which affect the urinary passages, for the purpose of examining the nature of these affections, and to discuss the best method of treating them. I cannot enter on this important task without expressing my deep sense of the very high honour which the Council of the Royal College of Surgeons confers in assigning to me the position which I occupy to-day. Equally also am I conscious of a profound feeling of responsibility in accepting the invitation to present in this place an exposition of opinion relating to some of the most important themes of thought and activity which have occupied the intellects and the energies of surgeons from the earliest time to the present day. There are two considerations which I am bound to submit to you, since they are those which have influenced my own mind as in some degree a justification for my presence here, and which sustain me in view of the task imposed. The first is that a period of at least twenty-five years of very active engagement in the practical observation and treatment of the diseases in question has furnished an experience which, I believe, is almost without a parallel at the present day. The second consideration is, that it has been my habit from the very first carefully to record at the time in writing every case I have met with, and to see that such

notes are systematically arranged and preserved, so that they can be produced and referred to whenever required. It is my sincere desire now to offer to my professional brethren a faithful epitome of these facts so far as they relate to the subjects to be treated. A few words more I venture to utter regarding myself, and I do so only for the purpose of explaining how it is that the experience referred to has been so ample in respect of these particular diseases. I do so with the less difficulty because the explanation is found almost solely in connection with our Royal College. I just now spoke of twenty-five years of active surgical practice, but thirty-three years have elapsed since the Council of the College offered for competition, in 1851, as the subject of a Jacksonian prize, the "Pathology and Treatment of Stricture of the Urethra," many questions concerning which were at that time warmly discussed by the profession both at home and abroad. The time happened to coincide with my entry on professional life, after an active house-surgery at my hospital and elsewhere; and such a proposal offered the very occupation wanted by one whose time was then unoccupied, and who desired nothing so much as a defined object at which to work seriously and laboriously. It was the accident of obtaining that award, and not long after of another Jacksonian prize for an essay on the Prostate, in 1859, which determined the nature of a career which I had never dreamed of thus shaping for myself. I claim therefore the honour of being in an especial sense—and it is a legitimate source of pride, I trust, within these walls to do so—a son of our noble College; and after the third of a century continuously devoted to studies thus initiated, I am here to report myself at the paternal hearth to-day, happily finding one of my earliest teachers and College friends worthily occupying the presidential chair. The seeds were sown, Sir, by your predecessors here, and they selected the variety which was distinct; the gathered harvest could only correspond thereto, and, such as it is, I desire, with your permission, to garner it here.

[The lecturer then gave a brief but carefully considered historical sketch of the treatment of stricture of the urethra in England and abroad, during the present century, with a view of "tracing the formation of opinion respecting it,

and of pointing out a growing concurrence in opinion among practised surgeons, that in dealing with stricture by operation, free incision of all the opposing structures must be adopted, or the result will be temporary only, and disappointing.]

I have just alluded to Professor Syme's early enunciation of this principle, which he decided for himself could only be effectively realised in practice by an operation performed in the perineum; a proceeding which met with great opposition here, and was the occasion of a very acrimonious discussion. A cardinal defect in his method is now at this distance of time apparent. Recognising the truth I have been insisting upon, that the division of the stricture must be complete, he limited himself to the division of one stricture only; rarely being able to reach or deal with two from the perineal wound, if, indeed, he cared to recognise the existence of multiple stricture; or at all events doing so, he believed in the disappearance of other or minor contractions, after the principal stricture had been freely divided. There is no warrant, however, for any such belief; it will not suffice for the purpose of affording substantial relief to a patient, whose urethra is narrowed by stricture in two or three distinct situations, to divide, however freely, only the chief of these and leave the rest untouched. So far from a secondary narrowing disappearing after what has been termed "the master stricture" has been cut, it often happens at no distant period that the points formerly slightly affected seem to assert themselves more obstinately than before. I cannot, therefore, insist too strongly on the value of an axiom, which I will venture thus tersely to formulate: "If you cut at all, cut all;"—that is, all the points in the urethra at which the presence of obstructing deposit is to be demonstrated, and all the obstructing tissue at each point. Such is the unhesitating conviction which a long and large experience of internal urethrotomy has forced upon me. In the year 1854 I published the Jacksonian essay referred to, and after much personal intercourse and study with Professor Syme, I adopted his view in relation to the permeability of stricture, a circumstance which I now regard as one of the most valuable of the many important lessons I learned from that most able, fearless, and honest man. I have in the course of my life met with three instances in which after much careful manipulation I have been unable to pass an instrument fairly into the bladder, and in these three instances only have I performed perineal section for the relief of stricture, without a guide previously passed. Between 1852 and 1855 I operated by Syme's method of external urethrotomy upon a grooved staff, nine times only, thenceforth exchanging it for internal urethrotomy which I have practised systematically ever since; at first on the very worst forms of the disease only, and gradually as the result of increased confidence in it, and satisfaction with the results, much more frequently than at first. And now and then, but very rarely, for example, when large abscess and perineal fistula affect the perineum, the division on a grooved staff has still been resorted to. These remarks on this important subject lead me now to present briefly an epitome of what my experience has led me to regard as the safest and most efficient mode of treating a confirmed example of organic stricture of the urethra.

I think it will be agreed by most experienced surgeons, that on first verifying the presence of a urethral narrowing, the history of which is recent, as a rule nothing need be done beyond gradually restoring the calibre of the canal to its normal state or thereabouts by means of flexible bougies. The well-known form styled "olive" can scarcely be improved, and if it is desired to carry the process of dilatation as far as possible, the well-polished tapering silver or silver-plated steel dilators are very efficient, and at the same time unobnoxious to the passage. Modifications of the flexible bougie are, however, now so numerous, in regard to form, material, and even also to their internal contents, that each surgeon will doubtless employ most advantageously that which best accords

with his own views and with his own manner of manipulating. There are of course congenital organic as well as acquired narrowings of the external meatus, and near to it, which will not dilate, and which a simple incision suffices to divide. Strictures also affecting the canal within three or four inches of the orifice do not benefit much or for any prolonged period by dilatation. But when in the ordinary case of recent stricture the canal has been restored to a full calibre by dilatation, it may be often maintained so by an occasional regular use of the bougie by the patient himself for several, sometimes for many years. In after-life, however, as all the tissues become more rigid, those which form the stricture also dilate less readily, and a smaller instrument than formerly can now only be passed. But sometimes even this sign scarcely shows itself, for which reason I think it unwise as a rule to propose an operation in the early stage of stricture, but prefer to afford a patient the chance of its being amenable for many years, if not altogether, to the very simple treatment indicated; but whenever a decided tendency to contract manifests itself, be it sooner or later, I think it is wise to resort to internal urethrotomy without delay. Were this plan always pursued we should have no perineal abscesses or fistulae, no consecutive chronic cystitis, with organic changes in the bladder, ureters, and kidneys as a result. To advise the delay of an operation until symptoms indicate that such complications are appearing involves complicity in a course which irretrievably damages the patient's life. Hence I have no hesitation now in advising internal urethrotomy whenever organic stricture, single or multiple, near or distant from the meatus, shows signs of not yielding readily to dilatation. No delay is in these circumstances of any value as regards the stricture itself.

When cases are first met with in a more advanced stage, when the use of dilating instruments is liable to be followed by temporary retention of urine or by rigors, then very little question can arise as to the propriety of operating. It is very rarely too late to incur any risk there may be in doing so; and the persistence of the phenomena must, if not checked, undermine the constitution of those who are the subjects of them. In relation to those cases in which rigors almost always occur after the passing of a bougie, I know nothing so admirable as the results of urethrotomy, since, if completely performed, the operation itself is in these very cases rarely followed by such an occurrence. I am convinced, therefore, of the necessity of ensuring complete division of all the obstructing tissue, not only in relation to future results, but to the present well-doing of the patient, and thus have an additional support for the value of my maxim, "If you cut at all, cut all."

This brings me to a very important subject, How are we best to ascertain before undertaking to divide the morbid tissues constituting stricture, what are their extent and situation? In other words, What is necessary, for our purpose, to be done in order to diagnose the physical condition of the urethra? It may first of all be remarked that in a simple and recent case of strictured urethra, and therefore for a large proportion of all the cases of stricture, a very simple proceeding suffices to ascertain where and to what extent the canal has been morbidly narrowed; and as all instrumental interference with the urethra, however delicately effected, is apt to provoke irritation, which in a few persons is serious; we are not warranted in introducing large or complicated mechanical contrivances for the purposes of diagnosis—at all events in recent cases. It suffices for the purpose to introduce a full-sized bougie, by which I mean one which will pass in a healthy urethra without stretching it, merely separating its walls to about the same extent as the flow of a full quantity of urine will do when it passes naturally. Such a stream in most persons equals a volume, perhaps, of 10, 11, or 12 of the English scale. If such an instrument fails to pass, we diminish the size until one is found which does pass, after which dilatations may mostly be speedily and efficiently made, and nothing more may be necessary. If more specific information is

desired in an exceptional case, a series of solid bulbous ended instruments, of which the stem is slender, and each bulb follows the sizes of the catheter scale employed, will supply accurately the data required, and on the easiest terms possible to be obtained. Such a series I have used for thirty years, and no other, except for trial; and I have never seen any plan equal to this for simplicity, efficiency, and for effecting the object without inducing irritation; they are better also than flexible instruments of the same form, which are less easily used and far less accurate in the indications they afford.

Suppose, then, the case of a patient for whom it is decided to perform internal urethrotomy. The external meatus is first examined, and it is often found to be contracted; a bulb, say No. 11 or No. 12 in size, passes tightly through it, and stops perhaps at an inch or more from the orifice; after the use of three or four smaller sizes, a No. 9 passes, and meets a check at five inches; and here, after other trials, a No. 2 or No. 3 goes on into the bladder. On withdrawing the bulbous instrument, the situation of the contracted parts is again verified by the check which the bulb receives in passing them in its progress outwards. It is clear, therefore, in such a case that there are at least two chief points requiring incision, besides the orifice. This is all that need be ascertained before the patient is insensible for operation, when the examination may be repeated if the surgeon desires to do so with more minuteness before incising.

Now, at this point it is necessary to consider some preliminary questions of importance—namely, What is the principle on which an intra-urethral incision which is out of sight ought to be made, and what is the best instrument to accomplish the purpose? Is the division of tissue to be complete, and to be made solely according to the judgment of the operator; or is it to be made by a machine, the action of which is not necessarily to divide all opposing tissue, but simple to do so sufficiently to permit the introduction of a fair-sized catheter through the urethra, when the cutting instrument is withdrawn? For example, we may introduce a small-grooved staff along the urethra into the bladder, and then slide along the directing groove a blade more or less protected, so as to divide such tissues as lie within range of its point or edge and no more. But this I contend, is not an efficient mode of dealing with urethral obstruction, if its complete division is the object to be attained. Complete division, indeed, is rarely thus accomplished; much of the diseased tissue usually escapes the blade; the result is uncertain and is far less perfect than that which follows a section made by a knife directed by the will of the surgeon against the resistance encountered at the time and previously ascertained by exploration. I suppose that a keen blade of appropriate form and completely under the control of his hand would be always employed by a surgeon, for use in any other part of the body than the urethra, when he desires to make an incision, the limits of which are to be carefully defined. For my own part, I can see no reason why that spot alone should be exempted from the action of this principle. Take the fibres which confine a hernia, for example; here the finger and the blade act in perfect harmony, the section depending entirely on the delicate perceptions of the former, which determine the surgeon's judgment during every moment of the cutting act. The section in tenotomy is, perhaps, a still more apposite illustration of the necessity that exists for an intelligently made division of every fibre which opposes the return of the limb to its natural position. A like control should govern the act of dividing those bonds which encompass the urethra, and form the stricture. No mode of section is half so certain, so safe, and so satisfactory as that of drawing through them from within outwards a little blade attached firmly to a long slender handle, a proceeding completely under the control of the surgeon's hand. I know that this is not the generally accepted mode of operating either here or elsewhere. It is precisely for that reason, cherishing as I do strong convictions as to the superiority of the method, that I have

determined to make its advocacy the main theme for our consideration to-day. I am told, both here and abroad, that the cutting blade sliding in a groove of which Maisonneuve's instrument is the type, is so simple and safe a proceeding that any man, however unpractised, may perform it. Is that a reason in its favour? The same doctrine was very lately taught in relation to the method of splitting strictures by means of two diverging rods, at one time so much in vogue; now so completely and so properly neglected, but always so easy of performance. Are we to accept an unsatisfactory proceeding because of its universal applicability, and thus be content to establish an imperfect standard for the sake of bringing it within the reach of incompetent operators? Between the two systems now under consideration there is this difference—one is the product of a machine, and the other is the handicraft of an artist. And the same distinction which is so obvious in regard to innumerable forms of human activity, between the uniform and common-place results of machinery and the finished achievements of the intelligent painstaking artist, marks the character of the two modes of operating now in question. And let me remark that the practice of operative surgery becomes a sorry occupation, if it be not indeed an art, and a very fine art, too. So far as it becomes a mere matter of mechanical contrivance, it ceases to be worthy of the devotion of a man of parts. A cultivated hand is the most cunning and effective source of power; and the simpler the instrument employed the greater is the influence of that hand and of the intelligence which guides and permeates it.

In operating for stricture I have, during the last twenty-five years, used only a little blade with a long handle, and have always commenced by placing that blade on the further side of the stricture, and made the incision in a direction towards me—that is, from behind forwards, cutting just so much in length and in depth as the obstruction perceived at the moment appears to demand. Now, in order to place a small blade beyond or on the bladder side of a stricture, a certain amount of space in the urethra is required. In the case above supposed, in which the deeper stricture of the two admits only a bougie No. 2 in size, there is not room for a sufficiently strong instrument containing the blade to be so placed. But a little dilatation will enable it to pass; the calibre of No. 5, English, suffices for our purpose. Hence in such a case I simply tie in a gum catheter (No. 1 is ample for the purpose), and retain it there two or at most four days. By that time, without changing the catheter for a larger one, or only once, the necessary enlargement of calibre is accomplished. The urethrotome which I employ is made on the principle of one used many years ago by Civiale, but in a manner differing widely from his, already described, and modified in one or two points by myself. The bulbous end has a mean diameter of No. 5, the stem is about two and a half or three inches. The patient being under the influence of an anæsthetic, the little catheter which has been tied in is withdrawn, and the urethrotome is first introduced as far as to the deep-seated stricture, through which the terminal bulb is then insinuated. It must now be passed fully half or three-quarters of an inch further in—that is, beyond the stricture, and the blade being exposed in a direction towards the floor, is pressed firmly thereon and drawn forward, until all resistance, sometimes considerable, is completely overcome. A touch on the button near the handle sheathes the blade, and the outward movement proceeds until the site of the second stricture is reached, when another incision is made in the same manner as before. The urethrotome is then withdrawn, and the meatus freely divided by a scalpel or a short urethrotome. I next take a blunt metal bougie or dilator No. 15 or No. 16, English size, and ascertain if it will pass without obstruction into the bladder. It generally does so at once; if, however, its progress is arrested at any point, the situation of this is carefully noted, when I withdraw the dilator, reintroduce the

original urethrotome, and divide the opposing tissue. But this, as I before said, is seldom necessary. I may add that I am very rarely satisfied with anything less than the free and easy passage after the operation of a metallic sound, No. 16 in size, and in some cases No. 17 or even No. 18 will pass. A gum elastic catheter, No. 12 or No. 13, is then tied in, and should remain always forty-eight hours, with an extra twenty-four or forty-eight hours if the incisions have been deeper than usual or if hæmorrhage is free or continuous, the latter being a very exceptional occurrence. It is sometimes objected that if a small instrument can be easily passed through the stricture, and if this may be easily dilated so as to admit a urethrotome as large as No. 5, why should any cutting operation be performed? The reply need only be brief; the object of division is to remedy the tendency to recontract, which certain strictures exhibit, and which almost all do when they have continued several years. In other words, it is marked contractility in a stricture, and not mere narrowness, which renders operation by incision desirable.

An important inquiry remains, What are the results of internal urethrotomy in relation to the reappearance of stricture? Does the operation free the subject of it from that liability to return which constitutes the very serious character of the disease when treated only by dilatation? The reply to this question cannot be a simple and categorical one; it must be made with limitations. I may remark, first, that it may be taken for granted that no mode of urethrotomy which fails to ensure complete division of the obstructing tissues has a chance of affording permanent immunity from the complaint. Whatever the mode of operating, if incomplete division only is effected, the patient will find his urethra narrowing after a more or less prolonged interval of time. What happens, then, in those cases in which, as far as the operator can judge, he has effected a complete division? Well, I am free to confess that it is not possible to promise immunity from return. We may render the period of return remote, we may produce a good calibre easily maintained by occasional regular dilatation, a procedure which before the operation was not only ineffective, but painful and irritating; we may place a patient in a condition of health and comfort for several years, meantime saving his bladder, ureters, and kidney from the slowly but surely occurring grave changes which threaten his existence. Now and then, but rarely, I have met with a case in which the patient's troubles have never reappeared. I am certain we cannot reckon on this result as a rule, and I mistrust claims to the contrary, as due to error of judgment, or want of information; or as prematurely made—i.e., without waiting sufficiently long to observe remote results. In enunciating this opinion, I have no hesitation whatever. But herein I have stated the worst in regard of the patient's prospects; and have shown you the reverse of the medal. Thus, supposing after a few years the patient finds himself unable through appearance of contraction to pass a bougie of adequate size, division can again be resorted to. It is not a dangerous proceeding, necessarily occasioning hesitation on the part of the patient, when his condition demands relief. Just as in calculous cases, a second, a third, or even a fourth stone, can be, and often is, safely removed by lithotomy when, after the lapse of time, fresh products are formed; thus also may a stricture be dealt with by this operation, a second or a third time if necessary. By the prompt resort to the remedy, should it be again required, the disease may be confined to the canal, and the real gravamen of the malady, the implication of vital organs, certain to result after long-continued ineffective dilatation, is altogether avoided.

I have performed this operation now for between 300 and 400 patients. Some of my earliest cases were, from want of sufficient confidence and experience, less completely and freely cut than those on whom I have operated of late years; and a few of the early patients have been recut. I have not regretted such advice in a single

instance; for the advantage to them has been undoubted. The risk of the operation is very small. Estimating the number of patients on whom I have performed it as 340, which is within five more or less, the deaths have been six, or not two per cent. These were due to pyæmia in three; to embolism in one; to extravasation and exhaustion in two; one of the latter was a case in hospital almost thirty years ago, among my earliest, and he was unfit for any operation.

The sum of my experience is the expression of a strong conviction that internal urethrotomy completely performed should be resorted to as the best and safest treatment of stricture, as soon as the easy use of the bougie fails to maintain the urethra patent, or to allay signs of irritation in the bladder arising from obstructed urethra. It is the best means not only for relieving urethral obstruction and its painful symptoms, but for ensuring the future sound condition of the organs which lie behind it.

CONSUMPTION VIEWED IN RELATION TO EVOLUTION AND MOLECULAR ENERGY.

By WILLIAM H. PEARSE, M.D.,

Senior Physician to the Plymouth Public Dispensary.

(Concluded from page 536.)

Teeth.—A marked correlation exists between the upper incisor teeth and phthisis. In Nature, no one can predicate which simple fact or phenomena, shall furnish the "instance of alliance" (a) which shall open to our view the connection between phenomena, seemingly remote from each other: hence it is just, that we study the whole breadth of associated correlations.

Two hundred and thirty-two of the pre-phthical and phthical showed preceding and associated decay of the upper incisors: of these, seventy-four had actual phthisis. The decay of the teeth usually precedes that of the lung. About forty cases had phthisis, but with no affection of the upper incisors; about sixteen had early phthisis and sound upper incisors; about forty-one delicately-typed patients had sound upper incisors. Of course, there are vast numbers, whose upper incisors are decayed, but who do not pass into phthisis; but from constant observation, far more than from any approximative statistics, I am sure that a very marked correlation exists between the upper incisors and phthisis. I feel sure also, that a correlation exists between the upper lateral incisors and phthisis; very small upper lateral incisors indicate a future tendency to phthisis; but it may not always be in that individual, but in a brother or sister, &c. Seventy-six cases of the "delicate" and phthical, had small lateral upper incisors; in about ten they were congenitally absent; one had exchange of place (like) between the middle and lateral incisors.

It is rare for the under incisors to show decay; one delicate girl had perfect upper incisors, and decayed canine. I often see both the upper and lower canine decayed, but in nothing like the numbers which have disease of the upper incisors.

It is not meant that any "specific" relation exists between the upper incisors and phthisis, but that the natural declination, at certain ages, into phthisis, is much related to and is part of the same "form," as is the early declination of the teeth. The popular and partial theories on the decay of the teeth, e.g., that it is due to the development of micro-germs, to undue acidity, &c., of the salivary secretions, to "derangements of the digestion" (whatever that may mean), do not give any

(a) Bacon says, "Novum Organum," Part 2, Aphorism xxxv: "Instances of alliance show that operations and effects attributed to some one heterogeneous nature as peculiar to it, may belong also to other heterogeneous natures; so that this supposed heterogeneity is proved to be not real or essential, but only a modification of a common nature. They are, therefore, of most excellent use in raising and elevating the understanding from specific difference to *genera*, and in dispelling phantoms and false images of things, which in concrete substances come before us in disguise."

real explanation of the phenomena. We have seen that the decay is mainly associated with certain nerve distribution, that its being seen so much in the upper incisors, points to alliances in the phenomena, shown in the deeper involvements of the upper maxillary and nasal bones. We have to seek at the origin of the nerve supply, in the cerebro-spinal axis, for an approximative explanation and generalisation. But in this study, the question of diet cannot be excluded. Species and types of animals (including man) are not fixed, but absolutely correlate with environment, including diet. One cannot but be struck with the fact that natives of India, who eat a whole-grain diet, both of rice and approximatively of wheat, do not lose their teeth so much, or so often pass into phthisis as we do; but they live an out-of-door life, and the climate differs so vastly. When staying in Demerara, I was often told that field negroes do not die of phthisis, but that the civilised negro does, that is to say, the clerks, schoolmasters, &c. It has always appeared to me that a most valuable contribution toward the etiology of phthisis could be made by a careful and full comparison of these two classes of negroes. Nor is it unreasonable in this country, to look at faults of our food, as paramount even, in determining the nerve "energy" of those spinal centres, which render possible the unhealthy growth of upper incisors and lung tissues. I have notes of twenty-three cases of phthisis, in which the right lung was diseased in eleven, the left in eight, and both lungs in four cases, in all of which the upper incisors were sound.

Nails.—Club nails are often seen in other disease within the thorax than phthisis, but far less often than in the latter. That what I desire to remark on is, that in many of those who eventually pass into phthisis, there exist long preceding types and structural sympathies in the nails, thus pointing out to us the deep involvements of the disease. I have noted sixty of the pre-phthisical and phthisical as having fine almond-shaped nails; besides these, some have nails of great length and extreme thinness; a smaller proportion have the largish rounded nails. I often notice that the index nails alone, are unsymmetrical and slightly clubbed. In a very considerable proportion, the nails are unduly large. It is, I believe, a sign of probable future phthisis, where the nails have transverse ridges, or where they are unusually thin and brittle. A very striking phenomena is, that of the nails being hollowed or concave; the thumb, index, middle, and ring finger nails show this most. I have a number of cases recorded, in which this variation of the nails showed in families in which phthisis had much prevailed; it is frequently atavistic to phthisis of the lungs. In going around cancer wards, one is struck by the masculine physique of the sufferers, their disease seeming like a natural exuberance of cell evolution at certain ages, just as warts are in the young; but in phthisical patients, such phenomena as we are considering in the nails, besides the long series of other associated phenomena, seem to show a deficient amount of the evolutionary "energy" of growth. The different members of a family, in successive and the same generations, are units of one series; all the varied pre-phthisical and phthisical symptoms and signs are "contained varieties;" they are all related to a common "form," and correlated. We may deeply seek to know how, e.g., Mrs. C., æt. 35, who is suffering from insidious pleurisy, and probably early phthisis, as its cause, and whose children and cousins are phthisical, how it is, in the profounder anatomical correlations and vital energy, that her thumb, index, middle, and ring finger nails are deeply concaved.

It cannot be in vain that we should keep constantly in view the broad biological and physiological involvements, and the great time, which belong to phthisis. We have to consider the facts of heredity and atavism; the long and varying periods, in different individuals, in which, prior to tubercular degeneration, healthy lung structure is evolved; to seek to differentiate the groups of cases which pass earlier or later into phthisis, in correlation with

deviations of anatomical structure, and with deviations of function. We have to study the order of the evolution of the changes, whether of function or structure; to observe the exceptions to the prevailing law or order, e.g., as when we find patients able to eat fats, or whose lateral incisors are large, exceptions which mark the oscillations, within their limits, of the rates of vital development.

The wide correlation of phthisis to animal type is seen, in that, whilst the convicts at Prince Town, Dartmoor, die as 2·6 per 1,000 of phthisis, the lunatics in Exminster Asylum die as 20·96 per 1,000, both, as compared with 2·47 for the general population of England and Wales. This great exemption from phthisis, of the convict-type of man, is the more remarkable, in that the prisoners in Dartmoor are at those ages during which phthisis predominates: the Registrar-General states, in reference to England and Wales, that between 20 and 25, "nearly half of all deaths are by phthisis"; between 25 and 35 phthisis "is the most fatal disease of this age"; between 35 and 45 "phthisis still predominates." (a)

We reach a point to see that phthisis has a very wide "form," that the lung phenomena are secondary or later parts of an orderly and long antecedent series. We are led to seek central nerve involvement, not only in the individual, but in part also, in heredity. We must not so much view phthisis as a disease, but as an absolutely natural phenomena, having a regular and necessitous order of evolution. Taking a group of cases of phthisis, we have to seek to differentiate the slow from the rapid cases, the aged who pass into phthisis, from the young. It is a very striking phenomena to see cases of advanced phthisis remaining, for years even, in *statu quo*, even amongst the very poor and badly fed; whilst other cases advance so rapidly; there is a graduated series between these extremes, it can only be, that the differentiation of vital "energy" must be infinitely small in degree, though all potential.

Any hypothesis, implying the "specific" nature of phthisis, can have no expansion, equal to cover the great variety and far-back-reaching correlations of phthisis. If we view phthisis as a "disease" of the lungs, cellular or bacterial, we shall utterly fail to grasp the true "form" of the phenomena.

Have we not hitherto looked too much on diseases as actual entities; have not the necessities of nosological (b) systems tended to confine our view of diseased phenomena; has not the method of the "specific," now happily discarded in other domains of Nature, in languages, philosophies, modes of matter, animal and vegetable forms, &c., &c., hindered us from seeing the true place and wide correlations of phthisis, and many other so-called diseased phenomena; have we not viewed man and his deviations, in a manner too isolated. May we not fairly extend the great hypotheses of "correlation" and "continuity" to the organic series; and thus view man and his deviations in far wider correlations with Nature, and involving a far greater time, than we have been accustomed to do. May we not fairly use the hypothesis of evolution deductively, and using the hypothesis of "continuity" deductively, seek our remedies in correlated modes of matter, aiding our path of method by the laws of Isomers.

I believe that we shall never compass the "form" of phthisis, until we go far deeper into "being," than pathological structure can show, or even than deep nerve changes can show, pathologically; we cannot rest short of a molecular vito-chemistry; function is the galvanometer, and thermo-electric-pile, of these first, immeasurably delicate changes of "mode."

I have seen a case of phthisis get well, after, and with, an

(a) *Journal of the Plymouth Institution*, 1876-77, pp. 87, 101, 102.

(b) Bacon says, "*Novum Organum*," Book 1, Aphorism lix: "For men believe that their reason governs words; but it is also true that words re-act on the understanding; and this it is that has rendered philosophy and the sciences sophistical and inactive. Yet even definitions cannot cure this evil in dealing with natural and material things; since the definitions themselves consist of words, and those words beget others: so that it is necessary to recur to individual instances, and those induce series and order."

out-door life of some months on Dartmoor; great numbers of patients in early phthisis, and indeed in advanced phthisis, came back after taking quinine, and arsenic, and muriatic acid, and say that they "feel much better," "feel quite well." I am often astonished at such statements: How do they feel better? We are compelled to go back beyond pathological structure, and to recognise that an actual "correlation" of "vital energy" has happened.

No fact is better known than that of the immense good which results to health, from what we call "change of air." Infinitely small as are the actual differences of environment involved in the change, yet the potential influence on health is immense; and it is by the extension of this method, and by the extension, through isomeric analogies, of the established good influences of such substances, as quinine, arsenic, muriatic acid, &c., when added to the body, that we shall be likely to reach the knowledge of potential co-ordinators of healthy function and growth; but our remedies must be used slowly, and in harmony with the natural rates and processes and changes, of healthy development.

On the other side, the almost hermetically-sealed plastered rooms, in which the poor are crowded year after year, and in which the wealthier classes pamper their bodies, and induce phthisis in their children, point to the absence of the full exposure to external physical existences, as the occasion of the decrease of vital energy, and for the evolution of phthisis.

These instances of the prevention of phthisis, and of its production, are actual entrances made into the domain of the correlation of the inorganic and the organic, and disease; and the history of all the sides of human knowledge in the past teaches us, that the largest general truths may at any moment open, and place before our minds, the most seemingly infinite and complex phenomena, as an orderly and easily recognised and controllable series.

Bacon says: (a) "... but be assured that the prolongation of life is a work of labour and difficulty, and consisting of a great number of remedies, and those aptly connected one with another. For let no man be so dull as to believe that a thing which has never yet been done can be done now, except by means yet unattempted."

Clinical Records.

CASE OF SUPRA-PUBIC LITHOTOMY IN A WOMAN—AN EXCEPTIONAL CASE.

By LAWSON TAIT, F.R.C.S.,

Surgeon to the Birmingham and Midland Hospital for Women; Consulting Surgeon to the West Bromwich Hospital.

J. M., *æt.* 24, was confined in September, 1881, being attended by an irregular practitioner, after a labour of about ninety hours. She came under my care in January, 1882, at the Hospital for Women, as an out-patient, and I found that the whole of the posterior wall of the bladder had been destroyed, leaving only a fragment of the trigone and the urethra. A large amount of the posterior wall of the vagina had also been destroyed. I admitted her, and by a series of plastic operations, seven in number, and consisting chiefly of bringing flaps from the posterior and lateral parts of the vagina, I managed to build up a new posterior wall for her bladder, and to fasten it to the stump of the trigone. I had to turn the remains of the cervix uteri into the bladder, and when the recovery was complete there was very little vagina, and menstruation occurred into the bladder. That viscous, however, in the course of a few months became large enough to contain nearly eight ounces of urine, and it was completely under her control as long as its contents did not exceed that amount. Her existence, therefore, became one of comparative comfort, and remained so until she had to accompany her husband, a soldier, to Ireland. She came back to me in March of this year with symptoms of stone in the bladder, and I easily found and

crushed a large stone with great, but not with complete, relief. After several soundings I found another stone (possibly a fragment of the first) in the posterior and upper part of the bladder. I could only touch it occasionally in certain positions, and I could not lay hold of it with the lithotrite, though I tried many times. I became certain, therefore, that it was lodged in a pocket made, in all probability, by the puckering of my artificial work in closing her bladder. The question came, how was I to get at it? Vaginal lithotomy was out of the question, as I must of necessity undo all my old success. Dilating the urethra I do not like, and if I did it in this case there was the possibility that even then I might fail to get at the stone in its pocket. I therefore determined to open the bladder from above. I had never performed supra-pubic lithotomy, and I had never heard of its being done in a woman. I have opened the bladder several times unwittingly in removing uterine tumours, fortunately never with any ill result. I have seen supra-pubic lithotomy performed only twice; in both cases the peritoneum was opened, and both patients died. I am not afraid of opening the peritoneum; still I was anxious to avoid doing so, and therefore I kept very close to the pubis, and an assistant pressed the fundus of the bladder up with a sound passed through the urethra. With all my precautions, I did open the peritoneum, and can easily understand how this method of removing stones from the bladder has never become a popular one. I found the stone in a pocket on the left side of the cervix, in such a position that I could not have removed it, at least, not easily, if I had passed my finger from the urethra. I closed the wound in the peritoneum very carefully, and passed a drainage tube through the urethra and out at the wound in the base of the bladder. The patient has made an excellent recovery, the supra-pubic wound is now nearly healed, and she passes water without discomfort. The stone was, as usual, a very soft phosphatic concretion, and was adherent to the wall of the sac in which it was situated.

In such a case as this the tendency to the formation of stone is very great, and in many of my bad cases of vesico-vaginal fistula I have had to do lithotripsy at intervals after I had closed the aperture. Lithotripsy in women is such a perfectly easy operation that until now no difficulty has arisen; but in this exceptional case I think I adopted the only possible course.

Birmingham.

Transactions of Societies.

ACADEMY OF MEDICINE IN IRELAND.

SURGICAL SECTION.

At a meeting of the Surgical Section, in the Royal College of Surgeons, Mr. WHEELER, President, occupied the chair.

Mr. STOKES read the minutes which were signed.

ABDOMINAL TUMOUR.

Mr. BARTON read a paper on a remarkable case of abdominal tumour. T. A., *æt.* 25, an engine fitter, was admitted into the Adelaide Hospital on 27th November last suffering from a constant pain in the abdomen and painful and constant micturition. On examination, a tumour was found in the left inguinal region, it was hard, nodulated, defined closely to the left side, but somewhat undefined towards the right mesial line. The sigmoid flexure could be traced to the tumour, which seemed to be attached to it. A history of three years' suffering was given during which the rigors of intestinal irritation and obstruction and bladder irritation gradually, but steadily, increased in severity. On December 17th, Mr. Barton operated for the removal of the tumour. An incision about three inches long was made in the linea alba just above the pubis. Through this he quickly obtained room to explore the pelvis, and ascertained that the tumour had no anterior attachment to the bone. The peritoneum was then opened and the tumour was found to surround and grow from the sigmoid flexure of the colon. The tumour was partly excised and the remaining portion firmly ligatured, the ligature being brought out of the wound. The patient recovered, the artificial anus being fully established on the fifth day. The tumour sloughed out. One month after the operation the patient was able to be up in an arm-chair, and expressed himself much better than before the operation, on account of the relief from the irritation of

(a) "De Augmentia." Fourth book, Chap. 11., p. 391. Spedding's edition. London, 1868.

the bladder, and his simple restoration to appetite and sound sleep. Now, three months after the operation, there was no sign of a return of the disease which was carcinoma or alveolar sarcoma.

Dr. SCOTT, who made sections of the tumour, said it was composed of epithelial-like cells, had a carcinomatous appearance, and in that view would be a secondary growth, but no primary growth was discovered, so that in the alternative he regarded it as an alveolar sarcoma in which the cells were of an epithelial character.

Dr. HENRY KENNEDY observed that statistics showed the sigmoid flexure of the colon to be the most common part affected. The relief of the urinary symptoms by the treatment was remarkable.

Mr. W. THORNLEY STOKER would make the incision not in the linea alba, as Mr. Barton did, but in the left semilunar line, not only from the vicinity of the line to the tumour, but also because of less close attachment in that situation than in any other.

Mr. BARTON, in reply, confessed to a strong prejudice in favour of making the incision in the linea alba as giving least trouble and as the lower part when he got down to the pubis led him into the areolar tissue for which he aimed.

EXCISION OF THE TONGUE FOR EPITHELIOMA.

Mr. KENDAL FRANKS read a paper on a case of excision of the entire tongue, the left tonsil and part of the velum palata for epithelioma. In the operation which he performed in January last he divided the cheek from the left angle of the mouth to the anterior border of the masseter muscle to obtain room. The attachments of the tongue to the floor of the mouth and to the lower jaw were divided by means of a galvanic cautery loop without hæmorrhage. A supra-hyoid puncture was then made into the floor of the mouth, and a galvanic cautery loop introduced through it was made to encircle the organ as far back as possible so as to divide the tongue at its base. No hæmorrhage followed this division. The left tonsil, anterior pillar of the fauces, and the greater portion of the left half of the palate were removed with Paquelin's thermo-cautery. A little bleeding from a palatal twig had to be arrested. On 19th February a hard and diseased gland was removed from behind the angle of the jaw and had to be dissected off the internal jugular vein for about an inch and a half. This wound was quite healed in a few days. The mouth healed rapidly, except for a small piece far back on the left side of the epiglottis extending forward to the level of the tonsil which progressed slowly and is not yet cicatrised. The pain which before operation was intense has disappeared, and the patient though weak and disinclined to leave his bed is quite comfortable. The electrical apparatus employed consists of three storage batteries devised by Mr. Prescott, of Dublin.

Dr. ASHE's experience led him to approve of the thermo-cautery scissors as the most satisfactory instrument for removing the tongue in the easiest manner and without hæmorrhage.

Dr. WARREN approved of Mr. Frank's mode of operation as superior to all others. It was perfectly bloodless, and the tissues were cut through instantaneously. To him the *écraseur* seemed a method of slow torture. On account of the extent of the disease in the present case a free incision in the cheek became necessary.

The PRESIDENT held that where the disease was extensive, and even where it was certain to return, the best course was operation, as the return of the disease, though fatal, would make death less painful. All the patients he operated on were placed in the recumbent position and under the influence of an anæsthetic. The adoption of McEwen's tracheal tubes obviated the danger of hæmorrhage, and allowed the administration of an anæsthetic. He always used the thermo-cautery scissors, as the cold or unheated blade passing beneath the part to be severed helped to lift and support it towards the heated blade. In some of his operations he had secondary hæmorrhage, which was prevented since adopting the plan of not having the scissors quite so hot as before during the transverse cutting. He never passed a ligature through the tongue, but seized it with a forceps invented for the purpose by Charriera. He usually slit the cheek, a procedure which he accredited to Mr. Colles. To the galvanic wire *écraseur* he objected as it was impossible to tell whether the diseased situations were not merely cut into instead of being eradicated, and also because the

battery for heating the wire could not be depended on. He agreed in condemning the *écraseur*.

Mr. THOMSON speaking from his experience of the thermo-cautery preferred the hot knife or the wire to either the ligature or the ordinary *écraseur*. With the hot knife should any portion of tissue remain infiltrated with disease there was the ability to go further with the operation at once, which was not so with the *écraseur*.

Mr. STOKES having read a communication before one of the London societies on the subject of excision of the tongue by the *écraseur*, was glad to find many English *confères* endorsed his views. In a record of twelve cases there was not a single one of secondary hæmorrhage, and deaths were much rarer after the *écraseur* than any of the cutting operations by the cautery. The absence of moaning and groaning during the operation was remarkable. Sir James Paget had drawn particular attention to the operation as practical and painless, sensibility being destroyed by pressure on the tongue. Therefore, though the operation was prolonged, the term "slow torture" was inapplicable. Statistics had proved it to be safer than any other and that after it secondary hæmorrhage was extremely rare. Celerity in dividing the tissues he did not consider an advantage as where they were slowly divided there was less chance of secondary hæmorrhage, a disastrous sequela. Dividing the cheek was recommended long before Mr. Colles was known as a distinguished surgeon. An important aid was a traction ligature of strong silk through the base of the tongue to draw it forward and ligature the bleeding vessel if secondary hæmorrhage ensued.

Mr. W. THORNLEY STOKER condemned the use of either the ligature or the *écraseur* as methods worthy only of the middle age of surgery. The small proportion of fatal results after the *écraseur* was due to the fact that of late years its use was confined to cases which would have had a favourable termination whatever means were adopted.

Mr. ORMSBY could not understand the sense of such language as base, bloody, and brutal applied to the operation. He had never used anything else but the wire *écraseur* for the removal of the tongue in his operations, and in none did it appear to deserve such sweeping condemnation, and his experience was that of the entire surgical staff of the Meath Hospital. He concurred with Mr. Stokes that removal by the *écraseur* was not so painful as was supposed by those who had not performed the operation, and was less likely to be followed by secondary hæmorrhage than that advocated by Mr. Frank. The propriety of removing the tongue affected with cancer was doubtful as giving the patient false hopes, the disease being certain to return.

Mr. FRANKS, in reply, contended that the instrument which would work most quickly was the great desideratum.

CARBOLIC TREATMENT.

Mr. CAHILL in a paper on carbolic treatment contended that the question of fermentation in wounds was not really important. The vitalised fluids, blood serum, lymph, and pus, never, he maintained, fermented until they died, and when dead the only proper treatment was to remove them. The cause of death was in most cases dead contact or foreign body. Foreign bodies of different kinds exercised this action in different degrees. Bodies capable of absorption, water and saline solutions, seemed to have little influence. Air, in quantities incapable of absorption, was a violent lethal agent, as testified by the phenomena of canalisation. Smooth polished bodies seem to be less fatal than rough, as seen from the different effects of different sutures. Poisons, organic bodies, blood clot, sponge, have so little of the energy that the forces of life and vascularisation are able to triumph over those of death, and the body becomes organised. Pus is a moribund stage of existence of the vital fluids—a state of injured vitality. A foreign body collects around itself a layer of this moribund material, and if the lethal influence is prolonged this layer will die, as shown by the putrefaction in necrosis. From studying the successes and failures of carbolic treatment, he thought that its antiseptic properties were unimportant. It really acts as a local devitaliser, and, by suspending vital action, prevents suppuration and intense inflammation. It would therefore be much less successful in cases of a low type—indolent ulcer, cold abscess, and particularly threatened gangrene. But it also possesses the very notable property of increasing the absorption power of granulating tissue, as

demonstrated by the researches of Haack, of Leipsic. In the light of this discovery, we can account for the apparent innocuousness of carbolic foreign bodies, dead pus, sphacelus, catgut drainage-tube, protective cotton-wool. It is quite evident that if the absorption influence prevails the layer of dead or dying material will not collect around a foreign body but will be carried off in the circulation. The statistics of treatment show encouraging results only in cases of high vitality or intense inflammation. In cases of low vitality, success is generally brought about by the vitalising influence of irritants, pressure, rest, or position. He put forward Billroth's iodiform-with-scraping treatment of chronic abscess as a pertinent instance. As evidence of the devitalising influence of carbolic acid, might be adduced its effect on the hands of the operator, its action on the skin of the subject; its action in skin diseases, at once astringent and anti-pruritic; finally, its obnoxiousness to amœboid life.

Mr. THOMSON pointed out that Lister was by no means confined to the use of carbolic acid in his treatment, but used perchloride of mercury, eucalyptus, thymol, &c. He dissented from Dr. Cahill's conclusions, and said that Lister's system had the effect of reducing the death-rate and practically wiping out in surgical treatment pyæmia and septicæmia.

Mr. W. THORNLEY STOKER thought Dr. Cahill's point was to give a new explanation of the way in which the effects ascribed to Listerism were produced.

Dr. CAHILL said he did not attack carbolic acid, but Listerism, carbolic acid being in proper cases a very valuable drug. He quarrelled with Lister for using it indiscriminately in all cases, and thought Lister had done a great deal of harm by introducing antiseptic surgery. No doubt Lister used thymol, eucalyptus, &c., but he had gone back to carbolic acid, as mentioned in Cheyne's "Surgery," which, according to Lister himself, was the best source of information as to his system.

The Section adjourned.

OBSTETRICAL SOCIETY OF EDINBURGH.

JUNE 11TH, 1884.

Dr. PETER YOUNG in the Chair.

SPECIMENS.

IN the absence of Dr. Angus Macdonald, Dr. MILNE CHAPMAN exhibited ovaries and tubes from a case of salpingo-oophorectomy; microscopic sections of mucous membrane from a menstruating uterus, thirty-six hours after the commencement of the flow, and from a healthy uterus; microscopic sections of vulvar lupus.

Dr. S. KEITH exhibited three malignant ovarian tumours, two small ovarian tumours showing broad ligament cysts; also a tumour from a patient who had been in bed for ten years, but is now up and able to be about. Dr. Keith also exhibited a fibroid tumour weighing fifteen pounds, the removal being followed by recovery. There were scarcely any adhesions, and the tumour had only been growing for, at most, eighteen months.

Dr. M. MURRAY read a paper by Dr. CURRIE, of Lydney, on

ANTE-PARTUM HÆMORRHAGE.

After stating the great practical interest connected with hæmorrhage during labour, Dr. Currie then described the following case, which, however, did not occur in his own practice, but as it was the object of an inquest, gives it considerable interest:—In March Mr. R. was summoned to Mrs. H. on account of flooding. He arrived at the house at 6.30 p.m., and found that all bleeding had ceased. The woman's clothing was very slightly stained, and her pulse was of fair strength, and normal as regards rate, being about 70. There was a total absence of labour pains, and the os was not at all dilated. The patient had flooded in the early part of January, but the bleeding soon ceased under the usual treatment. On this occasion she was apparently considerably alarmed, and her feeling of dread was not lessened by the women about her, who prognosticated that the baby would be like a monkey, owing to the fact that some months before a monkey had jumped suddenly upon her. Owing to the parents' anxiety, Mr. R. remained in the house and watched her till 9.30, and as by that time there was no evidence of commencing pains, as the os was undilated, and as there was not any occurrence of hæmorrhage, he decided to leave her. Before going home, he gave instructions that the patient was to be kept strictly

quiet in the recumbent position, and he told the midwife to apply cold clothes to the abdomen and vulva if there was any return of the bleeding. He told the woman to send at once in the event of hæmorrhage recurring or labour pains beginning, and he administered an opiate. About 5 in the morning of the succeeding day, Mr. R. was again sent for, but on his arrival at the house the patient was dead. She had, contrary to orders, got out of her bed at half-past three; up to that time there had been no recurrence of hæmorrhage, and immediately on her assuming the erect position, there had been a sudden gush of blood, she got very faint, said she was dying, and expired before help could be procured. The friends asserted that the doctor should not have left his patient on the previous evening, and that her death was due to neglect. Under these circumstances, an inquest was ordered to be held, and I was requested by Mr. R. to attend the post-mortem which was made by Mr. C. The uterine walls were unnaturally thin, and the placenta was attached to the anterior wall, fundal and meridional overlapping to a very slight extent the lower polar circle. At the lower and right margin there was separation to the extent of half or three quarters of an inch, and there was a recent dark clot. The placenta was extremely friable and broke down in the attempts to detach it, and there were some old fibrinous adhesions between it and the uterine walls. On laying the amniotic side open a full grown male fœtus was found in Nægile's first position. The os was dilated to the size of half-a-crown or rather less. The heart was loaded with fat, and especially so on the auricles. There was nothing remarkable about the valves or cavities, but the ventricle was very greasy on section, and under the microscope, advanced fatty degeneration was found. At the inquest Mr. R. stated the history of the case, and treatment he had adopted, which the coroner remarked did not appear to have been very successful. Mr. C. stated the results of the post-mortem, but said that the heart disease was not sufficient to account for death, and that Mr. R. should have plugged the vagina. The Coroner in his summing up said that there could be no doubt that the woman's death was due to her not having been plugged, and that had this measure been adopted Mr. R. would have left his patient in perfect security. Acting on his advice the jury censured Mr. R. for error of judgment and neglect.

Dr. PETER YOUNG, after referring to accidental hæmorrhage, remarked that the separation of the placenta may take place without uterine contraction, as in those cases where the central portions may separate without detachment of the margins. He held that accidental hæmorrhage is more serious than placenta prævia. He animadverted on the statement made by the coroner as to the treatment by plugging the os, and advocated the principle of emptying the uterus at once by dilating the os and turning. Plugging is dangerous, as hæmorrhage may continue even when the head is far down in the vagina. Dr. Young further gave the details of several cases, showing the futility of plugging, and enforced the line of treatment just mentioned.

Dr. NAPIER thought that Dr. Young had exhausted the methods of treatment, but held the opinion that it would be impossible to lay down hard and fast lines of treatment applicable to all cases.

Dr. PLAYFAIR objected to some of the treatment proposed by Dr. Young, but in the main supported the treatment of the cases under discussion.

Dr. P. A. YOUNG made some remarks on the action taken by the coroner, and expressed his delight that there were no such officers in enlightened Scotland.

Dr. UNDERHILL in remarking on the case, held that the treatment adopted was perfectly justified under the conditions related in the paper, and expressed his entire sympathy with the medical man engaged in the case. He also thought that each fellow was perfectly justified in expressing his disapproval of the position taken by the coroner and his remarks on the case, and also his sympathy for the medical man in the case.

Dr. L. NAPIER then read his paper on

PUERPERAL ALBUMINURIA, REFLEX PARALYSIS, AND ECLAMPSIA.

After discussing the causes of puerperal albuminuria, Dr. Napier went on to detail several cases which had come under his notice.

On the motion of Dr. Peter Young the discussion of the paper was deferred to the next meeting.

Special Articles.

A UNIVERSITY FOR BRITISH BURMAH.

THE rapid growth of British Burmah, and the rising importance of Rangoon in particular (now numbering some 130,000 inhabitants), has suggested the necessity for the extension of the educational movement, which commenced in earnest only a few years ago. There has however lately been an earnest movement on the part of the European population, clergy missionaries, the higher officials, &c., to obtain Government sanction and assistance for the founding of a University and College on the basis of the Elphinstone and Grant Medical College of Bombay, or that of University College, London. About five years ago the Chief Commissioner of British Burmah yielded to a generally expressed wish for the introduction of the English School Board system, and the establishment of an Educational Syndicate was the result. This body, acting under the presidency of the Judicial Commissioner, Mr. Jardine, has been doing a good deal of excellent and very useful work. Indeed, it has so successfully performed its task that both Europeans and natives interested in the cause of education have come forward with an offer to found a university, and endow scholarships, but owing to a belief that a Syndicate body could not hold money for these purposes, the flow of benevolence has been checked. To meet the difficulty, one of two things has been proposed—either that of the incorporation of the Syndicate, or the creation of a body armed with the necessary powers for the promotion of the higher education of the people and the foundation of professorships and scholarships. The Government has been approached and strongly urged to sanction the work in hand. The Burmans are in favour of an appeal to the Government, for centralisation has everywhere taken deep root amongst them, since it was adopted from the time of the conquest of the country, and remains a fixed idea. A step of this kind is certainly only a question of time, as the natives are eager for education and fully sensible of its advantages. They know that if they could proceed to obtain a college education, they could easily qualify for those public appointments thrown open to them, but which, owing to certain impediments—as that of having to go to Calcutta to obtain a B.A. degree—they are handicapped in the race. The Educational Syndicate is greatly in favour of an extension of education, and it has been doing what it could to promote education by appointing only certificated teachers. It has undertaken the work and labour of examining and granting qualifications to teach; indeed, it was constituted for the purpose of directing and controlling the public examinations to be held under the grants-in-aid rules, and for the purpose of promoting the study of medicine, engineering, law, and the technical arts. With enlarged powers, it could do a great deal more, for it has expressed an anxious wish to assist Burmese students to proceed from the lower to the higher schools and colleges, and thereby qualify in science, art, law, and medicine.

Owing to the efforts of the present and former Chief Commissioner, much has been effected in the way of abolishing the old superstitions of the Brahmin astrologers, who professed by charms and incantations to cure disease, remove deafness, dumbness, distortion of the limbs, &c. But the medicine men who have sprung up in their places are lamentably ignorant of anything approaching to a scientific knowledge of medicine or the healing art. In short, they are expected to possess only a few primitive notions of either one or the other, as will be gathered from the following "Medical Thesis," the pass examination paper of Marichetty Pundit, a native attached to the palace of His Highness the Maharajah of Mysore, and a former pupil of a surgeon practising in Burmah. It appears in the shape of questions and answers as follows:—

1. What is *Rasayana* or *Electuary*? It is a medicine made of several drugs that have the properties of increasing the healthy secretions or fluids in the animal economy.

2. What is meant by "natural term of man's life"? It is defined to be the co-existence of life received in fetal stage from parents, with that of the body, and the healthy duration of both till its extinction.

3. What is a body? It is a condition wherein all the

organs, internal and external, together with the extremities, are complete and normal.

4. What is life? It is the blood that originates from the heart and nourishes every part of the body by its circulation.

5. To what length of time will the body be healthy and in good condition? As long as the blood is kept healthy and good.

6. To how many kinds of danger is life exposed? (a) Natural diseases; (b) poisons; (c) air surcharged with poisonous impurities; (d) loss of blood by injury, &c.; (e) famine and starvation; (f) thunder and lightning, and fear.

7. How is the so-called life (blood) maintained? By (a) food, water, (b) medicines, and (c) pure air.

8. How is death brought about? By (a) loss of age, (b) diseased condition of blood, (c) anæmia, (d) loss of blood, (e) disordered condition or the total stoppage of action of secretory and excretory organs, (f) and by accidents.

9. What means are to be adopted to avert the immediate death, and to prolong life for the natural term allotted to it? (a) Charitable deeds, as food distributing, &c.; (b) good moral conduct; (c) being always in the thought of doing good to others, as in the proverb, "Do unto others as you would do to yourself;" (d) sincere piety; (e) charity; (f) gratitude; (g) drugs to ward off diseases; (h) good society. If unable to follow the precepts above given, one should live and prolong his life by the grace of God alone.

10. What are the important things necessary to prolong the natural term of life? Numerous may be the ingredients that conduce to the increment of life, of which milk is the essential thing. Examples for this: A small finger-sized rat with its own milk nourishes its young ones, so also does the elephant of enormous size nourish its young.

11. How many kinds of strength are to be found in the body? Three kinds, viz., (a) nervous strength or power; (b) muscular strength or power; (c) vital strength or power. (From blood).

12. What are organs? Organs are divisible into those of *sensation* and *motion*. Organs of sensation are divided into: hearing, touch, sight, taste, and smell. Organs of motion are divided into: speech, motion, locomotion, expulsive action of rectum, &c.

13. How improve the organs of sensation? By the use of ghee or other oily substance one can improve his brains (hypothesis). By the use of milk body is well developed, and also life is prolonged.

14. What are the agents which void sensory organs of health? Narcotics chiefly. Diseased state of blood as well.

15. What must be observed to keep the organs of sensation in perfect order? Use of butter milk and honey, as these maintain nervous system, and they do not possess any narcotic properties.

Medicines to prolong Life.

Amurthavally (Gulancha), Kallangadalay Baroo thokkoos, Misakshe Guggula (Balsamodendron Myrrha), Alalay kayee (Chebulic Myrobalans). Pound each of these separately into a fine powder and mix equal quantities of the powders. To the whole bulk thus formed add its weight of sugar, mix well and preserve it in a wide mouth bottle. Dose $\frac{1}{4}$ a drachm twice a day. Medical uses—In general debility removes old standing diseases from the system and restores it to a healthy condition.

Medical properties of the drugs—

1. Gulancha, removes fever and strengthens muscular fibres.
2. Kallangadalay baroo Thokkoo, demulcent.
3. Mysakshe Guggula, mild stimulant, carminative expectorant, alteratives, and general tonic.
4. Chebulic Myrobalans (Alalay koy), alterative eliminative of mild nature—tonic expectorant and ultimately acts as astringent.—Diseases—fever, womb diseases, hemorrhage, cough, constipation, asthma, consumption, tympanitis, dropsy, &c.

Infusion of Gulancha (Murry Chetty's Formula.)

Take of—Gulancha 1 drachm, coriander seeds 1 drachm, liquorice root 1 drachm, rose petals (dried) 1 drachm, lime peel $\frac{1}{2}$ a drachm, cardamom seeds $\frac{1}{2}$ drachm, boiling water 8 ounces. Infuse for half an hour and strain.—Dose, 1 ounce 3 or 4 times a day, therapeutic uses. In puerperal fever,

continued fever, remittent fever, inflammatory fever, and intermittent fever, &c.

It will be gathered from these extracts, that Burmahs at the present moment are very ignorant of medicine, they neither possess the means of educating men for fulfilling the commonest duties of our profession, nor is Burmah in a position to bestow a legal qualification upon any one to practise medicine, or surgery in England.

INTERNATIONAL HEALTH EXHIBITION.—I.

INTRODUCTORY.

In the following series of articles it is intended to call attention to those features of the great Exhibition at South Kensington which are of especial interest from the point of view of medical practitioners, and to describe such of the exhibits as it may be useful to our readers to possess a knowledge of. We do not propose, nor, indeed, would it be possible, in the limited space at our command to enter on a general description of the Exhibition; for, worthy as it is of being thus treated, it is far too vast in its proportions for anything further than brief accounts of selected articles to be within our power. Those who have already paid a visit to the collection will at once appreciate the difficulty of writing a report upon it; on every hand are to be seen objects of the greatest interest, appliances of the most useful kind, and foods having the most valuable properties. Indeed, the profusion of food stuffs exhibited becomes at length bewildering; and nothing less than an orderly classification of the innumerable varieties of different articles brought together in the building will enable one to gather anything but a confused idea respecting them. In the same way, sanitary appliances, domestic stoves, and the like are shown to an extent that has not been witnessed in even special exhibitions of these classes of fittings, unless exception be made in the case of the Smoke Prevention Exhibition of a year or two ago. The array of sanitary house arrangements is of an unusually complete and comprehensive character, and when studied together with the model houses, now almost completed, will afford a considerable amount of instruction to even casual observers.

It is still too early to speak in definite terms of those sections of the Exhibition devoted to furniture and furnishing, and personal hygiene; for a good deal yet remains to be done ere these parts of the display can be said to be finished. More than enough, however, is already in place to engage the attention of an ordinary sight-seer for a considerable time; but for the purposes of description we shall commence our account with the sanitary appliances, drainage apparatus, &c. In connection with this; also, it will arise to speak of the bread manufacturing exhibits, the importance of which in regard to the public health can hardly be understood by those who have no knowledge of the reforms made within even very recent times in the construction and working of general bakehouses. In the same way, too, great interest attaches to the show of dairies in working order, these institutions being, also, in their present improved form, of very recent growth; and so on, throughout the Exhibition, there is very much to interest and excite the earnest attention of every

individual visitor; and in future articles it will be our object to point out the special features demanding notice.

SANITARY SECTION.

In the exhibits relating to sanitation proper, the first things we noticed were some admirable architectural plans of model dwellings for the poorer classes, which deserve a more prominent position than that in which they are placed. The water companies make a very complete exhibition, with maps and plans of their pumping stations, service reservoir, and area of supply, besides specimens of filter-beds, and, what is more practical, the water itself. The mechanical accessories of water supply are also shown, and the whole is pleasantly situated in an octagon building furnished most appropriately with a fountain. The Native Guano Company have a building all to themselves, exhibiting models of their works at Aylesbury, and specimens of the effluent of sewage treated by the A.B.C. process; the precipitated sludge, deprived of moisture and heated, is said to constitute a valuable manure, which fetches £3 10s. a ton. Specimens of cabbages, radishes, asparagus, &c., grown on land fed by this manure, are also on view, and seem to be quite equal in point of fineness to the agricultural products of land treated by irrigation.

Of exhibits relating to ventilation, Thomson's exhaust ridge tile is an ingenious contrivance to utilise the roof or ridge of a house for purposes of ventilation, the only structural addition necessary besides the tile itself being the adoption of air-flues from the rooms in connection with it; to prevent too rapid change of air, valves, connected with a column of mercury, are placed at the outlets. Ellison's conical brick ventilators are shown. Lamb's cowl system, which consists of flues from each room leading to a large cowl situated at the top of the house, which acts partly as an inlet and partly as an outlet, is subject to the criticism common to all cowls, viz., uncertainty and variability. Several specimens, more or less efficient, of glass louvres and circular ventilators are shown.

Coming now to drainage, we notice an admirable model of house drainage by King, showing the emptying of rain and bath-water, cistern waste, scullery and housemaid's sink over a gully outside the house, a full-bored ventilating soil-pipe taken above the eaves, an intercepting-trap and inspection man-hole between the house-drain and the main-drain, and an air-inlet to the access-chamber. Broad's air-inlets to drains are also exhibited. What is called the "Edinburgh air-chamber sewer-trap" is apparently a variety of the "midfeather," and seems too large, unwieldy, and apt to favour deposit and require constant cleaning. A disconnecting man-hole of Houghton shows no superiority to the well-known one of Roger Field. Buchan's traps are exhibited at a special stand in another part of the building, and appear to maintain their high place. Dean's gully-traps, with their moveable buckets, are shown, and also Stanford's linseed oil method of jointing drain-pipes.

In the East Annexe, a very interesting collection of sanitary appliances is shown, water closets, chiefly of the valve variety, are exhibited in great number, and, though no new principle of construction is exemplified, yet several minor points of improvement in the matter, chiefly of flushing and of disconnection, are brought into notice. Thus, Boetel's Brighton closet has two inlets to the pan for flushing purposes; Jenning's a triple flushing arrangement, by which the water is directed along the rim on both sides and directly downwards; Stidder shows a plan of a siphon flusher, by which the closet cistern is emptied automatically, but we could not judge of its efficiency, owing to our not having seen it at work. A tipping tank cistern is also exhibited, which is emptied by the pressure of the feet on the board below the closet seat; its action, however, did not seem very perfect, and it labours under the disadvantage of not acting unless the cistern is full, so that it is necessary for this to fill between each separate use of the closet. Again, Stidder and Bolding show valve closets in which the overflow from the pan is trapped, in the latter's the overflow is also connected with the supply pipe, and thus its trap is flushed independently of the pan. We cannot commend too highly these improvements in the trapping and flushing of overflows. Stidder also shows various trapped urinals, and an ingenious urinal fitted to the inside of a lavatory. Austin's "Porous Disinfectant," which consists of a block of porous clay enclosing crystals of permanganate of potash, the whole

being suspended in a cistern or water-waste preventor, simply impregnates the water used for flushing with the disinfectant used, and can hardly be said to present any superiority over a powerful flushing apparatus of ordinary water (except in the matter of deodorisation, which is not needed in the case of efficient flushing). The well known Moule's earth-closets are exhibited in their usual efficiency and variety. The Manchester Corporation also display very interesting models and specimens relating to their method of refuse utilisation at Holt Town. The pails, or sanitary receptacles, in which human excrement, house refuse, street sweepings, &c., are collected, are shown full size, and neat models of the "Agitator," "Concentrator," and "Condenser" (the latter intended for the condensation of the noxious vapours set free in the other processes). The final manurial product is sold for £3 a ton, this sufficing to pay the working expenses of the scheme, which are much diminished by the use of other economical bye-products, e.g., soap, candles, and oil.

In our next notice we shall touch upon filters, disinfectants, and the ambulance section.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 18, 1884.

THE COMING ELECTION AT THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

WHATEVER may have been the spirit in which individual members of the Council of the College of Surgeons have hitherto regarded the cry for reform within their corporation, they cannot any longer soothe themselves with the reflection that the demand emanates from an insignificant body of malcontents. That this has been the opinion of the Council hitherto, is clearly shown by the contemptuous disregard paid by it as a whole to the unanimously-approved resolutions passed at the meeting of Fellows and Members held in March last. Now, however, another meeting has affirmed the

conclusions arrived at, and has taken such means for enforcing its requirements as even the power of resistance of the College will find it impossible to withstand. This gathering was held on Thursday last in the rooms of the Medical Society of London, and the chair was occupied by Mr. Paul Swain, who was able to inform the meeting that already more than two hundred Fellows had joined the new Association, the formal inauguration of which they were met to confirm. As yet, however, a very insufficient time has elapsed for obtaining the adhesion of a majority of Fellows of the College, so that before the date of election to the Council next month the numbers who have already joined will undoubtedly be largely augmented. It may be at once taken for granted that every member of the new Association will record his vote in favour of those candidates alone whose opinions on the subject of College government are clearly in accordance with the demands the Council have already refused to consider. Nor need there now be any concealment of the design that is in process of being carried out, to replace the present Council, or at any rate the non-yielding part of it, with gentlemen who are better able to appreciate the necessity of changing with the times. We cannot at once succeed in remodelling the cabinet, but even this year a very important alteration of it can be effected by reinforcing the five members who have, by a recent vote, declared themselves in favour of the views expressed at the March meeting. And here it may perhaps be fair to the majority to suggest that it is in appearance more than reality that they present the front of determined resistance already shown by them; and it is not improbable that the infusion of new blood, the introduction of new Councillors charged with the commission of informing the board concerning the necessities that they do not seem able to perceive, will effect improvement even at once. But this implies that the approaching election will result in the votes of a majority of Fellows being given to candidates whose platform is reform; and it is therefore essential that the views of each candidate shall be thoroughly understood prior to the day of election. In times gone past, anything of this kind has never been called for, no importance of any kind whatever attaching to the opinions of candidates; the interest of election being, as a rule, entirely confined to the then existing Councillors, who were naturally anxious to secure a pleasant companion in each new comer. As a political event the elections were absolutely uninteresting, since no change in the personnel of the Council ever resulted in any alteration of the despotic character of its proceedings.

Now, however, the case is very different; the occasion is altogether unique in the history of corporate societies, and being so, it might be held to justify the employment of unusual measures. It has not been customary for candidates for seats at the Council board to address the electors in any fashion save through the medium of a nomination paper; but, notwithstanding, we may safely assume that some means, compatible with dignity and law, will be found for acquainting the body of Fellows with the nature of the opinions of different candidates now soliciting their suffrages.

Whatever else may happen, the newly-formed Association has clearly a duty before it, to ascertain, for the information of its own members, the views severally held by gentlemen nominated for the vacant seats. Though not made a specific resolution at the meeting on Thursday last, this principle of action was tacitly assumed throughout, and the presence of three candidates for election in July—Messrs. Barwell, Allingham, and Pemberton—at the meeting affords clear evidence of the extent to which they accord with the objects of the Association. Of the remaining candidates, Mr. Gant and Mr. Berkeley Hill are declared reformers; the opinions of Messrs. T. Smith, Lawson, Durham, and Cowell, in this connection, we have not had an opportunity of ascertaining.

The constitution of the new Association of Fellows is quite strong enough to carry out all that it has in contemplation. Its president is Mr. George Pollock, and its council includes the foremost representatives of the reform movement. Its immediate work is in connection with the approaching elections, and it may at once be concluded that the influence it will be able to exert will abundantly suffice to secure the return of five councillors pledged to assist the endeavours of reformers already on the board.

THE CRITICS OF THE BRITISH MEDICAL ASSOCIATION REFORM COMMITTEE.

THE meeting of those who protest against the medical reform policy of the British Medical Association, which, as we recently reported, was summoned to meet at Birmingham, in order to checkmate the assailants who almost all reside in London, was held in the mid-land city, on the 28th ult. If it be any satisfaction to the executive of the Association to know that, by this manoeuvre, they extinguished their critics, they are entitled to the gratification of success, for not a single man is reported to have attended from the metropolis, save the Editor of the Journal, and one other member. In fact, the fifty-six requisitionists who had called the meeting refused to recognise, in any way, the meeting in Birmingham, and left those concerned to defend themselves against an imaginary attack.

This is to be regretted, because a formidable defence had been organised, which was delivered, in order to fill up the time of the meeting, against an absent foe. The Editor endeavoured to show that the Journal of the Association had devoted as much space to the Medical Bill as its importance demanded, but, by so doing, seems to us to have proved the case of those who accuse the Journal of "burking" discussion. We should have supposed that, considering the all-engrossing gravity of the Bill to the profession and to its own constituents, the Journal would have teemed with criticism of its provisions for the last two years, and it would then have been quite unnecessary to produce, as justification, a meagre list of communications thereon, to which insertion had, apparently as a compliment, been accorded.

The chairman of the Medical Reform Committee lent his aid to this defence, by a speech designed to show

that the Bill was as nearly as possible perfect, and needed no amending by the Association, in the course of which he succeeded admirably in elucidating the fact that, with the countenance of the Medical Reform Committee, the Direct Representative is to be reduced to the status of a cipher and, while he is amused with a nice little summer trip to London and a daily luncheon with the great people who are sent forward to the General Council by the Local Boards, he is to be dismissed for the remaining eleven and three-quarter months to the helpless obscurity from which he has been rescued, for a brief period, by the voice of the profession.

As we have said we do not desire to identify ourselves with the way in which some of the spokesmen of the protesting associations have expressed themselves, but, there is no question that their outcry against the Association executive is fully justified. Without doubt the profession has been, either through design or from ignorance of the Bill, kept in the dark as to its details, and when members have expressed their doubts and apprehensions for the benefit of their co-members, their letters, written for publication, have been quietly passed on to the Medical Reform Committee and answered by a polite personal note, meanwhile, the Association has had no policy whatever, except indiscriminate and wholesale laudation of the Bill, its principles, its details, and its framers, and it does not seem to have done anything substantial in the direction of medical legislation save to act as town-crier for Mr. Mundella.

The policy of the Association, in this matter, is, to say the least of it, wanting in energy and in candour, and this trick of summoning a meeting 150 miles from the centre of medical thought to discuss the Bill, is something worse; it is discreditable, unworthy of any great organisation and certain to recoil upon those who now congratulate themselves on their clever strategem.

PROPOSED AMALGAMATION OF DUBLIN SCHOOLS.

THE vacancy in the Professorship of Surgery in the Irish College of Surgeons created by the death of Dr. J. S. Hughes has brought into prominence a proposal for the fusion of the Carmichael College with the School of the Royal College of Surgeons, which suggestion had been the subject of *pourparlers* two years ago. At that time it was generally admitted that by the simultaneous working of two schools within a few doors of each other catering for a class of students who are limited in number much valuable teaching power was running to waste, and that the emoluments of the lecturers were greatly reduced by an unnecessary reduplication of the outlay on working expenses. A fusion of the two schools was, however, found to be impracticable at that time, because it was found impossible to find employment in a single establishment for all the lecturers engaged in the working of the two separate schools, and equally impossible to offer them such compensation as would induce them to retire. The current of events, however, since the question arose has been all in favour of a fusion of the Carmichael

College with the College of Surgeons School. By the lamented deaths of Dr. Reuben Harvey and Dr. Loftie Stoney the Carmichael has since lost two of the chief members of its staff, and it is understood that if an amalgamation be found possible, Dr. Barton will be disposed to retire from the Lectureship on Surgery in the Carmichael. In the College School, on the other hand, a Professorship of Surgery is now vacant, and it is understood that others of the professorial staff would be willing to retire if the arrangements enabled them to do so. The financial condition of the two schools also presented, at the time of the original negotiation, a serious obstacle to their incorporation, for while the lecturers of the Carmichael College were under a debt of several thousand pounds expended on the building of their handsome and commodious new school, the College School professors were entirely free from such incubus; but since that period they have made themselves liable to the College for interest on the money which the reconstruction of their school necessitated. Thus it happens that the two schools are now in a position to treat on approximately even terms as regards financial considerations, and the difficulties personal to the lecturers having been simplified as we have explained, the present opportunity seems very favourable for bringing the negotiation for amalgamation to a successful issue.

Regarding the proposal from a public and educational point of view, and putting out of consideration the candidature of any individual for the vacant Professorship of Surgery in the College of Surgeons, respecting which we are not called upon to express an opinion, we venture to urge the Council and Professors of the College, and the proprietors and trustees of the Carmichael College to take the proposition for amalgamation into their earnest and favourable consideration as a means of improving medical education in Dublin.

It must be manifest to all who have experience of Irish medical teaching, that the plurality of Dublin schools has not worked for the advantage of the student, the public, or the teachers, because the number of those studying in the Irish metropolis has not been sufficient to maintain so many centres of education in a condition of robustness or prosperity, and by making supervision impossible, the plurality of schools has fostered abuses and greatly aided the development of the sham certificate system.

The Schools of the University of Dublin and of the College of Surgeons will, of course, always exist in a condition of greater or less efficiency, because they are, in some degree, independent of the patronage of the student. The Catholic University School will also continue to enjoy the patronage of a large class of pupils who resort thither because of its religious associations, as well as its capacity for affording instruction. The Ledwich School has also, for reasons to which it is not at present necessary to refer, had a large class and an abundant income. But other establishments have succumbed to competition, the School of Stevens's Hospital having been closed altogether, and the old Carmichael School having been obliged to break new ground at the more frequented side of the city in order to save itself from similar extinction. This shrinkage of medical school teaching in Dublin was an inevitable outcome of recent educational reforms, and it

ought to be remembered that the tendency of coming changes of system is all in the same direction. Even now the income derivable by a teacher of average ability and industry in the Dublin School is by no means sufficient to repay men of special quality for the labour and time which the duties require, and many, we might say most, lecturers in Dublin retain their offices much more for the sake of the dignity, and for the introduction to public notice which it affords them, than for the scanty emoluments they receive for their teaching. But when the reductions in the lecture curriculum which have already taken place in other educational centres extend to Dublin, when the decree of the General Medical Council that no more than one course of lectures in any subject shall be required from the student comes to be acted upon under the Medical Bill, it is obvious that a further shrinkage of schools will be precipitated.

We hold that no man could be a good, zealous, well-read, persevering instructor unless he is handsomely paid for devoting his mind to his work, and that, therefore, the existing system of making professorships subsidiary to practice is wrong in principle and unsatisfactory in practice, and, for this reason, we earnestly trust that it may be found possible to utilise the opportunity which now presents itself to reduce the number of teaching centres by one, to strengthen those which remain, and to make the business of instructing the Irish practitioner of the future better worthy the devotion of the best men than, under the present system, it can be.

Notes on Current Topics.

Condensed Milk.

An important decision was given on Friday at Worship Street Police Court, by Mr. Hannay, with reference to the liability of retailers of condensed milk for the purity of the article sold. A firm of grocers in Bethnal Green Road were summoned under the 6th Section of the Adulteration Act for having sold condensed milk which contained only one quarter of the usual proportion of butter fat. The parochial analyst declared that the condensed milk in question contained "only one quarter of the usual proportion of butter fat. The original milk was reduced in bulk from 4.96 parts to one, and had 26.07 per cent. of cane sugar added; originally it contained only 0.52 per cent. of butter fat." It was mentioned that, although proceedings in connection with condensed milk had been taken by authorities in country towns, this was the first action of the kind in London. The defence was that the defendants were relieved from liability under the Act by the 25th section, which said that such exception should take place if the article in question was of the same nature, substance, and quality as purchased by the seller; that they had no reason to believe it was otherwise; and that they sold it in the same state as when supplied, and with a written warranty. A label pasted on the tin had the following words:—"The Company guarantees this to be simply pure milk, obtained from cows fed in the valleys of Switzerland." Mr. Hannay said he was inclined to believe the label was not a warranty within the meaning of the Act, and the

only protection for retailers would be to procure a written warranty from the firm from whom they obtained their supplies. In the present case no one could say who "the Company" guaranteeing was. Although he did not think the defendants were morally guilty, they would have to bear the responsibility, and he imposed a nominal penalty of 1s., with 23s. costs. We trust this decision may become generally known, and that the result of it will be to put a stop to the sale of such condensed milks as are not in every respect equal to the standard of pure milk in their constituents.

Dust and Disease.

VERY serious and justifiable complaints are uttered by the inhabitants of Hackney at the incomprehensible proceedings of their local sanitary authority, in respect to the permission which appears to have been given for spreading dust-bin refuse in their neighbourhood. The public roads between Hackney Wick and Temple Mills are, according to a correspondent of the *Echo*, made the receptacle for ashes and garbage deposited thither from Shoreditch, Bow, and Hackney; and assuming the description to be true of what is occurring, it is difficult to conceive anything more unscientific or more fraught with danger to the public health. It seems incredible that the medical officer of health for the district should permit such a nuisance to exist without raising his voice against it; and at this time of year it is especially important that no facilities for encouraging the spread of disease should be permitted anywhere, and least of all in crowded districts of large towns.

The British and American Associations.

THE American Association for the Advancement of Science will meet on September 4th, and on the 5th a general reception will be accorded by the inhabitants of Philadelphia to members of both the Associations of England and America. A warm invitation to Englishmen to join their American brethren in their discussions has been uttered, and every attempt will be made to contribute to make the visit of those members of the British Association who attend both pleasant and instructive. The Canadian and United States Trunk Lines have combined to give travelling facilities to the visitors from this country, a very material reduction of railway rates having been already announced, while other concessions are expected to be made before the actual time of the meeting in September.

The Rogers Testimonial Fund.

OUR readers will be conversant with the particulars of the inception and progress of this fund, which was started with the view of raising some substantial acknowledgment to Dr. Rogers for his life-long labours to improve the position of Poor-law medical officers. The fund raised for this purpose was closed some few weeks since, and we have now to announce that the presentation will take place on Tuesday next, June 24th, at 3 p.m., in the rooms of the Medical Society of London. John A. Shaw Stewart, Esq., has kindly consented to preside on the occasion.

The Professorship of Surgery in the Irish College of Surgeons.

WE understand that Mr. William Thomson, Surgeon to the Richmond Hospital, and one of the Court of Surgical Examiners in the College, will offer himself as a candidate for the vacant chair of Surgery.

Vivisection.

DURING the year 1883, according to the annual report just issued to Parliament, five hundred and sixty-nine experiments were performed on living animals in the United Kingdom, thirty-four of these being carried out in Ireland. Fifty-five experiments were performed without anæsthetics, and one hundred and twenty-two under certificates giving permission to preserve the life of the animal after recovery from anæsthesia. Concerning this last class of experiments, the report states that in one hundred and fourteen cases the operation consisted of inoculation with various septic matters or morbid organisms, for the greater part connected with an important inquiry into the nature of tubercular affections. No pain was inflicted in these cases except in about fourteen or fifteen instances, in which disease was produced, but which was very trifling. In the remaining eight cases, in which more serious operations were required, as these were effected under anæsthesia, the only suffering in the animals that survived would be that which attends the ordinary repair of a "surgical injury."

Royal College of Surgeons of England Council.

THE full list of candidates for election into the Council of the Royal College of Surgeons of England next month now includes the names of nine gentlemen, viz., Mr. R. Barwell, Fellow in 1853, Mr. W. Allingham, 1857, Mr. G. Lawson, 1857, Mr. T. Smith, 1858, Mr. Berkeley Hill, 1859, Mr. A. E. Durham, 1860, Mr. F. J. Gant, 1861, Mr. G. Cowell, 1867, and Mr. O. Pemberton, 1878. There is thus but one provincial candidate nominated this year, and it is satisfactory to know that this gentleman is fully desirous of seeing those reforms introduced into the College which are rendered imperative by the changed conditions associated with modern progress. In this respect the greater number of the candidates named above are at one with Mr. Pemberton, so that in any case, the Council is certain to be reinforced by at least some who will refuse to follow the illiberal policy which has marked its proceedings for so long a time. It is for the electors themselves to say how many Fellows shall be sent into the Council bearing the message of improvement; and judging from the general interest excited in College matters of late, there can be little doubt but that a very material change in the structure of the College Council is imminent.

THERE are now ten candidates in the field for the Conservatorship of the Royal College of Surgeons of London, the emoluments attached to which are considerable. The election takes place on the 19th inst.

The Medical Bill

APPEARS on the notice paper of the House of Commons as third order for Thursday next, the 19th, the first and second orders being the Railway Regulation Bill and Mr. Trevelyan's Land Purchase (Ireland) Bill. As the Medical Bill is blocked by both Mr. Warton and Mr. Biggar, and, therefore, cannot be taken after 12.30, it is quite likely that the Land Purchase Bill will occupy sufficient time to prevent the second reading of the Medical Bill being taken before this hour, but, in any case, it is open to the Government to alter the notice paper, and put in front of the Bill other orders which would make its postponement to another day inevitable.

The *Lancet* opens a leading article on the subject in its current issue with the assertion that "The Government are determined to press" the Bill, and we believe the statement to be true; but we foresee that it will be useless for them, at this period of the session, to attempt to pass it unless they are willing to meet hostility by such concessions of detail as are not inconsistent with the broad principles of the measure. The second reading, we assume, will not be seriously opposed, but the contest will take place at the committee stage.

We earnestly trust that Mr. Mundella will show himself more suave and amenable to reason than he did last year, for otherwise, we are quite certain that neither this session nor in any near future will a Medical Reform Bill become law.

Bradford Medico-Chirurgical Society.

THE twenty-first annual meeting of this Society, whose proceedings, reported in these columns, often contain valuable papers, was held in the Board Room of the Bradford Infirmary on Tuesday evening, June 10th, for the purpose of electing officers for the ensuing year. The Register of Membership contained the names of 73 gentlemen. The funds in hand were £160, and the books in the infirmary library numbered about 2,100 volumes. Dr. David Goyder, who has given the Society zealous and indefatigable services as honorary secretary for the last twenty years, and to whom much of its success is undoubtedly due, was elected president for the year 1884-5; Mr. T. C. Denby, treasurer; Dr. Rabagliati and Mr. Wilmot, secretaries; Messrs. Miall, Dunlop, Mossop, and Hime, members of council; Messrs. Spence and Phillip, M.B., pathologists; and Drs. Foster and Whalley, auditors.

County Infirmaries in Ireland.

At a recent meeting of the Statistical and Social Enquiry Society of Ireland, Dr. Hercules McDonnell, Surgeon to the Dundalk Infirmary, read an interesting paper on the subject of the "County Infirmaries of Ireland." Each county infirmary exists as a separate unit, controlled by its own board of governors, and answerable only to the grand jury of its own county. They were originally established by Act of the Irish Parliament in 1765, to afford medical and surgical relief to the poor. The cases admitted are in all essentials of the same class as those treated in our metropolitan hospitals. Their means of support are mainly derived

from presentments levied as county cess. The 27 county hospitals had in 1881 1,580 beds available and in use, giving an average to each of 58½; 12,953 patients were treated as interns, giving an average to each institution of 479. The gross expenditure amounted to £29,264 18s. 9d., or an average cost per patient of £2 5s. 4d., and per bed £19 10s. 5½d. The actual cost of the infirmaries to the cess-payer amounts to one halfpenny per £1 of his valuation. For this amount he obtains the advantages of having an hospital replete with every surgical and medical appliance, and maintained in a state of efficiency, which compares most favourably with our metropolitan hospitals. The rooted repugnance which exists to entering a workhouse hospital does not obtain here. No pauperising element enters into the question, nor is anyone disfranchised for accepting such relief.

The Coming Meeting of the British Medical Association at Belfast.

A FOOLISH anonymous writer in a Belfast weekly paper, who appears to have facilities for getting his unwisdom put into print, has, not without malice, been attempting to injure the forthcoming meeting in Belfast, and throw discredit on its managers, by sending duplicate copies of an article that appeared in the paper indicated on the 14th inst., to members of the said Association and others. When the writer makes use of such a sentence as the following—"Sir Andrew (Clark) was to be trotted out as an English medical Baronet; but it so happens that the title was never with so little claim conferred on a member of his profession"—and attempts to ridicule distinguished men by remarks on their Christian and surnames, he furnishes conclusive proof thereby that the managers of the meeting have at least acted wisely in one point, viz., in declining to place in any position of prominence or trust a "gentleman" who manifests so little claim to either. Possibly our Belfast friends knew the manner of man the writer was, and is. We have ourselves previously felt compelled to take exception to the course pursued by the Council of the British Medical Association in conjunction with the Belfast Committee, but we cannot countenance this anonymous effort to injure the annual meeting by petty personal spite.

An Unique Case.

In the amphitheatre of Bellevue Hospital, on May 22nd, Dr. William F. Fluhrer, one of the visiting surgeons, described, says the *Boston Medical and Surgical Journal*, before a number of the profession, a successful operation for the removal of a pistol-ball from the brain through a counter-opening in the skull, and exhibited the patient upon whom the operation was performed. The patient shot himself in the forehead with suicidal intent, and hemiplegia with a semi-comatose condition was caused by the injury. Dr. Fluhrer ascertained the direction of the ball by probing, and then extricated it by means of a counter-opening made at the back of the head, after which drainage was secured by passing a rubber tube through the entire wound. The paralysis

gradually cleared up, and the patient is now, three months after the shooting, in apparently excellent health. An unpleasant feature of the demonstration was the publicity given to it, as an account of it appeared in all the daily papers.

Coffee Colouring.

POISONOUS adulteration of coffee was charged against two firms of manufacturers of New York recently, when the official analyst to the State reported that at one of the works implicated the following colouring agents were employed, viz., French chalk, gum arabic, wood charcoal, a mixture of yellow ochre, clay and hydrated iron oxide, orange chrome, celestial blue, and turmeric. At the other factory there were used Venetian red, yellow ochre, quinia, indigo, and a mixture of Persian berries and ochre. The object of using these various agents was to make damaged coffee look equal to good, and to "cook" unripe berries for market purposes. Prussian blue and lead were also detected in other samples analysed, and even in poisonous proportions in some instances. These experiences in America suggest the possibility that England may not be entirely free from similar practices, and the information may serve to arouse the vigilance of sanitary inspectors in various places.

Sudden Death of a Medical Man.

AN inquest was held on Saturday last, by Dr. Danford Thomas, respecting the death of Dr. W. Fleetwood Dixie, fourth son of the late Sir Alexander Dixie, of Bosworth Park, Leicestershire, and brother of the present baronet. Deceased had suffered for some time from angina pectoris, and was in the habit of using various poisonous drugs, including nitrite of amyl and nitro-glycerine, in order to gain relief. That he was of the danger arising from the too-frequent use of these remedies was evident on a perusal of the memorandum found on his person. A verdict of death from syncope following angina pectoris and from natural causes was returned.

Treatment of Acute Abscess.

IN a recent number of the *Æsculapian* to hand, Professor Smith, of the University of New York, gives particulars of his method of treating these cases, the chief points of which are as follows:—1st. Wash well with soap and water and a flesh brush the skin at the seat of the operation, then douche with a solution of corrosive sublimate, 1 to 500. 2nd. Open the abscess with a knife treated with a solution of carbolic acid 1 to 30, the opening to be of a size to admit the nozzle of a Davidson syringe. 3rd. Force out the contained pus by pressure, when it ceases to flow, introduce the nozzle of the syringe, well disinfected, the edges of the wound being held firmly around it, and distend the cavity to its fullest capacity with corrosive sublimate solution, 1 to 5,000. 4th. Force out the injected fluid by pressure. 5th. Repeat this injection as often as may be necessary until the water flows away quite undischarged. 6th. Lay the cavity open to its full extent, keeping up irrigation with a corrosive sublimate

solution 1 to 2,000. 7th. Cut away all shreds of tissue, and scrape off gently any granulations that may be upon the living surface of the abscess by means of a curette, until a perfectly clean surface is everywhere apparent. 8th. Ligature any small vessels that may be bleeding with carbolised ligatures, thorough irrigation being kept up with the corrosive sublimate solution throughout. 9th. Close the wound with an uninterrupted suture, except at the most dependent point, where a small opening must be left for drainage. 10th. Over the drainage opening place a disinfected sponge to absorb discharge. 11th. Sprinkle the external wound and adjacent skin with iodoform; cover the wound well with folds of gauze between which iodoform is well sprinkled; over the layers of gauze apply a dressing of borated cotton, and if in a limb, secure all by a light plaster-of-paris bandage. In the case reported, that of a man with abscess in the thigh, the result of injury, and large enough to contain a pint, and to get at which, an incision two inches deep had to be made, the suffering and fever before the operation was considerable. Temperature 103°. The day after the operation the temperature fell to normal, and did not again rise to 100°; the pain ceased entirely, the appetite returned, and he enjoyed sound and undisturbed sleep. The patient stated that from his recovery from the anæsthetic he had felt entirely well. The dressing was removed on the eighth day. The wound was entirely closed, and though there was some thickening of the tissues involved in the injury, there was no tenderness. He could walk without pain or inconvenience, and there was a rapid subsidence of the swelling of the part.

Professor Smith estimates that the man was at least saved a month in time by the operation. His experience of this method of treatment is most favourable, and he believes the time is at hand when "the very presence of pus in the practice of surgery will be evidence of the inefficient use of remedial measures." He believes that this method of treatment is also applicable to furuncles and carbuncles, and indeed, to wherever there is evidence of the presence of necrosed tissue.

DR. THOMAS NEDLEY, Physician in Ordinary to the Lord Lieutenant of Ireland, has been appointed to be Surgeon to His Excellency's household, *vice* Dr. James Stannus Hughes, deceased.

AT the recent meeting of the Council of the Medico-Psychological Association of Great Britain, Dr. Eames, Medical Superintendent to the Cork District Lunatic Asylum, was elected President for the ensuing year.

MR. STOKES, Professor of Surgery in the Royal College of Surgeons in Ireland, and Surgeon to the Richmond Hospital, has intimated to the Fellows of the College that he will seek suffrages for the Vice-Presidency in June, 1885.

A COMPLIMENTARY dinner was given on Wednesday last by the medical staff of University College and Hospital to

their colleague Professor Marshall, F.R.S., in honour of his election to the Presidency of the Royal College of Surgeons of England.

CONSIDERABLE interest attaches to the announcement that a comedy founded on incidents in hospital life, by a member of the profession, will be given on the 26th inst., in aid of the East London Hospital for Children. The comedy will be in four acts, entitled "Sister Grace."

THE case of the quack Silverton, referred to in our last, was decided by the Manchester magistrate on Thursday by the discharge of the *soidi-sant* reverend and his medical coadjutor Mitchinson, on the ground that the charge of fraud had not been proved. They will be thus let loose again on the public to pursue their quest of ill-gotten gains.

In the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follow—Bombay 29, Madras 79, Paris 23, Geneva 26, Brussels 23, Amsterdam 25, Rotterdam 40, The Hague 30, Copenhagen 22, Stockholm 23, Christiania 17, St. Petersburg 37, Berlin 25, Hamburg 26, Dresden 28, Breslau 26, Munich 34, Vienna 33, Prague 40, Buda-Pesth 34, Trieste 23, Turin 28, Venice 23, Lisbon 26, New York 23, Brooklyn 16, Philadelphia 20, and Baltimore 17.

THE deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 19.6 per 1,000 of their aggregate population. The death-rates in the several towns were:—Leicester, Brighton, Newcastle-on-Tyne 14; Norwich 15; Birkenhead, Cardiff, Salford, Bristol, Derby 16; Blackburn, Nottingham, Bolton, 17; Hull, London, Bradford 18; Birmingham, Huddersfield 19; Sunderland, Plymouth, Dublin, 20; Sheffield, Portsmouth 21; Liverpool 22; Manchester, Edinburgh, Preston 23; Glasgow, Leeds 25; Halifax 26; Wolverhampton, Oldham 28.

NOTICES have been posted outside the various Metropolitan hospitals warning the public against the excessive use of mackerel and mild ale at this season of the year, as the larger fish are liable to contain a small worm which would be injurious and likely to create cholera and other diseases. The caution with regard to the drinking of large quantities of mild ale is given specially to the working classes, as the habit causes profuse perspiration and renders the body liable to a chill, which would be likely to lead to serious consequences.

THE highest annual death-rates last week in the large towns from diseases of the zymotic class were—From measles, 4.0 in Wolverhampton, 3.0 in Oldham, 2.4 in Portsmouth, and 2.3 in Norwich; from whooping-cough, 1.4 in Liverpool, 1.3 in Sunderland, and 1.1 both in London and in Cardiff; and from scarlet fever, 2.1 in Oldham, 1.9 in Sheffield, and 1.3 in Leeds. The 35 deaths from diphtheria included 16 in London, 7 in Glasgow, and 3 in Edinburgh. Small-pox caused 40 deaths in

London (exclusive of 20 registered in the Hospital Ship *Atlas*, and in the Convalescent Camp, outside Registration London); also 3 in Liverpool, 2 in Hull, 1 in Birmingham, 1 in Sunderland, and 1 in Cardiff.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

PREVALENCE OF MEASLES IN DUNDEE.—At a meeting of the Police Commissioners of Dundee, held on the 12th inst., the monthly report of the medical officer to the Board of Health was submitted, in which it was stated that measles was rapidly spreading in the town, and that the spread of infection was largely due to the wilful neglect of sanitary regulations by many school teachers. The neglect of the teachers consisted in their having failed to demand medical certificates from convalescent pupils who had been absent through illness. The medical officer suggested that such offending teachers, especially School Board teachers, who were the chief offenders, should be rigorously dealt with in order to check the spread of infection. The Health Department was in possession of evidence against ten teachers.

THE UNIVERSITY OF GLASGOW AND THE UNIVERSITIES (SCOTLAND) BILL, 1884.—Admitting that in times past Scotland owed much to the Universities, it has been long felt, and the feeling intensifies as time goes on, that the country has paid dearly for any obligations arising therefrom. The present position of the Universities in relation to teaching is a shameful anachronism. If the mode of election of professors is indefensible, how much more indefensible is their claim that, once appointed, they must be protected by the Crown against fair and honourable competition for the rich emoluments pertaining to their offices. The following wail emanates from the University of Glasgow against the Universities Bill:—The *Senatus Academicus* state that they welcome the prospect of any legislation calculated to promote the better administration and endowment of the Universities of Scotland, and they readily acknowledge that several of the enactments proposed in the present Bill are such as, in their opinion, would tend to the better administration of the Universities. They regret, however, that the financial proposals contained in the Bill are open to grave objection. The provision shutting out the Universities from the possibility of any additional aid from the public funds in future, into whatever straits circumstances or accident may bring them, is not, the petitioners submit, in accordance with the main design of a measure for the better endowment of these national institutions. In the Bill the foundation of new Professorships is contemplated; and it is obvious that, with the advance of science and improvements in the methods of education, the foundation of new chairs must continue. The charge, therefore, for retiring allowances is one which must ever tend to increase. In particular, the Commissioners are empowered (1) to establish a fee fund and to provide compensation to Professors injuriously affected by its establishment; and (2) to make regulations as to extra-mural teaching in each of the faculties, a proposal which, in the opinion of the Royal Commission of 1876, could not be carried out without providing compensation to professors for consequent loss of fees. The petitioners submit that it would perpetuate an unfair disadvantage under which the University of Glasgow has hitherto been placed, if an allowance for maintenance were included in the minimum share of the £43,000 to be

allocated to each of the other three Universities, while no similar allowance was made to the University of Glasgow. They, therefore, pray that the Bill in its present form may not be passed into law.

THE MEDICAL BILL AND SCOTCH OPPOSITION.—The following paragraph appeared last Wednesday in the letter of the London correspondent of our contemporary the *Scotsman*:—"That the Medical Corporation and University authorities have, at a conference held in Edinburgh on Saturday, agreed not to offer any opposition to the Bill on general grounds, and to limit their demands substantially to those now laid before Mr. Mundella by the Edinburgh deputation." The truth of the above statement has been denied by the Presidents of both Colleges, the President of the College of Physicians declaring that the Government "troubles are yet to come."

DEATH OF A MEDICAL MAN FROM CHLOROFORM ADMINISTRATION.—We deeply regret to announce the death of Dr. Godfrey MacRae, of North Uist, at Edinburgh, from the administration of chloroform. Dr. MacRae, we are informed was suffering from a tumour at the nape of the neck, for the removal of which he went to Edinburgh, and placed himself under the care of Professor Annandale. While the chloroform was being administered prior to the necessary operation, Dr. MacRae, who was in the prime of life, suddenly died.

HEALTH OF EDINBURGH.—The mortality in Edinburgh for the week ending with Saturday, the 7th inst., was 94, and the death-rate 20 per 1,000. Diseases of the chest accounted for at least 40 deaths, and zymotic causes for 16, of which 1 was due to fever, 2 to diphtheria, 2 to scarlatina, and 2 to measles, the intimations of these diseases for the week being 10, 6, 27, and 27.

GLASGOW DEATH-RATE.—For the week ending with Saturday, the 7th inst., the mortality of Glasgow was at the rate of 25 per 1,000 per annum, as compared with 24 in the preceding week, and 34 in the corresponding week of last year.

ACCIDENTAL POISONING NEAR JEDBURGH.—A sad case of accidental poisoning took place on Saturday, the 7th inst., at Upper Nisbet, about four miles from Jedburgh. An old man named McDougall, who resided there, feeling unwell, took what he believed to be a dose of Epsom salts, but what unfortunately turned out to be nitre. Death resulted in about an hour afterwards.

Medico-Legal Intelligence.

A QUESTION OF FEES.

At Crewe, on the 9th June, Mr. Thomas Hughes held a Special Court to try an action, which had been sent down by the Superior Court, in which the plaintiff, Mr. Charles Frederick Sutton, Surgeon of Holmes' Chapel in Cheshire, sued a Mr. Archibald Young, of Manor House, Middlewich, for £74 16s. for medical attendance. Both were represented by counsel, and the case was tried with a jury. The plaintiff, it appeared, had a branch surgery not very far distant from the defendant's house, and where he was represented by an assistant, his own residence being five miles away. He charged £1 1s. for visit for himself, and 10s. 6d. per visit for his assistant. The plaintiff alleged that he was asked to pay particular attention to the defendant's wife during accouchement, and also to look well after the child, which he was also called upon to attend. Five guineas was the fee for accouchement, and two guineas for administering chloroform, but his visiting fee included medicines. In cross-examination, the plaintiff stated that his fee depended upon the position of his patients. He was supported in his statement as to the charges not being excessive by three medical men, and they also agreed in their

opinion that the position in life of the patient, as a rule, regulated the doctor's fees. For the defence, it was denied that special attention had been desired, and three other medical men thought the charges excessive, except in case of special night visits. One of them thought the charge for giving chloroform should not have been an extra.

The jury found for the plaintiff for £62 2s., and the judge gave a verdict for that amount and costs. In summing up, the judge said that, as regarded the general principle upon which charges were made, doctors, like lawyers, had to consider the position of the persons who employed them. For ourselves, we are strongly of opinion that chloroform ought in every case—midwifery or otherwise—to be an extra, and charged for accordingly, and we regret the jury did not see their way to give their verdict for the full amount claimed, especially if the plaintiff was able to show the charges made were such as he was in the habit of charging for similar services. Doctor's fees must be regulated by the value each places on his own services, and the demand upon his time, as well as his skill, will soon enable him to sustain the fees asked.

Correspondence.

THE FELLOWSHIP OF THE ROYAL COLLEGE OF PHYSICIANS OF LONDON.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—About a quarter of a century ago, the Council of the College of Physicians, wishing to introduce "energy and increased vitality" into the management of their establishment, chose about a dozen M.D.'s in the prime of their lives, and conferred the honor of membership upon them without examination. Such gentlemen naturally presumed this would soon lead on to the Fellowship. Since that period, very young men, really commencing their work, and not chosen as the others, have been made Fellows. Kissing goes by favour, and it would seem something of the kind goes on elsewhere; very few of those gentlemen who were honoured by the College with the title of member, have been proposed for the Fellowship. The Council of the College would act wisely and well, if they proffered the Fellowship to those gentlemen living now, as an act of grace, justice, and right, although it is not improbable that some would refuse the distinction after being "forgotten" to say the least of it for 25 years.

Yours, truly,

London, 11th June, 1884.

M.D.

THE INCREASE OF INSANITY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have no wish to prolong a controversy with Dr. Madden. He has had his say, and I have had mine; but I would propose the following question as arising out of the discussion:—How is it that when medical men want to establish a sickness insurance society, they employ a member of the Institute of Actuaries to make the calculations for them, but when the very same science of probabilities has to be applied to such questions as the increase of insanity, or the increased duration of human life in England, every man considers himself competent to make the calculations for himself, although he may never have spent an hour of his life in the study of that branch of mathematics to which the science of probabilities belongs?

Yours, &c.,

A. W. WALLACE.

THE NEW BANKRUPTCY ACT IN RELATION TO ARTISAN PRACTICE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Your leader on the above subject in current issue is pertinent, sensible, honest, and explicit. Of the three learned professions, the medical is the most harassing, unrequited, and best abused of all. *Messieurs les cléricaux*, as the French would say, demand and receive ready money for baptisms, marriages, and funerals, whether the doctor has received payment or thanks for his services in the business of the first and last-named of those stages of life. The lawyer, whether senior

or junior, barrister or attorney, demands from his client "money down" before he appears in court to open his mouth before his worship, his honour, or his lordship. And not infrequently an eminent Q.C., after receiving with his brief a heavy retaining fee, fails to appear in court as bargained and paid for; and if the client is foolish enough to expect the return of a single shilling of the extravagant fee, he is simply laughed at for his simplicity.

As the subject is of the highest importance to that man of all work, the general practitioner, I will, Sir, with your permission, give, in a few letters to your journal, particulars of cases picked at random from an experience of County Court practice extending over a dozen years. In the record there will be nothing so startling or amusing as the story of the "Amateur Casual." But, as an example, I now give the following fact, and to any reader who is curious to know the constituents of the fact—namely, time, place, and circumstance, he shall receive those from myself by correspondence privately through the *Press*.

About eight years ago a doctor was requested to visit a patient at a distance of eleven miles from the doctor's residence. The patient had turned middle life, or reached the period called "elderly." He had been ill two or three weeks, from enteric fever, and was being attended by the "colliery doctor," a gentleman *sine* diploma. The time of the year was early winter, and the morning of his visit the doctor had ridden on horseback a journey of eighteen miles in visiting a special case of moderate urgency. On his return about noon he left his horse at the railway station and took first-class return to the station in the neighbourhood of his call. A walk of four miles in a fair frosty air brought him to the residence of his patient. He sent a messenger for the colliery doctor, who came immediately, and to this gentleman the visitor or consultant gave his opinion and advice. The latter included lyttæ to the occiput and nape of neck, and catheterism to relieve urgency in those regions. The catheter was used in the presence of the consultant, and he departed, to return again "in two or three days." The day was Monday. On Thursday he made his second visit, and between Friday and Saturday the patient died. The deceased man died moderately rich for a miner, his widow as executrix retaining at least £100. The doctor, to whom his "customers" were known, sent in in the course of a few weeks his bill for four guineas, and through gossiping friends the information reached him that the widow had been advised "that when a man died his debts died with him, and she would pay nothing." No reply coming direct from the executrix, he in a few weeks more entered a plaint in the County Court. Having reason to know his "customers," he summoned the eldest son as his witness, and in time the day of trial came. The lady who, under advice, had refused to pay the doctor, employed a solicitor to defend her, and brought a younger son to prove that the doctor having heard of the illness of the patient, had visited him from sheer good nature, or for "auld lang syne." This part of the defence being negatived by the evidence of the eldest son, the solicitor "cast about" for a new line. The doctor in his examination in chief had told the story of his visits and the malady of the patient. And when the defence began to denote a collapse the solicitor became wordy, as if he meant his client and the court to believe that he gave full value for his money. *Inter alia*, he asks, "What do you say again was the cause of death in this case, doctor?" "Effusion on the brain," answers the doctor. "Infusion of the brain?" "No, Sir; confusion of the brain, you may call it, if you like," retorts the doctor. Becoming a little confused, Mr. Solicitor inquires, "How many visits did you make to the patient?" "Two." "How much do you charge for each visit?" "Two guineas!" "The people are poor?" "Yes, what is called poor, respectable working class." "Well, now, is two guineas a visit not an extraordinary charge to people in their circumstances?" "That question requires a full answer, and with the permission of the Court I will answer." The "Court" nodded assent, and then the doctor continued: "It is easily reckoned. From my home in Blanktown to the defendant's in Startown is eleven miles at least. I received a special call, and it was arranged I should call again at discretion. Now if I hire a carriage and pair for the whole distance (the railway being far away) you can count the hire, not to speak of my time. But I will give it to you another way. If a working man employs you to come from Squartown to Blanktown Petty Sessions to defend him, you attorneys charge at least two

guineas, generally three, as your fee. Well now, as it takes as much money to make a doctor, that is, if he is properly educated, as it does to make five or six attorneys, the charge of two guineas is a small charge." There was a pause in the cross-examination, the judge ultimately finding for the plaintiff (doctor), whose charge he considered moderate under the circumstances, with costs against the patient.

So ends our first chapter of County Court Law. "To be continued," as the "penny dreadfuls" say.

I am, &c.,

EXPERIENTIA DOCTE.

Blanktown, 13th June, 1884.

Literature.

THE LAW OF SEX. (a)

IN the early part of the present century Roman antiquarians were anxious to discover by whom the Column of Phocas, "with the buried base" was erected; and some of them proceeded to an exhaustive search of all notice of the column in ancient and mediæval literature. Other antiquarians, however, adopted the prosaic but more scientific method of digging down to the foundation of the column, and were rewarded by the discovery of an inscription which gave all the information required. Our author resembles the first section of the antiquarians, he gives us an account almost of every opinion which has been advanced, from Aristotle downwards, upon the question of how sex is determined. The subject is a very old one, and it is the standing joke of the facetious practitioner to ask the young primipara whether she will have a boy or a girl. After thrashing out all his quotations, with a conspicuous absence of medical knowledge, our author arrives at the conclusion that sex is determined by the "superiority" of one parent, but what that superiority is he does not very clearly explain. He expresses the belief, however, that when the father is "superior" daughters are produced; and the converse in the case of maternal "superiority." The old idea that sex depends on the will of the mother he promptly and properly discards, remarking "it may be left to disconsolate parents with large families, all of the opposite sex to that coveted, to testify as to the truth of the supposition" (p. 33).

It is difficult, if not impossible, to investigate this subject, by inquiries as to human beings. In brutes the female animal has her annual or oftener period of "heat;" and while in this condition permits sexual intercourse to all male congeners presenting themselves. At other periods, however, she angrily resents any such attempts upon her. In the human female there is no period of heat, and intercourse between the sexes is resorted to more generally for purposes of pleasure than of procreation, at almost every period except menstruation. Still there are a few facts. John Hunter has noted that in a large family of girls, with one or two boys, the latter have a feminine character, as if that sex had just been miscead, and conversely with families of boys with one sister. Families of girls are often found in the case of struggling men, who with limited incomes have an annual domestic contribution, either singular or plural. It is an unfortunate fact that in civilised and old countries adult females predominate; but it must be left to statisticians to say how far this is due to a preponderance of natural females or to the proportionally greater thinning of the sterner sex by emigration, war, or accident.

It is to animals whose sexual intercourse is natural and susceptible of control that we must look to for facts, for there is little doubt in so animal a function, it will be for both human being and brute, like case like rule. When caterpillars are fed abundantly in the chrysalis state female butterflies are produced in the proportion of ten to one, while those who are badly fed display a like preponderance of males. Again, Mr. Meehan, of Philadelphia, has shown that in plants the highest "scale of nutrition gives the female (flower) sex, and the lowest scale males" (p. 26). Mr. Giron at a meeting of the Agricultural Society of Séverac (France) proposed to divide a flock of 300 ewes into

(a) "The Law of Sex." With fifty illustrative portraits. By George E. Starkweather, F.R.G.S. London: J. & A. Churchill, Medium 8vo.

two parts, and to produce lambs of an indicated sex. Our author gives the result, which appears to us to hit the centre of the target, the half (of the ewes) that was highly fed, and had young rams, produced females in the proportion of three to two males; the other portion was poorly fed, had rams of mature years, and produced males in the proportion of three to two females, substantially as had been predicted (p. 40).

It appears to us that as a rule all impregnation takes place during the period of about sixteen days after menstruation, and from this up to the next catamenial discharge intercourse is ineffectual. If the impregnation takes place during the first seven or eight days of the former period, girls are produced, if subsequently, boys. This conclusion is furthered by animal analysis, and that the process can be regulated there is no doubt. Sir John Sebright, so well known as a skilful breeder of pigeons, says that he will produce any given feathers in three years, but that he needs six years to produce head and beak; (p. 72), and our author adds very wisely that vastly more care and thought are devoted to the production of perfect horses, cattle, sheep, and pigeons, than to men and women. There are some interesting observations upon sterility, in which the observation of M. Paul Broca is quoted, viz., that human cross-breeds (e.g., mulattoes) are sterile with each other; and this also harmonises with animal analogies. Of the 46 portraits and commentaries thereon we will say nothing. A 8 is a portrait of the late John Stuart Mill, A 9 of the late Sir Charles Napier, and B 19 of the Ex-Empress Eugénie.

AIDS TO PHYSIOLOGY. (a)

THIS unpretending little book is much superior to the ordinary run of small cram-books with which students are now-a-days so liberally supplied. It is specially designed for students preparing for examination, but is free from most of the objections often urged against such compilations. Mr. Lowne, as examiner in the subject at the largest qualifying body in the United Kingdom, should know what is required, and he has a happy knack of telling it. He does not pretend to condense into his little volume everything the student ought to look into, but he furnishes industrious men with a reader and more exact compendium of the important points in physiology than they could expect to prepare for themselves. We have tested this manual by a careful examination of some of the most difficult subjects, and have been much pleased with the lucid way in which they are given. We can, therefore, highly recommend it to students, though we hope that even with so good an outline as this no one will attempt to apply it to uses for which the author does not intend it. To read up the subject at the last it is excellent, provided lectures and laboratory work have not been neglected.

DISEASES OF THE EYE. (a)

ANOTHER and yet another manual on the normal or abnormal condition of the eye, issues forth from the press in quick succession, and which, taken in connection with the work of a Society, whose annual Transactions form a goodly volume, is certainly indicative of an unusual state of activity in the department of ophthalmic medicine. Mr. Tosswell, in the preface to his "Guide to Diseases of the Eye," says that he believes general practitioners to be greatly in need of a book of the kind, since their time is so much engrossed by other matters, and therefore they are unable to turn to bulky volumes devoted to eye diseases. Brevity is with him the soul of good writing, and he carries out this virtue throughout his pages. An instance or two will suffice: Cataract is disposed of in little more than a duodecimo page of twenty-four short lines; it is true he intimates that the general practitioner will do well, when in doubt, to consult a specialist. Phlyctenular conjunctivitis is disposed of in about a page and a-half. Glaucoma receives some more consideration at his hands. We nevertheless doubt the value of compressing the diagnosis and treatment

of obscure and important diseases into 140 small pages. Moreover, we are of opinion that Mr. Tosswell's manual will in no way be found to supersede that of Wharton Jones, published some quarter of a century ago. With regard to the employment of remedies the advice given is on the whole judicious, although a too free a use of atropine is recommended, and without due precautions being taken as to its producing a severe conjunctivitis. We do not at all agree with the author as to the value of excision in sympathetic affections of the eye. Opacities from lead are now rarely seen; the drug has, in fact, almost disappeared from amongst the medicaments of the ophthalmic surgeon. A very full index will be found to greatly facilitate reference.

Mr. George Hartridge, in his manual on "The Refraction of the Eye," has had to deal with a somewhat more abstruse department of ophthalmology, and although he has accomplished his task with that clearness and precision acquired by practice, he can scarcely expect his manual to take the place of others already favourably known to the profession—as, for instance, Morton's handy little volume, the second edition of which we noticed only a few months since. With regard to Mr. Hartridge's first chapter, we believe it to be quite unnecessary. The advanced student of the period is expected to have fully mastered the elements of physical science, optics, before he ventures to present himself for his preliminary. Is it, in particular, wise to abandon old measurements entirely, and simply because in the author's opinion "the metrical system is almost universally adopted." We cannot admit the validity of his (the author's) plea, as amongst English-speaking people, widely distributed over the face of the globe, there will always be found very many wedded to, and bound hand and foot by, the good old-fashioned English inch measurement, and which, by the way, is still the law of the land. It is no easy task, as our author has discovered, to write anything new on refraction of the eye, or furnish students with new methods of diagnosing and estimating errors of refraction. We are not at all surprised, then, that Mr. Hartridge should have been compelled to fall back on the well-known treatises of Mackenzie, Donders, De Wecker, and others, to whom he refers as having furnished materials for his handy and useful manual on "Refraction of the Eye."

Royal College of Surgeons of England.—The following is a list of members of the College who were successful at the Final Examination for the Fellowship on May 29th, 30th, and 31st, and who were admitted Fellows on June 12th:—

Briggs Henry, M.B. Edin., Rodney Street Liverpool.
Bull, G. C. Robins, L.R.C.P. Lond., Dover.
Bullar, John Follett, M.B. Cantab., Southampton.
Dunn, Louis Albert, M.B. Lond., Cavendish Place, Brighton.
Evans, William George, L.R.C.P. Lond., Colchester Street.
Fowler, Walter, Old Burlington Street.
Holthouse, Edwin Hermus, M.B. Cantab., Haledon, Northants.
Jennings, Charles Egerton, L.R.C.P. Lond., Malmesbury.
Kaefer, Jean Samuel, M.D. Bale, Queen Ann Street.
Knaggs, Robert Lawford, L.R.C.P. Lond., Disraeli Road, Putney.
Pearce, George, M.D. St. And., Leicester.
Perks, Robert Howell, L.R.C.P. Lond., Gardner Road, Hampstead.
Rogers, James Macdonald, L.S.A., Berners Street, London.
Sanders, John William, L.R.C.P. Lond., Bethnal Green Infirmary.
Stonham, Charles, Gower Street.
Sutton, John Bland, L.R.C.P. Lond., Gordon Street, London.
Thyne, Thomas, M.D. Edin., The Barons, Twickenham.
White, Sinclair, M.D. Dub., Sheffield (not a Member).

Three other candidates passed the examination, but not having attained the legal age (twenty-five), will receive their diplomas at a future meeting of the Council. Seven candidates failed to reach the required standard, and were referred to their professional studies for one year.

The following gentleman, who passed the examination for the Fellowship in November last, having now attained the legal age, received his diploma as Fellow of the College:—

Collins, William J., M.D. Lond., Albert Terrace, Regent's Park.

Royal College of Physicians, Edinburgh.—The following candidates were successful at the recent examinations of this College, and have been admitted Licentiates (L.R.C.P. Ed.):—

Edmund Barry Denny, Dublin; Thos. Brown Cross, Scarborough; George Samuel Pollard, Norfolk; Thos. Benjamin Lumscombe, Deddington; Edward Tongue Yeates, Balbriggan; Wm. Cae. Gladier Collins, London; James Newton, Manchester; Henry John Clarendon Godfrey, London; Roger David Delahaye Williams, Swansea; Gerald Oscar Hawkins, Teignmouth; George Philip Longman, Southampton; Arthur Richard Rackham, Old Oak, Norfolk; Sydney Robert Lidiard Hall.

(a) "Aids to Physiology." By Thompson Lowne, F.R.C.S., Examiner in Physiology, and Arris and Gale Lecturer, Royal College of Surgeons, England. Parts I. and II. London: Baillière, Tindall, and Cox. 1884.

(a) "The General Practitioner's Guide to Diseases and Injuries of the Eye." By L. H. Tosswell, B.A., M.B. Churchills. 1884.

"The Refraction of the Eye: a Manual for Students." By G. Hartridge, F.R.C.S., &c. Churchills. 1884.

Analytical Records.

By PROFESSOR FRESSENIUS.

HUMAN MILK AND MELLIN'S FOOD.

THE following comparative analyses of human milk and Mellin's Food for Infants have been sent us by Professor Fresenius for publication:—

I.—Analysis of a mixture of Mellin's Food, Water, and Cows' Milk, prepared in accordance with the directions, viz., Mellin's Food, 1 tablespoonful or $\frac{1}{3}$ oz.; Water, 2 oz.; Cows' Milk, 6 oz. Or, Mellin's Food, 5.88; Water, 23.53; Cows' Milk, 70.59. Total, 100 parts.

			Water.	Sugar.	Nitrogenous Matter.	Butter.	Salts.
Mellin's Food	5.88	Water .. 78 Sugar .. 4.27 Nitrogenous Matter .. 57 Salts .. 26	78	4.27	57		26
Water	23.53	Water .. 23.53 Water .. 61.03 Sugar .. 2.68	23.53 61.03		2.68		
Cows' Milk	70.59	Butter .. 2.54 Casein .. 3.88 Salts .. 46			8.88	2.54	46
Totals	100.00	100.00	85.34	6.95	4.45	2.54	72

II.—Comparative Analyses of Human Milk and Mellin's Food.

HUMAN MILK.							
ANALYSES QUOTED BY TANNER.				WURTE'S ANALYSES.		LEEDS' ANALYSIS OF 43 SAMPLES WOMEN'S MILK.	
Blonde.	Brunette.	Average.		Average.	Minimum.	Maximum.	Average.
Water	89.20	85.33	88.90	87.81	87.02	83.34	89.09
Sugar	5.85	7.12	4.36	5.78	7.05	5.40	7.92
Butter	3.55	5.48	2.49	3.90	4.03	2.11	6.89
Nitrogenous Matter	1.00	1.62	3.92	2.18	1.67	0.85	4.86
Salts	0.40	0.45	0.13	0.33	0.20	0.13	0.35
	100.00	100.00	100.00	100.00			100.02
							100.00

RHENS MINERAL WATERS.

THIS water has been introduced into this country since the conclusion of our reports on the "Mineral Waters of Europe," and we give the analysis in order to make our reports complete to present date. The analysis is by Messrs. Wigner and Harland, and the water supplied by Messrs. Lotz, Abbott & Co., of Queen Street, London, agents for the springs in the United Kingdom.

One imperial gallon = 6 bottles, contains—

Total solid matters 16.8 grains per gallon, containing—

	Grains.
Chloride of sodium	60.2
Sulphate of soda	41.5
Carbonates of soda, lime, and magnesia	82.7
Oxide of iron	.1
Silicic acid	trace.

The analysts remark that the gas with which the water is aerated is unusually free from atmospheric air, consisting almost entirely of carbonic acid. It will be seen from the above figures that the water is essentially of a class of table waters adapted for everyday use. Half-a-pint will contain about 4 grs. antacids, 8 grs. salines, 2 1-10th grs. purgatives; these bring it within the mildest class of ordinary palatable waters, quite distinct from those which must be classed either as purgative or tonic.

The amount of salt present is sufficient to render it palatable and refreshing without requiring an addition as in the case of so many other waters. It is very free from nitrogenous organic matter, and would be classed as a highly pure natural water. We have tried it for some time as a table water and are sufficiently pleased with the experiment to recommend others to do the same. It retains its gas well and has a refreshing flavour even after having been opened for a considerable time. It is a useful palatable digestive water.

Hospital Work in Naples.—The Naples correspondent of the *Standard*, speaking of hospital work in that city, says:—The International Hospital was established six years ago by the combined efforts of the foreign residents in Naples. The British community joined heartily in promoting its foundation, principally on account of the large number of British seamen that come to this port (some 14,000 or 15,000 a year), who, after the English hospital was closed in the year 1874, had, when ill, to be sent to Italian hospitals, where their ignorance of the language and complete isolation made their position most painful. This institution has been a great success, and its prosperity has been further increased by the generosity of Lady Harriet Bentinck, who, by a donation of £4,500, has enabled the trustees to purchase a villa in a beautiful and healthy situation (the present Villa Bentinck), to which the Hospital has been lately removed. The expenditure during the six years and two months that the hospital has been in existence has been 208,944 francs, of which 65,000 were received from patients, and the rest was made up by donations. The total number of patients admitted was 825, 182 being English, and 119 of them gratuitous. Medical advice was afforded gratis to 1,103 persons, of whom 395 were English, and medicines were supplied to them gratuitously. It is contemplated to admit sailors free as indoor patients if they belong to merchant ships whose captains subscribe from five to ten lire on arrival. It is, therefore, essentially a benevolent institution, combined with superior accommodation in private rooms, on moderate terms (6 to 15 francs a day), for those who can afford it, and its existence depends entirely on the generosity of visitors.

Notices to Correspondents.

65 CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular*, may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

MR. BAKER.—There is nothing legally against a public analyst holding dual appointments, in fact, any number of appointments, and we know several instances in which from six to eleven such are held by the same officer. We grant you that the Act does not stand the same chance of energetic administration as when the holder has but one district to superintend; especially is this the case when the districts are widely separated, as the public analyst then waits for cases to be brought him, it being scarcely possible for him to go to each town or village to hunt up adulterations himself. However, unless you can prove a dereliction of duty, your protest would have no effect.

F. E. K.—You have no power to enforce payment for your services rendered; although duly qualified, by omitting to register yourself you are debarred from holding a *locus standi* in the County Court. Your plan will be to register forthwith, and then proceed against the defaulter. The book you name is out of date.

DR. CONSTANCE.—Arrangements have been entered into for the publication of the lectures in full; whether they will be subsequently revised in collected form will be for their author to determine.

"MOTHERS' MARKS."

THAT America is a land of wonders there can be no doubt. Last week a correspondent favoured us with a description of the effects of nitro-glycerine lozenges on a patient who had taken them "in America;" they not only moved the patient, but lifted the roof off the hospital, and stuck sundry portions of the attendant nurse in the chimney. This week another correspondent sends us a cutting from an American contemporary as extraordinary evidence of "maternal impressions." A certain woman, Mrs. Adolph Morath by name, who travelled the States on exhibition as "the tattooed woman," gave birth in March last to a boy. Dr. A. Trego Shertzer, of Baltimore, attended the woman, and was very much surprised when he found the babe's skin marked as if with India ink. Upon it were designs of flowers, leaves, an anchor and chain, an eagle, and other figures. A number of doctors of the city have been called in to see the baby, and all have expressed surprise at the curious reproduction of the marks on the mother's skin. What an oversight of Mr. Adolph Morath not to have written his own name on his wife's skin in India ink: the child might then have been born with it, and the parentage would have been undoubted.

L. T.—Your invention reads like a possible improvement; but no certain opinion can be expressed on its merits until a model instrument has been made and tested. You should take steps to have this done without delay.

MR. G. M. H.—We regret the fund has not extended to a larger amount, but even such as it is, is evidence that the world is not altogether destitute of gratitude.

OPENINGS FOR YOUNG SURGEONS IN AUSTRALIA.

OBSERVING frequent inquiries in our columns relative to the Colonies as fields for our over-stocked profession, a correspondent sends us the following information:—

"Although in Sydney there is no lack of experienced medical men, it is otherwise in the remote country districts, and it is not uncommon to come across advertisements in the Sydney papers, notifying the existence of promising openings for doctors willing to rough it for a few years, until the district becomes sufficiently populated to make their position one of a highly lucrative nature. Medical students desirous of emigrating to New South Wales should keep before them the possibility of having to seek their fortunes under such circumstances, which certainly are not severer, although more full of promise, than those which are often found surrounding the early career of medical men in many parts of England."

DR. W. D.—We can make no promises, and are not partial to medical treatises for the masses.

STUDENT.—You do not mention the "Physiology" in which you cannot find an answer to your query. The fluid contains 5 per cent. of solids, with a specific gravity of 1002. You will find this fully described in the two latest works of Thompson, Lowne, and Gerald Yeo.

MR. FRANCIS CAREY.—The specimen consists of a fragment of cusparia bark, *Gaïpez cusparia*, and differs from canella alba in the incurvation of its edges, the bevelling of these, and in possessing a warm aromatic taste. An ounce or ounce and a-half of the infusion may be given.

DR. TAYLOR.—In a matter of the kind named in your letter our judgment would be of little value. You should consult a professional lawyer, who can best advise the right course.

MR. MANTELL asks whether any reader of the *Medical Press* can afford him information respecting the practical results to be obtained by prescribing kairin as an antipyretic? Those who have had experience with this drug may perhaps be willing to state the success or otherwise attending its use, the doses administered, &c., &c.

KAIRIN AS AN ANTI-PYRETIC—A QUERY.

DR. E. E. G.—We prefer not to express an opinion on the subject, especially since the manner in which publicity has been obtained does not, as we conceive, accord with strict and proper views of professional etiquette.

K. K.—An account of suicides committed by lunatics would prove extremely interesting if properly compiled; and we shall be glad to consider the matter further if you persevere in your present intention.

MR. J. SMITH (Cardiff).—No occasion has yet arisen to call forth the remarks you seem to suggest. When it does we shall not hesitate to say all that is necessary.

DR. TALKINGTON.—In such a case the parish medical officer should be informed of the occurrence, and left to act on it.

DR. J. O. C. (Plymouth) is thanked for his communication.

DR. C. F. TAYLOR (Philadelphia).—We cannot further increase our already too large exchange list.

The Societies, College Lectures, &c.

WEDNESDAY, JUNE 18TH.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—At 4 p.m., Sir Henry Thompson, On Some Important Changes in connexion with the Surgery of the Urinary Organs.

HOSPITALS ASSOCIATION (Rooms of the Medical Society of London).—At 8 p.m., Canon Erskine Clarke, "Is it desirable that Hospitals should be made self-supporting, and if so, to what extent?"

FRIDAY, JUNE 20TH.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—At 4 p.m., Sir Henry Thompson, On Some Important Changes in connexion with the Surgery of the Urinary Organs.

Vacancies.

Clogher Union, Clogher Dispensary.—Medical Officer. Salary, £125. Election, June 21.

Dromore West Union, Skreen Dispensary.—Medical Officer. Salary, £130. Election, June 19.

Dudley Dispensary.—Resident Medical Officer. Salary, £130, with house, &c. Applications to the Hon. Sec. before July 1.

Liverpool Dispensaries.—Assistant House Surgeon. Salary, £108, with apartments, &c. Applications to the Secretary by June 24.

Queen's College, Birmingham.—Professorship of Anatomy. Stipend is £262 10s. Applications to the Secretary by June 30.

The County Asylum, near Dorchester.—Assistant Medical Officer. Salary, £100, with furnished house, board, &c. Applications to the Medical Superintendent by June 28.

York County Hospital.—Assistant House Surgeon. Salary, £50, with board and residence. Applications to the Secretary by June 21.

Yorkshire College, Leeds.—Chair of Physiology. Stipend, about £200. Applications to the Secretary by July 2.

Appointments.

ACLAND, T. D., M.B. Oxon., M.R.C.P. Lond., Assistant Physician to the Hospital for Consumption, Brompton.

BEVERLEY, J. M., M.B. Lond., M.R.C.S., Assistant Lecturer on Medical Jurisprudence and Demonstrator on Toxicology, Owens College, Manchester.

CATHCART, W., M.B., F.R.C.S.E., Assistant Physician to the Edinburgh Royal Infirmary.

EVANS, E. R., L.R.C.P. Lond., M.R.C.S., Honorary Surgeon to the Hertford General Infirmary.

FINLAY, T., L.R.C.P. Ed., L.R.C.S.I., Medical Officer for the Greenwood Dispensary District of the Dunfermly Union.

HART, D. B., M.D., F.R.C.P. Ed., Assistant Physician to the Edinburgh Royal Maternity Hospital.

HEARD, C. DE W., M.D., C.M., L.R.C.P. Ed., Medical Officer for the Keelby District of the Caistor Union.

LOVERIDGE, A. W., M.R.C.S., House Surgeon and Secretary to the West Norfolk and Lynn Hospital.

LYON, T. G., M.R.C.S., L.R.C.P., Clinical Assistant in the Skin Department, St. Thomas's Hospital.

MACCULLOCH, A., M.B., C.M. Glas., Medical Officer for the Tarporley District of the Nantwich Union.

NEALE, A. J., M.B., Medical Officer to the Manchester Hospital for Diseases of the Skin.

ORFORD, J., M.R.C.S., L.R.C.P., Resident Accoucheur to St. Thomas's Hospital.

POWELL, J. A., M.B. Dub., L.R.C.S.I., House Surgeon to the Worcester General Infirmary.

RICHARDS, T., M.B. Ed., Assistant Physician, Honorary Physician to the Birmingham and Midland Hospital for Children.

ROBERTSON, T. M., M.B., C.M. Ed., House Surgeon to the Durham County Hospital.

ROWLANDS, H. P., M.R.C.S., Medical Officer for the Towyn District of the Machynlleth Union.

SHELDON, T. S., M.B. Lond., M.R.C.S., Medical Superintendent to the Chester County Asylum.

STOKER, G., M.K.C.P.T., M.R.C.S., Surgeon to the Hospital for Diseases of the Throat and Chest, London W.

SWIFT, H. R.A., M.B. Cantab., Senior Resident Medical Officer to the Hospital for Sick Children, Great Ormond Street.

THOMSON, J., M.B., C.M. Ed., House Surgeon to the Hospital for Sick Children, Great Ormond Street.

UNDERHILL, C. E., M.B., F.R.C.P. Ed., Assistant Physician to the Edinburgh Royal Maternity Hospital.

Births.

ABBOTT.—June 11, at Noel House, Braintree, Essex, the wife of Charles E. Abbott, M.R.C.S., of a son.

Marriages.

DARTNELL—JONES.—June 12, at St. Paul's Church, Liverpool, William A. Dartnell, F.R.C.S., of Rochester, to Isabella Steele, youngest daughter of the late J. J. Jones, of Fontenoy, Liverpool.

FRASER—CHITTY.—June 12, at Christ Church, Clifton, James Alex. Fraser, M.R.C.S., L.R.C.P. Lond., to Helen Alves, eldest daughter of Colonel W. T. Chitty, H.M. Bombay Staff Corps.

Deaths.

BUSH.—June 11, at Glenbourne, near Southampton, Thomas G. Bush, M.R.C.S. and L.S.A., late of Bradford, Wilts, aged 60.

DICKSON.—June 11, at The Albany, Piccadilly, J. Burnie Dickson, Inspector-General of Hospitals, Bengal Medical Service, aged 78.

HAMILTON.—May 31, at Tarbet, William Hamilton, M.D.

STRANGE.—June 2, at Lyonsdown, New Barnet, George Harrison Strange, F.R.C.S. Eng., aged 64.

WODSWORTH.—May 23, at the Royal Naval Hospital, Haslar, Charles Gregory Wodsworth, Staff-Surgeon, R.N.

IRISH POOR-LAW INTELLIGENCE.

THE CIVIL SERVICE SCALE OF IRISH POOR-LAW PENSIONS.

We learn with much satisfaction that the Local Government Board for Ireland has given its sanction to the grant to Dr. Wilson, of Edgeworthstown, co. Longford, of the full pension of two-thirds of his emoluments as Dispensary Medical Officer. Under the Civil Service scale of superannuation which the Board laid down some years since as limiting the amount of pension which they would sanction, Dr. Wilson would have received a much smaller superannuation allowance than that voted to him by the guardians of his Union, but the Local Government Board has, in this particular instance, and, we believe, for the first time since the promulgation of the scale, gone outside its terms, and sanctioned a higher rate of pension.

The circumstances of Dr. Wilson's case were special, inasmuch as he had been permanently disabled from Poor-law work by a compound fracture of his ankle-joint, received when performing his official duty, and he had received the injury some months before the Civil Service scale was adopted by the Local Government Board. If, therefore, Dr. Wilson had applied for superannuation immediately on receiving injury he would have been granted the full pension, inasmuch as his guardians were almost unanimously in his favour, and it would, therefore, have been obviously unjust to limit the amount by a circular issued subsequently.

We think the Local Government Board acted wisely and justly in the matter, and that the Council of the Irish Medical Association was fully justified in departing from usage and using its official influence with the Local Government Board in Dr. Wilson's favour, and we are glad that the principle has been established that the Civil Service scale may be departed from under special circumstances.

Appropriately to the case of Dr. Wilson, we take occasion to say that the limitation of the pensions of Irish Poor-law Medical Officers by the Civil Service scale is, in our opinion, a pure matter of voluntary compliance by boards of guardians and Poor-law medical officers with the order of the Local Government Board, there being no power whatever in that Board or in any

one else to impose any limitation of the amount of superannuation allowance, except the limitation imposed by the Act of Parliament. In other words, the *general* application of the Civil Service scale to all medical officers, irrespective of the individual circumstances of the case, is, in our opinion, totally illegal, and the issue of the circular fixing the Civil Service scale of pension was altogether outside the power of the Local Government Board. The Act which declares this is the 28th Vict., cap. 26, section 1, and it says that "the guardians may, at their discretion, with the consent of the Poor-law Commissioners, grant to any officer . . . who shall become incapable of discharging the duties of his office with efficiency, by reason of permanent infirmity of mind or body, or of old age, upon his resigning or otherwise ceasing to hold his office, an annual allowance not exceeding in any case two-thirds of his then salary." From this it appears that the guardians are empowered to grant a pension up to two-thirds of the salary, but that the Local Government Board may, in the case of any individual officer, and having regard to the circumstances of that particular case, refuse to sanction the grant. They could not, as we believe, either reduce or increase the guardians' vote by a single shilling, and, if they saw fit to refuse their sanction, they would do so subject to the liability to give sufficient reasons in a court of law. For example, if a board of guardians pleased, for personal or political reasons, to grant a pension to an undeserving officer, or one who was liable to dismissal for some offence, or to one who was not really incapacitated from duty, the Local Government Board would have a right to veto the grant absolutely, but they would be liable, in so doing, to be brought into court to show that they did not, in so doing, act arbitrarily or for any other than public reasons.

Their power of veto is, in fact, to be exercised subject to a reasonable interpretation of the Act, and it could not be for a moment maintained that when Parliament gave a general commission to the Board of Guardians to grant a pension amounting to *two-thirds* of the officer's salary, it, at the same time, gave a contrary authority to the Local Government Board to deprive the Guardians of that power, and to decree that, in all cases, the pension should not be more than *one-third*.

The sanctioning power of the Local Government Board is, therefore, in our opinion, applicable to particular cases and for particular reasons, and any general

order limiting pensions without regard to the special circumstances of each case is *ultra vires* and illegal.

While we express this view of the law, we take no exception to the application of the Civil Service scale to the case of Poor-law medical officers, and we have always advised our readers to accept the scale without questioning it at law. We have done so, however, in anticipation of its being given to the officer, not at the discretion of his guardians, but as a matter of right. This is a matter of simple fairness. If the guardians are to have discretion as to grant of pension, let them have it uncontrolled; if the pensions are to be fixed by the Local Government Board, let them be limited and compulsory, for there can be no equity in giving the guardians a discretion downwards and limiting that discretion upwards. It should, therefore, be distinctly understood that, if anything should prevent the Irish Poor-law Superannuation Bill becoming law, the Poor-law medical officers will repudiate the Civil Service scale, and will insist upon the Boards of Guardians being permitted to exercise their right of granting pensions in excess of that scale if they so see fit.

LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND) FOR OCTOBER, NOVEMBER, AND DECEMBER (UP TO 22ND INST.) 1883.

OCTOBER 2nd.—Fitzgerald, J. R., 3 Goldsmith Street, Dublin, Lic. R. Coll. Surg. Irel. 1883.
3rd.—Bolster, J., Bahrhay, co. Cork, M.D. and Mast. Surg. R. Univ. Irel. 1883.
4th.—Tobin, T. J., 20 Lombard Street, Waterford, Lic. R. Coll. Surg. Irel. 1878, Lic. R. Coll. Phys. Edin. 1881.
13th.—Freeman, D. W., 6 Drumcondra Road, Dublin, M.B. Univ. Dub. 1882.
16th.—Russell, R. U., Rock Abbey, Cashel, Lic. R. Coll. Surg. Irel. 1883.
16th.—Martin, J. T., Kilroe, Clogheen, Lic. R. Coll. Surg. Irel. 1883, Lic. K. Q. Coll. Phys. Irel. 1883.
17th.—Myles, H. G., Hospital for Incurables, Dublin, L.A.H. Dub. 1880, Lic. R. Coll. Phys. and Surg. Edin. 1883.
18th.—Donnellan, P. S., Mount Kennett, Limerick, Lic. R. Coll. Surg. Irel. 1883.
20th.—Nealon, J. A., Killadysert, co. Clare, M.D. R. Univ. Irel. 1883.
22nd.—Digby, C. A., 42 Wellington Place, Dublin, M.B. and Bach. Surg. Univ. Dub. 1883.
23rd.—Allen, J. P., 180 Great Brunswick Street, Dublin, L.A.H. Dub. 1883.
26th.—Stack, E. C., Monaghan, Lic. R. Coll. Surg. Irel. 1883.
26th.—Swanton, J. H., St. Luke's, Cork, M.D. and Mast. Surg. R. Univ. Irel. 1883.
26th.—Calwell, W., 4 College Square, N., Belfast, M.D. and Mast. Surg. R. Univ. Irel. 1883.
26th.—Brownlee, J. J., Portadown, M.D. R. Univ. Irel. 1883.
26th.—Taylor, H. J., Omagh, M.D. R. Univ. Irel. 1883.
26th.—Taylor, J., Omagh, M.D. R. Univ. Irel. 1883.
26th.—Henderson, R. W., Garvagh, M.D. and Mast. Surg. R. Univ. Irel. 1883.
26th.—Gausson, P. P., Holly wood, co. Down, M.D. R. Univ. Irel. 1883.
27th.—McMahon, J., Wellington Road, Cork, M.D. and Mast. Surg. R. Univ. Irel. 1883, Lic. Mid. K. Q. Coll. Phys. Irel. 1883.
27th.—McAlister, W. R. A., Lurgan, M.D. and Mast. Surg. R. Univ. Irel. 1883.

29th.—Somers, J. L. E., Roscrea, Lic. R. Coll. Surg. Irel. 1883, L.A.H. Dub. 1883.

NOVEMBER 1st.—Lindsay, A., Ramilton, M.D. R. Univ. Irel. 1883.

1st.—Brown, G., Newport, Tipperary, Lic. R. Coll. Phys. and Surg. Edin. 1883.

1st.—Massey, H., Portrush, M.D. R. Univ. Irel. 1883.

2nd.—Henderson, J., Glenties, Armagh, M.B. and Mast. Surg. Univ. Edin. 1883.

2nd.—Byrne, J. V., Drogheda, Lic. R. Coll. Surg. Irel. 1883, L.A.H. Dub. 1883.

2nd.—Franklin, T. E., Upper Garville Avenue, Rathgar, Lic. R. Coll. Phys. and Surg. Edin. 1883.

3rd.—Russell, B. T., Borris-o-Rane, Lic. R. Coll. Surg. Irel. 1883, Lic. K. Q. Coll. Phys. Irel. 1883.

3rd.—Dwyer, T. C., 4 Great Denmark Street, Dublin, M.B. and Bach. Surg. Univ. Dub. 1883.

6th.—Woods, C. G., Glen Distillery, Cork, M.D. and Mast. Surg. R. Univ. Irel. 1883.

6th.—Ryan, J. F., Loughrea, Lic. R. Coll. Phys. and Surg. Edin. 1883.

6th.—McHugh, M., 56 Northumberland Road, Dublin, M.B. Univ. Dub. 1882, Lic. R. Coll. Surg. Irel. 1882.

7th.—Ellison, J., Lisburn, M.D. R. Univ. Irel. 1883.

7th.—Hartigan, T. J. P., Templemore, Lic. R. Coll. Phys. and Surg. Edin. 1883.

8th.—Kelly, R. E., St. Luke's, Cork, M.D. and Mast. Surg. R. Univ. Irel. 1883.

9th.—Simpson, J., Cullyhaskey, co. Antrim, M.D. Q. Univ. Irel. 1881.

13th.—Hall, T. G. H., Belturbet, Lic. R. Coll. Surg. Irel. 1883, Lic. and Lic. Mid. K. Q. Coll. Phys. Irel. 1883.

14th.—Hood, J. C., Lifford, M.D. R. Univ. Irel. 1883.

16th.—D'Arcy, R. J., 2 Adelaide Road, Kingstown, Lic. R. Coll. Surg. Irel. 1883, Lic. and Lic. Mid. K. Q. Coll. Phys. Irel. 1883.

16th.—Meek, J., 52 Agnes Street, Belfast, M.D. and Mast. Surg. R. Univ. Irel. 1883.

20th.—Nepean, E. St. M., Lic. R. Coll. Phys. Edin. 1883, Lic. Fac. Phys. Surg. Glas. 1883.

20th.—Robinson, W. H. B., 20 Waterloo Road, Dublin, Lic. R. Coll. Surg. Irel. 1883.

20th.—Fagan, C. J., 43 Booterstown Avenue, Blackrock, M.B. and Bach. Surg. Univ. Dub. 1883.

21st.—Fallon, J., Athlone, Lic. R. Coll. Phys. and Surg. Edin. 1883, L.A.H. Dub. 1883.

22nd.—O'Connell, J., Rathkea, Tipperary, M.D. R. Univ. Irel. 1883.

23rd.—Mullin, J., Clarenbridge, co. Galway, Lic. R. Coll. Phys. and Surg. Edin. 1883.

28th.—Adams, F. E., Grattan's Hill, Cork, M.D. R. Univ. Irel. 1882, Mast. Surg. Irel. 1883.

28th.—Farely, T., Baillieboro', M.D. and Mast. Surg. R. Univ. Irel. 1883, Lic. Mid. K. Q. Coll. Phys. Irel. 1883.

29th.—McGuire, J., Ederney, Lic. R. Coll. Surg. Irel. 1882, L.A.H. Dub. 1883.

29th.—Deane, S. R., Cootahill, Lic. R. Coll. Surg. Irel. 1883.

DECEMBER 5th.—Cagney, J., Tivoli Terrace, Cork, M.D. and Mast. Surg. R. Univ. Irel. 1883.

10th.—Clarke, J. St. L., 9 Morehampton Road, Dublin, Lic. and Lic. Mid. K. C. Coll. Phys. Irel. 1883.

12th.—Cole, A., Banagher, Lic. R. Coll. Surg. Irel. 1883, Lic. and Lic. Mid. K. Q. Coll. Phys. Irel. 1883.

14th.—McCartan, M. J., Rostrevor, Lic. R. Coll. Surg. Irel. 1883, Lic. and Lic. Mid. K. Q. Coll. Phys. Irel. 1883.

15th.—Bigger, E. C., Antrim Road, Belfast, M.D. and Mast. Surg. R. Univ. Irel. 1883.

17th.—McKinstry, R. W., Asylum, Armagh, Lic. R. Coll. Phys. and Surg. Edin. 1882.

18th.—Dillon, P. T., Listowel, Lic. R. Coll. Surg. Irel. 1883, Lic. K. Q. Coll. Phys. Irel. 1883.

18th.—Allright, F. W., Sydney Parade, Dublin, Lic. R. Coll. Surg. Irel. 1883, Lic. K. Q. Coll. Phys. Irel. 1883.

19th.—Darling, Q. R., Kinsale, co. Cork, Lic. R. Coll. Surg. Irel. 1883, Lic. and Lic. Mid. K. Q. Coll. Phys. Irel. 1883.

20th.—Bullen, J. W., 6 North Mall, Cork, M.D. and Mast. Surg. R. Univ. Irel. 1883.

21st.—Mangan, Bartholomew, Kilorgin, Kerry, M.D. and Mast. Surg. R. Univ. Irel. 1883.
 21st.—Graves, C. H. P. D., Coakstown, Lic. and Lic. Mid. K. Q. Coll. Phys. Irel. 1883.
 21st.—Daly C., Charleville, Lic. R. Coll. Surg. Irel. 1883.
 22nd.—Whitby, H., Cornaberry Cottage, Castleblaney, Lic. R. Coll. Surg. Irel. 1883.

MOUNTMELICK UNION.

MEDICAL OFFICERS AND THE GUARDIANS.

A LETTER was read from Dr. Hanlon requesting payment of £6 6s. due to him for acting as *locum tenens* for two weeks during the illness of Dr. Tabuteau, medical officer of the Cloneygowan dispensary district.

Mr. Cobbe objected to paying Dr. Hanlon, on the grounds that the dispensary committee had failed to comply with the regulations. They were bound when the medical officer reported that he was incapacitated from discharging his duties to appoint a substitute, and the board of guardians then fixed the rate of remuneration. But the committee failed to appoint any substitute until Dr. Hanlon had acted for some time. An excessive salary was paid to the medical officer for Cloneygowan. He could well understand the case if the committee were able to report that the medical officer had contracted illness in the discharge of his duties.

In reply to Colonel Carden, the Chairman said a meeting of the dispensary committee had been convened for the purpose of appointing a substitute.

Mr. Atkinson reminded the board that they were the guardians of the poor as well as the guardians of the ratepayers' money, and if they refused to pay Dr. Tabuteau's substitute, what would be the probable effect? If a medical officer became ill he could not discharge his duties, and if there was no medical gentleman willing to discharge them for him on the faith that the board would remunerate him, the poor would be neglected.

In reply to Colonel Carden, the Chairman said that Dr. Hanlon's appointment appeared to have been made on the 14th inst., but Dr. Hanlon commenced his duty on the 3rd instant.

Colonel Carden—It strikes me it is very hard if through the negligence of a dispensary committee either the poor are to suffer or the medical officer's substitute is not to be paid. Supposing there was not time to summon a committee what would happen? Surely there ought to be some honourable feeling that if a doctor discharges duties he should be paid for them.

Mr. Cullen said that of late the ratepayers had been passing through great trials, and the landlords had to submit to a reduction of 25 per cent. off their rents, and every man in business had to reduce his charges, and the income of the farmers was more than 25 per cent. less than it was. But in the good times medical men had been granted 25 per cent. of an increase to their salaries, and if it was necessary for the board to pay substitutes for the medical officers, he thought the board ought to lower the medical officers' salaries 25 per cent. He would move that they should pay the substitutes at present, and then that they should reduce the medical officers' salaries.

Mr. Cobbe—You cannot do that; the Local Government Board will not sanction it.

Mr. Cullen—Then we will petition Parliament to abolish the Local Government Board (laughter).

Mr. Pattison concurred in the view that if the guardians did not now pay Dr. Hanlon the poor would be likely to suffer in the future, through the unwillingness of any doctor to discharge the duties of any medical officer who might be incapacitated from discharging his duties.

Mr. Cobbe, after some further discussion proposed a resolution to the effect that the guardians declined to pay Dr. Hanlon.

Mr. Atkinson proposed an amendment to the effect that it would be injurious to the interests of the poor to refuse to pay Dr. Hanlon, and that the Local Government Board should therefore be requested to sanction the payment. He said the question was ought the board to act in such a manner that they would not be trusted in future to pay a substitute, in case of the illness of a medical officer? He was astonished to hear Mr. Keating opposing the payment. Last week, Mr. Keating dwelt at considerable length on the hardship the poor would suffer if the guardians did not pay a medical officer's substitute.

Mr. Bailey having seconded Mr. Atkinson's resolution, a division was taken with the following result:—For the resolution, 18. For the amendment, 5.

The resolution was therefore declared carried.

Colonel Carden—After that resolution medical gentlemen should get notice that on the next occasion in which a medical officer in this union gets ill, they will not be paid for acting as substitute.

Mr. Cobbe—I think that would be most improper notice, because the medical officers are all well able to pay their substitutes themselves.

Colonel Carden—There is nothing like putting the matter before them in a fair way.

Dr. Jacob—There has been a vast amount of gratuitous medical service rendered to the public in the Queen's county that the guardians know nothing about. It is only in long serious matters that it comes before the board at all.

The subject was not discussed further.

The Clerk read a letter from the Local Government Board stating that they would not raise any objection to the remuneration at the rate of 10s. 6d. a day proposed to be paid to Dr. Hanrahan as *locum tenens* for Dr. Fisher while the latter was attending the Kilkenny Assizes as a Crown witness. The Clerk also read an application from Dr. Hanrahan for £3 13s. 6d. for discharging Dr. Fisher's duty. The application was duly certified by the chairman of the dispensary committee, and no objection was made to the application.

A letter was read from the Local Government Board sanctioning the payment of £8 8s. to Dr. Rice for two weeks' service as temporary medical officer to the workhouse and Mountmellick dispensary, while Dr. Neale was incapacitated from performing his duties by an accident.

The clerk was directed to draw a cheque in Dr. Rice's favour for the amount.

The Clerk said that the guardian had passed a resolution to deduct £2 from Dr. Neale's salary as a contribution towards the payment of Dr. Rice. He had mentioned the fact to Dr. Neale who declined to agree to any deduction from his salary.

Mr. W. H. Cobbe—Well let him produce for the amount of his salary, and I will produce witnesses.

The Chairman—The question is, will the clerk fill a cheque for the full amount of Dr. Neale's salary?

Mr. Cobb—I say certainly not. Dr. Neale got notice that the £2 would be deducted from his salary, if he was not able to resume his duties at the end of a certain time.

Colonel Carden—The payment of Dr. Rice out of the rates has been sanctioned by the Local Government Board, and if Dr. Neale insists upon his rights, which of course he will, it is only throwing away money to resist.

Mr. Cobbe—The payment of Dr. Rice is sanctioned on conditions.

Colonel Carden—What conditions?

Mr. Cobbe—That Dr. Neale would pay his substitute

for one week, and it is time to bring these gentlemen to bay.

At the request of the chairman, the clerk read the resolution respecting the deduction of the £2 from Dr. Neale's salary. It was as follows ;—

"That Dr. Neale's application be granted for one week's further extension on the following terms :—£2 to be paid to his substitute for the workhouse, and the same to be deducted from his salary ; and that the payment for the dispensary be allowed."

Colonel Carden—Did Dr. Neale agree to those terms ?

The Clerk—He did not.

Mr. Cobbe—He did not dissent, and he got a week's notice.

Colonel Carden—It is only throwing money away to resist paying him his full salary.

Mr. Gallagher—Can the doctor ignore us ?

Colonel Carden—He can ignore you in this case.

Mr. Cobbe—Then we will call on him to resign, and I will show the country what is going on. Mr. Cobbe then moved that the £2 be stopped from Dr. Neale's salary.

Mr. Keating seconded the proposal.

Colonel Carden moved a direct negative, and said that Mr. Cobbe's proposal was quite illegal. It came to this : could the board stop any amount they liked from the medical officer's salary ?

A division was taken with the following result :—For Mr. Cobbe's motion, 17. Against, 5.

Mr. Cobbe's motion was accordingly declared carried.

BALLINA UNION.

DR. SCOTT'S REPORT

Dr. Scott reported that on the requisition of the sub-sanitary officer he had inspected Mr Malone's store in Shambles Street, which he found in a sanitary state save so far as the presence of rags in a place might render it insanitary. The board should consider whether it was proper to allow a rag store in a populous portion of the town.

Mr. Mooney.—It was reported that herrings and bacon were kept there.

Dr. Scott.—I visited the store on several occasions, and I consider it is kept very well. It is a question whether the sanitary authority will allow a rag store at all there.

Mr. M'Nulty.—You would advise its removal ?

Dr. Scott.—I don't consider it a fit place for a rag store.

Mr. M'Nulty.—Then you condemn it ?

Dr. Scott.—Only so far as it is a rag store.

Chairman.—Then the rags must be removed.

Mr. M'Nulty.—And if from there then from every other public place.

Dr. Scott.—The question is, have you the power.

Mr. M'Nulty thought the doctor might act on his own authority.

Dr. Scott said that it was for the board to direct.

Mr. M'Nulty.—What do you advise ?

Dr. Scott.—I have given you my opinion. Consult Dr. Macaulay, your consulting sanitary officer.

Mr. M'Nulty.—You can have his opinion.

Dr. Scott.—No. He is to give you his opinion. It is his duty.

Mr. Colman.—The board have a right to ask Dr. Macaulay.

Dr. Scott.—He is to be consulted where there is a difficult question.

Dr. Macaulay.—I have not seen the place at all. I would first clean the street.

Dr. Scott.—I would say so, too.

The subject then dropped.

THE FEVER HOSPITAL.

Dr. Macaulay reported that four fresh cases of typhoid

fever had been admitted to hospital during the week ; two were discharged cured ; there were no deaths, and 23 remained under treatment. He urged the necessity of appointing two extra paid nurses without further delay. The patients with the present staff of nurses were more or less neglected. He also requested that steps be taken to have the fever wards lime washed.

Master.—It is impossible to get it done by pauper labour.

Chairman.—The paupers should be got to do it.

Master.—You have to give them such a lot of extras that the other would be cheaper.

Mr. Daly.—You have a number of abled bodied young men in the house. I saw them the other day driving a cart, and if they don't do what you tell them you can compel them, or else turn them out the gate.

Master.—I don't think you have power to compel them.

Mr. M'Nulty.—Well, induce them.

Dr. Macaulay.—We have offered them frequently any amount of extras.

Chairman.—If it cannot be done from within the house, employ a lime-washer.

This was approved of.

Dr. Macaulay.—You must now appoint nurses, as the fever patients are being neglected. I have at present a woman whom I would not keep if I had any choice. It is a false economy to try and induce paupers to act by giving them extras which come to some £13 or £14 a year.

Clerk.—The persons you appoint and pay will get officers' rations.

Chairman.—We leave the matter in the doctor's hands for the present.

Mr. M'Nulty.—Whatever we pay we must get proper nurses.

Dr. Macaulay.—If you leave it with me I will get a nurse in town, but will have to pay her £1 per week, as you will not get a competent nurse for less.

Chairman.—If you must have the nurses, and that you will have to pay £1 a week, it seems there is no alternative.

Dr. Macaulay.—I have been told that the present nurses won't get up at night to wet the patients' lips. There is night as well as day work.

Chairman.—We will allow you to use your own discretion until this day week.

THE HEALTH OF DUBLIN.

ACCORDING to the report on the state of public health in Dublin during the four weeks ended 1st December, 1883, just issued by Dr. Cameron, Superintendent Medical Officer of Health, the deaths within the metropolitan registration area were in the ratio of 27.32 per 1,000 persons living. Within the municipal area they were in the annual ratio of 29.42. The deaths from the seven principal zymotics were 3.42 per 1,000 persons. As compared with the preceding month, there was a slight decrease in the mortality caused by scarlet fever, and a large decrease in the number of deaths due to diarrhoea and dysentery. There were very few deaths from the other zymotic diseases in either month. As compared with October, there were large increases in the admissions of patients into hospitals, affected with scarlet, typhus, and typhoid fever. It is to be feared that these facts presage a high mortality during the ensuing month.

The death-rate in the city, which was 27.44 per 1,000 persons living, in October, rose to 24.92 per 1,000 in November. As compared with the November of 1882, there was an increase of 2.02 per 1,000, and of 1.74 per 1,000 as compared with 1881. There, was however, a decrease of 7.13 per 1,000 as compared with November, 1880.

Only one zymotic disease was rife during the month—that was scarlet fever, which has been epidemic for some months past. In October (five weeks), this disease killed 48 persons ; in November, 33 persons fell victims to it.

IRISH POOR-LAW INTELLIGENCE.

LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND) FOR JANUARY, FEBRUARY, AND MARCH, 1884.

JANUARY 4th.—Morris, A. E., Edenderry, M.D. R. Univ. Irel. 1883, Mast. Surg. R. Univ. Irel. 1883.
5th.—Jackson, J. B., Rathvilly, M.D. R. Univ. Irel. 1883, Mast. Surg. R. Univ. Irel. 1883.
10th.—Butler, W. G., Buahey Island, Limerick, Lic. and Lic. Mid. R. Coll. Surg. Irel. 1883, Lic. K. Q. Coll. Phys. Irel. 1883.
15th.—Sexton, M. J., 55 Raymond Street, Dublin, M.D. and Mast. Surg. R. Univ. Irel. 1883.
16th.—Weir, G. W., Kilkenny, M.D. and Mast. Surg. R. Univ. Irel. 1883.
16th.—Dobson, G. M., Mohill, co. Leitrim, M.B. Univ. Dub. 1883, Bac. Surg. Univ. Dub. 1883.
22nd.—Greene, J. W., Kingstown, Lic. R. Coll. Surg. Irel. 1883.
24th.—Griffin, J. H., Merriem, co. Dublin, Lic. R. Coll. Surg. Irel. 1883, L.A.H. Dub. 1884.
24th.—Mitchell, J., Desertmartin, co. Derry, M.D. R. Univ. Irel. 1883, Lic. Mid. K. Q. Coll. Phys. Irel. 1883.
31st.—Sproule, R. E., Omagh, M.B. and Bac. Surg. Univ. Dub. 1883.
FEBRUARY 2nd.—Macaulay, J. A. M., Castleblayney, M.D. R. Univ. Irel. 1883.
4th.—Campbell, J. F. B., Kingstown, Lic. R. Coll. Surg. Irel. 1883.
6th.—Moore, A. P. B., Belfast, M.D. R. Univ. Irel. 1883.
8th.—Boake, W., 17 Charleville Road, Dublin, Lic. R. Coll. Surg. Irel. 1883, L.A.H. Dub. 1884.
11th.—Carte, A. E., Military Road, Dublin, Lic. R. Coll. Surg. Irel. 1883.
13th.—Phillips, E. H. G., 12 Hardwicke Place, Dublin, Lic. R. Coll. Phys. and Surg. Edin. 1884.
16th.—Cussen, M. S., Tralee, Lic. R. Coll. Phys. and Surg. Edin. 1884.
20th.—McQuade, H., Virginia, co. Cavan, M.B. and Bac. Surg. Univ. Dub. 1883.
22nd.—Miller, R., 25 Corrig Avenue, Kingstown, M.B. and Bac. Surg. Univ. Dub. 1883.
23rd.—Hazleton, E. B., 32 Upper Leeson Street, Dublin, Lic. and Lic. Mid. K. Q. Coll. Phys. Irel. 1884.
26th.—Kennedy, J. M. P., 4 Charleville Terrace, Dublin, Lic. R. Coll. Surg. Irel. 1883, Lic. and Lic. Mid. K. Q. Coll. Phys. Irel. 1883.
28th.—Rutter, H. J., 24 Upper Mount Street, Dublin, Lic. R. Coll. Surg. Irel. 1883, Lic. and Lic. Mid. K. Q. Coll. Phys. Irel. 1883.
29th.—Rice, J. P., Abbeydorney, Tralee, Lic. R. Coll. Phys. and Surg. Edin. 1883.
MARCH 1st.—Ireland, J. S. A., Lanesborough, co. Longford, M.B. and Bac. Surg. Univ. Dub. 1884.
1st.—MacMahon, E. J. R., Ballynacally, co. Clare, Lic. R. Coll. Surg. Irel. 1883.
1st.—Flynn, E. J., 69 Haddington Road, Dublin, Lic. R. Coll. Phys. and Surg. Edin. 1884.
3rd.—Windle, R. J., 39 Harrington Street, Dublin, M.B. Univ. Dub. 1884.

4th.—Blood, C. H., Bally Kitty, co. Clare, M.B. and Bac. Surg. Univ. Dub. 1884.
5th.—Kane, T. A. B., Richill, co. Armagh, Lic. R. Coll. Phys. and Surg. Edin. 1884.
5th.—Delahunt, W. P., 78 Rathgar Road, Dublin, Lic. K. Q. Coll. Phys. Irel. 1884, Lic. R. Coll. Surg. Irel. 1883, Lic. Mid. R. Coll. Surg. Irel. 1884.
7th.—Yeates, G. W., 18 Lower Mount Street, Dublin, M.B. and Bac. Surg. Univ. Dub. 1884.
8th.—Dunlop, J., Bushmills, co. Antrim, Lic. R. Coll. Phys. and Surg. Edin. 1883.
10th.—Jackman, J. J. H., Fethard, co. Tipperary, Lic. and Lic. Mid. R. Coll. Surg. Irel. 1883, L.A.H. Dub. 1883.
12th.—Barter, W., 21 Academy Street, Cork, M.D. and Mast. Surg. R. Univ. Irel. 1883.
14th.—Harper, A., Rockcorry, co. Monaghan, Lic. R. Coll. Phys. and Surg. Edin. 1884.
18th.—Roughan, G. F., Palmyra Terrace, Galway, Lic. and Lic. Mid. K. Q. Coll. Phys. Irel. 1883, Lic. R. Coll. Surg. Irel. 1883.
19th.—McNinch, J., Ballyclare, co. Antrim, M.D. R. Univ. Irel. 1883.
21st.—Hunter, A., Castleblayney, Lic. R. Coll. Phys. Edin. 1884, Lic. R. Coll. Surg. Irel. 1883.
31st.—Quinlinan, P., Six Mile Bridge, co. Clare, M.D. and Mast. Surg. R. Univ. Irel. 1883.
31st.—Roe, F. C., Mountstath, Queen's co., Lic. R. Coll. Surg. Irel. 1883, Lic. K. Q. Coll. Phys. Irel. 1884.

LIST OF MEDICAL PRACTITIONERS HOLD- ING THE COMMISSION OF THE PEACE IN IRELAND.

Antrim Co.—Messrs. J. F. Hodges, M. McDonnell, H. Murney, S. Musgrave (W), A. Traill.
Armagh Co.—Messrs. J. G. Adamson (W), P. Lavery, W. W. Semper (D), T. O'Meara, W. R. H. Moorhead (D).
Cork Co.—Messrs. P. A. Armstrong (D), J. J. Donovan (W and D), T. Godfrey (D), J. S. Lewis (D), D. J. Leyne (W and D), C. O'L. Ronayne, W. Starkey, B. Verling.
Down Co.—Messrs. J. Dickson (D), W. Gordon (late D), S. F. Hawthorne, S. Musgrave (W), W. Smyth.
Dublin Co.—Messrs. D. F. Brady, H. Fitzgibbon, E. Kennedy, Sir J. Lentaigne, Sir W. Carroll, Mr. W. Carte.
Fermanagh Co.—Messrs. G. R. Leeper (D), T. Teenan, R. P. Walsh.
Galway Co.—Mr. E. M. Davies.
Kerry Co.—Mr. J. W. Busteed (D).
Killare Co.—Mr. S. Chaplin.
Kilkenny Co.—Mr. C. G. Leyster.
Leitrim Co.—Messrs. J. Brady, W. Crofton.
Limerick Co.—Mr. W. D. Murphy.
Londonderry Co.—Messrs. A. Beckett, R. Sharpe, B. P. White.
Longford Co.—Mr. J. Slevin (W).

Monaghan Co.—Messrs. W. O'Reilly (D), W. Scott (late D).
Queen's Co.—Messrs. S. Edge (D), D. Jacob (late D).
Tipperary Co.—Messrs. T. B. Ryan (late D), Hastings Twist (late W and D).
Tyrone Co.—Messrs. J. W. Elliott, W. Scott (late D).
Waterford Co.—Mr. W. C. Poole (late D).
Wexford Co.—Mr. W. Coatman, Sir G. H. Porter.
Belfast Borough—Messrs. Samuel Browne, A. Dempsey, A. Harkin.
Coleraine Borough—Messrs. J. C. L. Carson (W), R. Sharpe.
Cork Borough—Mr. G. Wycherly.
Galway Borough—Mr. J. N. Browne.
Kinsale Borough—Mr. J. N. Casey.
Limerick Borough—Mr. T. Kane.
Londonderry Borough—Sir W. Miller, Mr. J. E. Miller.
Newry Borough—Mr. P. J. Kelly.
Waterford Borough—Messrs. G. J. Mackesy, J. F. Scott.

(W) stands for union medical officer.
 (D) stands for dispensary medical officer.

CORRESPONDENCE.

FRAUDS ON DISPENSARY MEDICAL OFFICERS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Will you kindly instruct me in the case I am about to put to you? I am a dispensary medical officer, and a man in my district, who has fee-simple property, and a large farm besides, gets a visiting ticket to attend his son. A medical friend acting for me at the time, without knowing what position this man held, attended the patient. I got this ticket cancelled by the Dispensary Committee. I was on sick leave and came back to my district before my leave was expired. This person again got a visiting ticket for me. I sent back the ticket saying, I am not bound to attend this ticket as another doctor 12 or 14 miles away is paid to discharge my duties. Now this man is determined to get me if possible to attend on a visiting ticket. The plea he puts forward is that he has provided for his son, having sent him into business as an assistant in a shop, and that he has come home to his father's house for the good of his health. I am quite certain the father will get a *third* visiting ticket for me, because he has a brother and two nephews on my Dispensary Committee. In the event of his doing so, will you please inform me if I have a chance of recovering any fees from him legally when I get the third ticket cancelled? If you say I have I will willingly spend more than half of a quarter's salary in endeavouring to get fees from this man who is wealthy, but who has lost all shame in this locality when he does a thing of the kind I have mentioned.

I am, Sir, &c.,

A YOUNG PRACTITIONER.

[If you receive a ticket you must attend on it, but, when it has been cancelled, you can sue either the recipient of the ticket or the person who issued it. If the latter, you must be prepared to show that he had means of knowing that the recipient was able to pay. Whether the father or son are liable to you, will depend on whether the son is of full age or not. The father, though admittedly wealthy, could not be made to pay for an attendance on his son unless the son is under age, or unless he (the father) retained your services. Whatever your own rights may be, belong also to your *locum tenens*. We shall be glad to advise you further if desired.—ED.]

QUEEN'S COUNTY QUARTER SESSIONS.

Before J. CLARKE, Q.C.

IMPORTANT TO POOR-LAW MEDICAL OFFICERS.

DR. HANLON v. THE MOUNTMELICK BOARD OF GUARDIANS.

THIS was an action to recover the sum of £6 6s. remuneration alleged to be due by the defendants to the plaintiff for having acted for a fortnight as temporary medical officer of the Cloneygowan dispensary district.

Mr. Roe (acting for Mr. Clifford Lloyd, solicitor for the Irish Medical Association), appeared for the plaintiff; Messrs. T. and H. Turpin appeared for defendants.

Mr. Roe, in moving the process, said—This is an action brought by Dr. Hanlon, of Portarlinton, against the guardians of the Mountmellick union for the recovery of £6 6s. for fees due for medical attendance in connection with the Cloneygowan dispensary in the union of Mountmellick. Of that dispensary Dr. Tabuteau is the medical officer, and he being struck down suddenly by illness, the dispensary committee, in pursuance of the powers vested in them under act of parliament, and the orders of the Local Government Board, appointed Dr. Hanlon as a *locum tenens* for Dr. Tabuteau, so that the wants of the poor might be attended to. The time of the attendance was one fortnight, and the sum charged was the ordinary thing for temporary services. Dr. Hanlon was a highly respectable medical practitioner, and, fortunately perhaps for himself, he was not dependent on the Mountmellick board of Guardians. But at all events he gave his attendance in pursuance of the powers vested in the committee, and why he is not paid I am puzzled to know, and why it is a certain portion of guardians, who call themselves "Nationalists"—

Mr. H. Turpin—Don't import those things.

Mr. Roe—It is a noisy section of the guardians opposes the payment of these £6 6s. for the services rendered to the sick poor of the district. The month previous, I am instructed, the guardians paid two other gentlemen in the union who filled the same position as Dr. Hanlon, without murmur or complaint. Perhaps these two gentlemen were more in concord with their feelings, but Dr. Hanlon and Dr. Tabuteau not being of the same stuff, and their mode of thought being different, they resisted paying these £6 6s. The dispensary committee passed the resolution that Dr. Hanlon should act as substitute for Dr. Tabuteau, and none of the committee were against it. I have only to say that if every doctor who is brought in this way for a temporary purpose is resisted in this way, it will be very difficult to get any medical gentleman to give his services. I will call Dr. Hanlon and Mr. Phillips, the chairman of the dispensary committee, and there is no more kind-hearted man, and no man more anxious to look after the interests of the poor.

Dr. Hanlon, the plaintiff, swore that in the beginning of December, he was called in by Dr. Tabuteau, who is medical officer of the Cloneygowan dispensary district. Dr. Tabuteau was ill, and unable to attend to his duties as medical officer. Witness discharged the duties of medical officer from the 3rd to the 17th December. Witness had acted as *locum tenens* occasionally during the last thirty years, and was paid by the guardians.

Cross examined by Mr. Turpin—I was called in about the 2nd or 3rd December.

Mr. H. Turpin—Do you know if Dr. Tabuteau gave notice to the dispensary committee?

Witness—He was not capable of doing so. He was suffering from inflammation of the throat, which ended in abscess. He was unable to write a letter.

Could he get no one to write for him? I cannot say that. Dr. Tabuteau did not go to Dublin while I was attending the dispensary.

Don't you know that he went to attend an operation which was being performed on a friend of his? I don't know anything of the sort. He did not leave the house from the time I commenced to attend him. He was confined to bed for about six or seven days. I acted for Dr. Tabuteau while he was suffering from scarlatina. I have been in the habit of performing his duties when he was a day absent.

And he used to pay you himself? No.

Do you swear that? Whenever I was appointed *locum tenens*, I was paid by the board.

When did you receive an official notification that you were appointed *locum tenens*? I think about the 10th or 12th of December.

And you were acting from the 3rd December to the 12th without being appointed by the committee?

Mr. Roe—I don't know any power in the board of guardians to revise the action of the dispensary committee.

Mr. Turpin—Is it not the habit of the dispensary committee to recommend payment of your remuneration to the board of guardians, and is it not on that they act?

Witness—I was never questioned before.

Did you not act on the faith of Dr. Tabuteau paying you himself? No.

But you received no directions from the dispensary committee from the 3rd December to the 12th? No.

Mr. William Phillips, J.P., Chairman of the dispensary committee, produced the minutes of a special meeting of the committee held on the 12th December, appointing Dr. Hanlon as *locum tenens* during Dr. Tabuteau's illness.

In answer to Mr. Turpin, witness said he received a letter from Dr. Tabuteau stating he was ill on the 9th instant, and he at once convened a meeting for the 12th instant.

His Worship—Mr. Turpin, surely this is a matter of common Christian charity. It is a matter of common Christian duty, and there ought not to be any point raised about it. I am sure you are the last man who would do such a thing, because I believe you are a thorough gentleman in every sense of the word.

Mr. Turpin—I am obliged to rely on the legal position of the guardians.

Mr. Phillips—It was insinuated that Dr. Tabuteau was well enough to attend his mother-in-law's funeral; but that is not the case. Dr. Tabuteau was not able to attend.

Dr. Tabuteau—I was not away at all.

Mr. Turpin—My case is shortly this, and though your Worship may think it a case that ought not to be insisted on, I don't think, your Worship, when you hear the article of the Local Government Board's regulation bearing on the case, you will think it such a hardship. Dr. Tabuteau took his appointment under the rules relating to the Poor Law Acts. He was well aware of the restrictions to which he was subject. The 22nd Article provides: "If a medical officer of the dispensary district be temporarily incapacitated by illness, or other cause, from performing his duties, he shall immediately, if practicable, communicate with the chairman or hon. secretary of the dispensary committee, and shall recommend to the committee a medical practitioner qualified, as hereinbefore provided, to perform his duties during his temporary incapacity; and on the fact of the medical officer's incapacity becoming known, a special meeting of the dispensary committee shall be at once called for the purpose of appointing a temporary medical officer, and the committee shall report the circumstances of the case to the board of guardians, who shall, subject to the approval of the commissioners, determine the amount of remuneration, if any, to be paid to the temporary substitute." Dr. Tabuteau, according to the evidence we have heard to-day, was

rendered unable to perform his duties on the 3rd December, and there was no satisfactory evidence that some one on Dr. Tabuteau's behalf could not have sent notice to the committee informing them of his illness, on the 3rd or 4th December. But Mr. Phillips has told your worship he got no notice until the 7th December. I submit that the dispensary committee had no power, under the circumstances, to provide for the appointment during the period that intervened between the 3rd and 12th December. There is really no hardship on Dr. Hanlon, because Dr. Tabuteau is very well able to pay him. Dr. Tabuteau is medical officer of the dispensary district, and draws £160 a year. There is nothing whatever entitles your Worship to grant a decree against the guardians, because the guardians are not bound to grant any remuneration. But I dare say the guardians will pay his £2 2s. as remuneration for the period from the date of the meeting of the committee (the 12th December) and the 17th December.

Mr. Richard Goodbody, clerk of the Mountmellick union, produced the minutes of the guardians' meetings at which the board refused to pay Dr. Hanlon. It appeared that at these meetings amendments were proposed to the effect that Dr. Hanlon should be paid the full amount of his claim, but the resolutions refusing payment were carried by a majority.

Mr. Roe—Do you know whether a substitute for Dr. Higgins was paid a month before?

Witness—He was, but under different circumstances Dr. Higgins had resigned.

Mr. Roe said there was no question that the services for which the claims was made were rendered, and properly rendered. If the medical officer of a district is temporarily incapacitated by illness of performing his duties, it was provided by the regulations that he should give immediate notice to the committee "if practicable," but however that might be, he submitted that the guardians had no power to review the action of the dispensary committee. Dr. Tabuteau was incapacitated by reason of serious illness from discharging his duties, and as soon as he was able to communicate with the committee. If the Article of the Regulations were carried out in a manner that Mr. Turpin contended it should be, when a dispensary medical officer got ill a district would be left without a doctor until a meeting of the committee had been called and its proceedings had been approved of by the board of guardians.

Mr. Turpin—We make a fair offer of £2 2s, and it ought to be adopted. Dr. Tabuteau is drawing a salary of £160 a year.

His Worship made a decree for £6 6s., the full amount claimed by the plaintiff with costs.

INFECTIOUS DISEASES IN NATIONAL SCHOOLS.

TO THE EDITOR.

SIR,—I beg to enclose you herewith copies of letters received by me from the Secretary to the Board of National Education; also a copy of a letter which I have forwarded to Dr. Newell. Should you consider the matter of sufficient interest, will you kindly allow them space?

Yours, &c,

JOHN MOLONY,
Physician and Surgeon, &c.

Collooney, April 7th, 1884.

(COPY.)

Office of National Education, Dublin,
3rd April, 1884.

SIR,—I had the honour to submit your printed letter of the 14th ult., together with an attached memorial, received in this office on the 25th ult., to the Commissioners of National Education, at their meeting on Tuesday last. The memorial is signed by seventeen

medical officers of health, and was adopted at a meeting of the Tubbercurry Poor-law guardians under the presidency of J. W. Armstrong, Esq., D.L. It refers to the consequences arising from the spread of infectious diseases to which children are peculiarly liable, and, after dealing carefully with these evils, closes with the following suggestion :—

“When any disease of an infectious nature is likely to become epidemic and endangers life, and the medical officer of health recommends the closing of the schools in his district to the sanitary authority, that the Commissioners of Education be requested to take into consideration the pecuniary loss which shall be sustained by the school teachers, whose salary is largely dependent on the average daily attendance of pupils at such schools and on the results of the examinations.”

I am directed in reply to state that the Commissioners have, in the case of any National school closed on the certificate of a sanitary officer, always treated the teaching staff with the utmost consideration compatible with their rules. While the school is necessarily inoperative the Commissioners continue salary in full to each teacher, and, when necessary, they sanction the postponement of the results examination to some subsequent period of the year—an arrangement which is found to be satisfactory to both teachers and managers. But under no circumstances can result fees be awarded except on the answering of pupils actually examined.

I am, Sir, &c.,

WM. H. NEWELL, Secretary.

John Molony, Esq., M.D., Collooney.

(COPY.)

Office of National Education, Dublin,

4th April, 1884.

SIR,—I have to acknowledge the receipt of your letter of 31st ult., informing the Commissioners of National Education that the memorial already dealt with by them was approved of by the sanitary authorities of the Boyle, Sligo, and Carrick-on-Shannon Poor-law Unions.

I am, Sir, &c.,

WM. H. NEWELL, Secretary.

John Molony, Esq., M.D., Collooney.

(COPY.)

Collooney, Co. Sligo, April 7th, 1884.

SIR,—I beg to acknowledge the receipt of your letters of the 3rd and 4th of this month.

The object of the memorial which I had the honour of forwarding to you was to prevent, if possible, the attendance at schools of children from infected homes, and also that the Commissioners of National Education might be graciously pleased to take some steps which would interest the teachers in keeping their schools free from infection, that they may by their vigilance co-operate with the medical officers in the protection of public health.

If the State support schools for the education of children, I respectfully submit there should be some guarantee given to parents that the lives of their children while attending as pupils will not be endangered by exposure to infection owing to the neglect of proper precautions either on the part of the teachers or through the “recklessness of parents.” If, under the Contagious Diseases (Animals) Act, railway and shipping companies, market corporations, and private individuals, are obliged to take such stringent precautions to prevent epidemics spreading amongst cattle, is it too much to expect some effort will be made to protect the lives of children who attend schools from healthy homes?

There is, no doubt, a section in the Public Health (Ireland) Act, under which a parent can be punished by fine for sending a child to school within a certain period after an infectious illness without a certificate from a medical practitioner; but I maintain that precaution alone is “lame and impotent,” for, who is sufficiently

interested to see that a parent does not transgress the law? It would be impossible for a medical officer of health and his one subordinate (under the present system) to watch individual cases, and all the schools in a rural district several miles in extent.

The payment of class salaries to teachers while the school is inoperative, and the postponement of result examinations, do not fully meet the case. For the fact still remains patent that deaths are constantly occurring amongst children from diseases contracted at National schools.

If even a similar allowance were granted to the teachers, as is the case during the compulsory closing when Parliamentary and coroners' elections occur, it might possibly assist the object of the memorial.

Until some system of medical inspection of schools is established, and the school teachers are required to report to the medical inspector whenever they become aware of an outbreak of infectious disease dangerous to life either in the vicinity of the school or the homes of their pupils, the public health will suffer and human lives will be lost.

Yours, &c.,

JOHN MOLONY,

Physician and Surgeon, Medical Officer
of Health, &c.

SOUTH DUBLIN UNION.

THE DISPENSARY DRUG LIST.

AT the last meeting of the guardians a letter from the Local Government Board stated that they had before them a minute of the board of the 27th requesting their sanction to a payment of £5 to Mr. Harvey, the apothecary of the house, as remuneration for preparing a revised list of medicines. In reference thereto, the board stated that the list of medicines recommended by them had been prepared with much care, and was sufficient to meet the reasonable requirements of the medical officers. Paragraph 2 of the list stated that in the event of the medical officers requiring to be supplied with any medicine not comprised in the list, a distinct requisition for the same should be made by him to the Committee of Management, stating the circumstances under which he considered it necessary. Any payment made for the preparation of the list of extras would, it was stated, be disallowed by the auditor.

Sir George Owens objected to extra remuneration being allowed to officers who were already well paid. The medical staff now cost nearly double what it did some years ago.

Mr. Crowe mentioned that an article outside the Local Government Board's list which was required by the medical officer of Donnybrook was lately supplied by the contractor at a charge of 18s., whereas it could be bought in the city for 9s.

The Clerk stated that the Local Government Board's list contains 297 items, whereas the list which had been prepared for the guardians contained 488.

Mr. Shackleton moved—

“That, in considering the letter of the Local Government Board in reference to tenders for medicines, the board having ascertained that the list of medicines recommended by the Local Government Board comprises 191 items less than the list of articles which their medical officers required, and have altered in past years, are of opinion that due regard to economy in the expenditure of the rates, and also to the supply of medical requisites, immediately necessitates a tender being prepared for the full list as adopted by the guardians; and they would urge the Local Government Board to sanction the payment of £5 for the preparation of the additions to the list.”

Mr. Byrne seconded the resolution, which was agreed to.

IRISH POOR-LAW INTELLIGENCE.

IRISH MEDICAL ASSOCIATION.

REPORT OF PROCEEDINGS.

From 20th November, 1883, to 15th April, 1884.

(Adopted at Ordinary Meeting of the Council, held 15th April, 1884).

MR. WILLIAM THOMSON, Chairman of Council,
in the Chair.

MR. CHAIRMAN AND COUNCILLORS.—The last ordinary meeting of the Council on 20th November, 1883, was adjourned to 27th November, and further adjourned to the 4th December, 1883, with a view to afford the provincial members of Council full opportunities of discussing the matters referred to in the report, especially the proposition to form branches of the Association. On the 4th December the report was adopted, and it was soon afterwards circulated amongst the members. By direction of the Council a plebiscite was taken on the desirability or otherwise of forming branches, and the Council held a special meeting on the 12th February, 1884, when the *ad interim* report submitted was adopted and ordered to be circulated. Advantage was taken of that opportunity to give the Association further information regarding (1) the prospects of the Union Officers' Superannuation Bill; (2) the action of the Council relative to the claims of Dispensary Medical Officers for their services in connection with the improvement of labourers' dwellings under the new Act; and (3) the steps taken to render the authorities and not a Prison Surgeon liable for remuneration of his substitute when absent on official business; and these matters also were referred to in that report. Since the 20th November, 1883, the Committee of Council have held one special and sixteen ordinary meetings. Twenty-five new members have been enrolled, and one resignation has been accepted.

UNION OFFICERS' SUPERANNUATION BILL.

The Committee regret to report that since date of last report, no satisfactory progress has been made with the Poor-law Officers' Superannuation Bill. When in London on the business of the Association, the President had communications with Mr. H. Gladstone and Mr. Meldon, M.P., as to the prospects of the Bill. He then ascertained, on the authority of Mr. Leahy, M.P., that the Irish party had had the Bill under their consideration and had all agreed—save Mr. Biggar—not to oppose a Bill which would leave the granting of pensions discretionary with the guardians, but subject to an appeal to the Local Government Board. The President ascertained from Mr. H. Gladstone that the Government Bill—in the same form as last year—was being drafted, and that it was intended to introduce it into the House of Lords through Lord Carlingford. Having mentioned to him the proposal made by Mr. Leahy, the President

informed him that the Association would not, on any account, entertain such a proposition as long as they had reasonable hope that the Government Bill would be passed, and an earnest effort made to pass it, that, as regards Mr. Leahy's proposition, the *bona fides* of it might be tested at a future period by causing a private Bill on its lines to be introduced to the Commons. If, on consideration, we thought it inevitable to accept such a proposition which, however, as at present advised, the Association certainly would not do.

The Committee regret that the prospects of domestic legislation of this class seems most discouraging. No Irish bill promoted by Government has, as yet, made any progress whatever, and it does not seem probable that there will be time or opportunity for the discussion of any measure, opposed as this Bill will be, by an influential party. The Committee is anxiously watching for a favourable opportunity to press the Superannuation Bill upon the notice of the Chief Secretary, but is, under existing circumstances, powerless to advance the measure.

THE MEDICAL BILL.

Since the date of last Report your Committee have most anxiously considered the prospects of the Medical Bill, and its most earnest efforts have been devoted to obtain such amendments in the measure as might make it acceptable to the profession and efficient as a measure of reform. In the hope of inducing the Government to introduce these alterations into the Bill before bringing it into the House of Lords, the Committee requested the President, Dr. Jacob, to proceed to London and submit them to the Lord President of the Privy Council. The amendments urged upon the attention of Government were as follows:—

- (a) That the State Examiner should be attached to a Licensing body, during his period of study, and that this affiliation should be necessary to registration.
- (b) That the curriculum and period of study should be uniform throughout the kingdom.
- (c) That the Direct Representative and the Crown Nominee should have seats on the Divisional Board for each division of the kingdom.
- (d) That University Matriculants should only be admitted to the Final Examination at a low fee, if they had fulfilled, at least, three years' study in Arts.
- (e) That the surplus funds in the hands of the Medical Council and Divisional Board should be divided between the licensing bodies in proportion to the educational and examination work done by them.
- (f) That the representation of the Irish College of Physicians on the Divisional Board should be increased.

These propositions were submitted to Lord Carlingford and Mr. Lennox Peel by the President, and were received with attentive consideration. It was, however, explained by the Lord President that the Government did not wish to submit any proposals to the House of Lords other than those which were adopted by them last year, and that the amendments suggested should be urged when the Bill had reached the House of Commons. Accordingly, the Bill was introduced to the Upper House almost exactly in the same form as that in which it left the House last year. It has since then passed the Lords and been read a first time in the Commons, the only changes in the measure being—(1) An increase of the Scotch Corporation representation on the Divisional Board, from 3 to 5; (2) A similar increase of the representation of the Irish College of Physicians, from 2 to 3, and of the Irish University, from 3 to 4 each; (3) A new clause which declares that curricula shall be, as nearly as practicable, uniform throughout the kingdom.

Your Committee being of opinion that the Bill, though excellent in principle is faulty in detail, and that it will not be satisfactory unless it be amended, has not petitioned in its favour, and intends to urge, with all the influence of the Association, the amendments above referred to when the Bill reaches the Committee stage in the Commons. With that object, a communication setting forth the policy of the Association and suggesting co-operation, has been forwarded to the Medical Reform Committee of the British Medical Association and was considered by them last week, but a reply has not yet been received.

The Committee has reason to believe that the suggestions offered to Government are favourably regarded by them, and that if they can be urged influentially in the Commons, there is reason to hope that they may be incorporated in the Bill, none of them being inconsistent with the principles of the Bill or the intentions of the Royal Commission.

(To be continued.)

THE TENURE OF IRISH UNION MEDICAL OFFICERS.

THE action instituted by Dr. Dillon to compel the Irish Local Government Board to sanction his appointment by the guardians to the charge of the Listowel Workhouse has resulted, as was expected, in judgment for the Local Government Board. Dr. Dillon had, admittedly, paid a sum of money to Dr. Fitzmaurice, the surgeon of the Workhouse, for his resignation, and the guardians had supported him in the negotiation by electing him on no less than three successive occasions to the office so vacated, each of which appointments had been vetoed by the Local Government Board on the principle that a money payment for a succession to office could not be tolerated. Dr. Dillon's plea was, that he did *not* pay for the succession, of which he was quite certain whenever Dr. Fitzmaurice might resign, but, that he simply enabled that gentleman to surrender the appointment sooner than he otherwise would have done.

He, on these grounds, invoked the interference of the court of law, and Judge Lawson, in delivering judgment, expressed his opinion that the Local Government Board was not only fully authorised but perfectly right, under the circumstances, to remove Dr. Dillon. We much regret that the doctor was so badly advised as to go into Court with a case which would not hold

water on either moral or legal grounds, for if ever the veto of the Local Government Board is to be exercised, it is clear an appointment influenced by a money payment is the occasion. We doubt not that both Dr. Dillon and Dr. Fitzmaurice engaged in the transaction in ignorance of the law and in simple belief that it was legitimate, but they were utterly wrong, and it seems extraordinary that their legal advisers should not have told them so. It would be difficult to make the system of appointment to Poor-law medical offices more corrupt than it is in Ireland, where religion and politics are almost the only consideration, fitness and qualification being almost altogether ignored, but if there be a lower depth beneath, the abyss would be reached if the Local Government Board permitted the purchase and sale of these offices.

Outside this particular case, the decision of Judge Lawson has a supreme interest to Irish Workhouse Medical Officers, for the Act of Parliament authorises the Local Government Board to remove these officers whenever they "deem" them "unfit," and the learned judge says that he does not see that any Court has power to review any decision which the Board might arrive at in the exercise of their discretion. If this be the law (and, without doubt, the authority of Judge Lawson is of the highest), the medical officer is entirely at the mercy of the Local Government Board, and has, in fact, no tenure of office but their pleasure, which we know to be very generally the pleasure of the Boards of Guardians. We should be sorry to accept this ruling without question, being, as it is, entirely at variance with the advice which Dr. Kenny obtained when he instituted the action against the Board which terminated in his reinstatement, and we should, therefore, be glad if a case should arise which would enable a medical officer, with the right on his side, to challenge, at law, a dismissal by the Local Government Board. We have already argued that the Board must, in the exercise of such dismissory power, be prepared to give a reason which a court of law would consider sufficient, and that such reason must have regard to the officer's fitness for duty; therefore, though we are necessarily discouraged by Judge Lawson's opinion that the discretion of the Board is unlimited, we shall not be fully satisfied that that opinion is correct until a higher tribunal confirms the learned judge's view of the law.

TUAM GUARDIANS.

REPORT of the Tuam Dispensary Committee read, approving of the recommendation of the doctors for the appointment of Dr. Roughan, of Galway, as temporary substitute for Drs. Turner and Bodkin, at the rate of 3 guineas a week each. The union doctors were summoned to the Assizes.

The Chairman—Now gentlemen, listen to this, you will cavil and quarrel and divide over a few shillings a week to a poor cripple. Here is double the sum to be spent without a word. It concerns you all. It is of the rates, and these doctors are going and going to be paid for their time away out of the County Cess, which also falls on the ratepayers, so you are practically paying them on the double.

Dr. Bodkin—The case never occurred before where the two doctors of district were both summoned and had to leave. If one went and the other stayed, he would do his duty without remuneration, but here both of us must go.

The Chairman—That is all very fine, but provide your own substitutes; you are paid for your time away.

Dr. Bodkin—But we consider what we get not sufficient for what we lose in private practice.

The Chairman—I was and am a guardian for many years in three unions, and I never saw such a case as this before. Those gentlemen are going now, and they are to be paid their expenses out of the County Cess. In Glan, Dr. McDonnell is at present paying his substitute for the same Assizes, and providing his own expenses, and so the man at Castlereagh did last week in Roscommon. Our doctors are allowed 2 guineas a day at Assizes paid off County Cess.

Mr. Golding—The doctors when they sent in that notice have discharged their duties. They must attend to a Crown summons. My proposition is that the substitute get 6 guineas for the week.

The Chairman—They are our officers and are paid so much a year, whether sufficient or not I don't go into now. I hold they are not. This matter does not arise out of the duties as our officers. Let it go before public and before ratepayers. I never heard of it before.

Dr. Turner—I'll show my subpoena.

The Chairman—You are an officer of this Union and in our pay. Your time is ours.

Dr. Turner—But I'll have to go and go I will.

The Chairman—Well, now after, that challenge I will not sign any order. I'll vacate the chair if you like.

Mr. Golding—We don't want you to do that, but perhaps 6 guineas may answer and pass.

The Chairman—This is the thin end of the wedge. Once allow this and every doctor of the six you have in the Union will be claiming allowances for substitutes when summoned to Assizes or Sessions. There are two Assizes and six Quarter Sessions, and scarcely ever a time when the doctors are not summoned from some of the districts.

Dr. Turner said that he would simply tell them the law of the case. It was this:—

Board of Guardians are to determine the amount of remuneration, "if any," to be paid to a temporary substitute, therefore may refuse to pay such substitute, no matter what the cause of absence of medical officer may be; but if the substitute has been retained by the honorary secretary of the dispensary committee, or if his appointment as *locum tenens* has been recognised or confirmed by the committee or its responsible officer, then the committee is liable to pay a matter of simple contract, even though the Board of Guardians should refuse to do so. The substitute must be paid if the "medical officer be temporarily incapacitated by illness or other cause," so that a summons to assizes would be a good and sufficient reason for his absence, and for appointment of a *locum tenens*, see Article 22, Dispensary Regulations, page 242 Irish Medical Directory. Of course there can be no claim for payment unless the *locum tenens* has been appointed or his appointment confirmed by the dispensary committee.

Mr. Lyons—You did the same the other day with Dr. Lambert.

The Chairman—We did not. That was a fair case—leave of absence for sickness. Here it is entirely different.

Dr. Bodkin read minute showing ordinary meeting was held on Saturday in due course.

Subsequently, the Chairman wrote a minute that the doctors could go if they provided and paid their own substitutes.

[The law as stated by Dr. Turner is perfectly correct,

he can and must leave his district on a subpoena. He is paid by the Crown an insignificant fee in respect of his loss of private practice, and it is the business of the Committee to provide for his public duties. If they don't choose to do so that is their own affair. They must pay the absent doctor.—ED.]

KILMEAGUE DISPENSARY—NAAS GUARDIANS.

PAYMENT OF LOCUM TENENS.

LETTER received from the secretary to the Kilmeague Dispensary, stating that the payment of 10s a day had been sanctioned to Dr. Bray, Rathangan, who had acted as *locum tenens* in the absence of Dr. Sale, at the Assizes, as a Crown witness.

The Clerk—I am bound to say I never heard the like of that before. If a medical officer is summoned as a witness, and is paid two guineas a day from the Crown, and gets his salary as well, why the committee should pay him for a substitute is more than I can understand. I never knew of such a case before.

Mr. Owen—Is he bound to have a substitute?

The Clerk—I think so. It is now for the board to say whether they will refuse or sanction the payment of this money.

The chairman said that the letter did not state who was present at the committee meeting, which may have been composed simply of the chairman and the secretary. It was a monstrous thing to be paying a man 10s. a day as a substitute, when Dr. Sale was getting his salary and two guineas a day.

The clerk said that the board had nothing to do with the acts of a dispensary committee only so far as monetary matters were concerned.

Fee disallowed.

At a subsequent meeting the following was read:—

"Gentlemen,—Although I am quite irresponsible for the appointment or payment of a *locum tenens* when incapacitated from performing my duties by illness or retained by the Crown, I feel called on to notice some remarks made at the board on the 19th instant. I may state I was informed many years ago the Local Government Board decided it was a legal charge to pay a substitute for the medical officer of the Ballyboggin dispensary, Edenderry Union; and I may refer the guardians to the most recent case reported in the Mountmellick Union. Doctor Fisher's substitute was paid by that board while he was at Kilkenny Assizes in January last; so that it is not illegal, nor is it unusual in other places; yet I have always heretofore paid a substitute in such cases myself; but last year I was accused of exceeding the regulations when I required sick leave, and I now felt justified in strictly adhering to them in all cases; but as I am aware, should the board refuse to pay they would be mulcted in possibly three times the amount of legal expenses in addition, I have settled the account myself. At the same time, by so doing, I do not admit that I am bound either legally or morally to have done so.—Your obedient servant,
"GREGORY SALE."

[In our opinion Dr. Sale was very foolish—unless for reasons personal to himself—to pay a sixpence to his *locum tenens*. The Regulation entitles him to absence from his district when "temporarily incapacitated from duty by illness or other causes." A subpoena is unquestionably a reasonable "other cause," and the guardians could have been compelled to pay the *locum tenens* if Dr. Sale had not volunteered to do so.—ED.]

THE PURCHASE OF IRISH POOR-LAW OFFICES.

DR. DILLON AND THE LOCAL GOVERNMENT BOARD.

IN the Queen's Bench Division at Dublin, before Mr. Justice Lawson and Mr. Justice Johnson, in the case of *Ex parte* Dillon and the Local Government Board, Mr. D. O'C. O'Riordan, Q.C., moved on behalf of Mr. Dillon for a *certiorari* to bring up and quash a sealed order of the Local Government Board declining to recognise Dr. Dillon as medical officer of the Listowel Workhouse. Dr. Dillon was medical officer of the Ballyhorgan district in Kerry, and Dr. Fitzmaurice had been medical officer of the Listowel Workhouse. In September last, Dr. Fitzmaurice mentioned to Dr. Dillon that he was in embarrassed circumstances, and intended to resign his position as medical officer, and if Dr. Dillon gave him £75 he would resign forthwith. He (Dr. Dillon), believing he had a fair prospect of election, agreed to this. Dr. Fitzmaurice resigned, and on October 4th the Board of Guardians duly elected Dr. Dillon by 22 votes against 8 for Dr. Clancy. Mr. John Stack, the vice-chairman, and five of Dr. Clancy's supporters met and passed a resolution that it was undesirable to have as medical officer a gentleman who held the appointment of medical officer to a dispensary district, part of which extended fourteen miles from the workhouse. On October 27th twenty-seven members of the board wrote to the Local Government Board, pointing out that Dr. Fitzmaurice, when he was medical officer to the workhouse, also held a dispensary, and that Dr. Dillon's dispensary barely extended ten miles, and was not at all as populous as Dr. Fitzmaurice's district. The matter was referred to the board of guardians, and on November 22nd, by a majority of 24 to 5, the board approved of Dr. Dillon's appointment. On December 5th the Local Government Board wrote, refusing to sanction the appointment, and asking for information on a complaint made by Mr. John Stack, that it was notorious that Dr. Fitzmaurice, for a liberal pecuniary compensation, had agreed to resign in favour of Dr. Dillon. A complaint was also made by a Mr. Harman that Dr. Dillon did not reside within the Ballyhorgan dispensary district. On January 3 another election took place, and Dr. Dillon was elected by 22 votes to 9. Again the Local Government Board refused to sanction the appointment, and directed a new election, which took place on February 21st, when again Dr. Dillon was elected by 19 votes to 8 votes. The Local Government Board then issued the sealed order removing Dr. Dillon for unfitness.

Messrs. James H. Monahan, Q.C., and Hugh Holmes (instructed by Messrs. T. T. McCreedy and Son) appeared for the Local Government Board, and resisted the motion.

Mr. Justice Lawson, in delivering judgment, said the Local Government Board was a great public department, entrusted with the superintendence of the administration of the Poor-law throughout the country, and they were vested with large powers. Under the 33rd section of the Poor-law Act they had power to remove any officer at their discretion for unfitness, incompetency, or neglect of duty. In the exercise of their discretion they declared Dr. Dillon unfit; and suppose they gave no reason whatever for it, he did not see what power the court had to review what they had done. In the exigencies of the public service, they might say—"We consider him unfit," and nothing more. But the reason was disclosed by Dr. Dillon, who had candidly stated he gave Dr. Fitzmaurice a sum of money, which led to his resignation. He had no hesitation in saying that giving a man a sum of money to procure his resignation of a public appointment was an offence at common law. In the face of such a state of things, any public department ought to declare that Dr.

Dillon was unfit to hold office, and if that was not done those offices might be put up to public competition. The Local Government Board, in the exercise of their discretion, had taken an effectual mode of preventing it by declaring Dr. Dillon unfit for the office. He agreed they had rightly exercised their discretion. At the same time, he was free to believe that neither Dr. Dillon nor Dr. Fitzmaurice knew exactly the legal consequences of what they did. The application would, therefore, be refused.

FEEES TO MEDICAL WITNESSES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR

SIR,—I enclose a document from Dublin Castle which may interest your readers. Having been summoned by the Crown to attend as witness at the Limerick Assizes on the 6th of March last, I left my house on that morning at 8 o'clock, or thereabouts, and was not able to be at home until 7.30 o'clock p.m. same day. The case I was engaged in was the last called; I had to sit in court all day. I was tendered £2 2s. and ordinary fare for car and railway for twenty-one miles. I refused the sum as I held that I did not return home until a long time after Court rose, that a day that advanced well into the night could not, in any civilised country, be considered a legal day. Your readers will see how grossly mistaken I was. The reply of the Under Secretary will open their eyes. They will also have to note that they will have to spend fourteen hours travelling, going before a grand jury, tramping about from post to pillar, and sitting in court all day, for the magnificent consideration of £2 2s. Of course they are supposed to fast all day, for there are no refreshments to be had in court houses, and if one had forethought or time enough to furnish himself before leaving home, he might find out that the animal propensity of eating would be deemed *contempt of court*, and for a doctor, who should know better, there would be no excuse.

I am, &c.,

THOMAS HAYES, M.D., M.R.C.S.

Rathkeale House, Rathkeale.

March 31st, 1884.

Dublin Castle,
21st March, 1884.

SIR,—I am directed by the Lord Lieutenant to acknowledge the receipt of your letter of the 12th inst.; and to state that according to the scale of allowances to prosecutors and witnesses at Assizes and Quarter Sessions, the allowance to a doctor residing in the town, or immediate neighbourhood, where the trial takes place, is £1 1s., and if detained in Court for more than three hours, an additional guinea. When summoned to attend as a witness in any other town, the allowance is £2 2s. for every day he is necessarily detained from home, together with 10s. for each night he is so detained, and an allowance for travelling expenses.

The day is taken to commence at 6 o'clock a.m., and to end at 8 o'clock p.m.

I am, Sir,

Your obedient Servant,

R. G. C. HAMILTON.

Thomas Hayes, Esq., M.D.,
Rathkeale.

[We entirely sympathise with our correspondent, but we know of no remedy for the very great grievance of which he complains. In one respect the letter from Dublin Castle is very important, for it lays down, for the first time, a definition of a witness's day. If a witness is obliged to leave home before 6 a.m. in order to attend court, or if he does not arrive home until after 8 p.m., it is clear that he is entitled to payment for a second day, according to the declaration of the Under Secretary.—ED.]

IRISH POOR-LAW INTELLIGENCE.

MEDICAL FEES UNDER THE LABOURERS' DWELLINGS' (IRELAND) ACT.

DR. DARLEY, Q.C., the County Court Judge of Wicklow, last week delivered a judgment upon a claim made by Dr. Halpin, Medical Officer of Health for Wicklow, against the guardians of the Rathdrum Union, which will be hailed with satisfaction by the profession. Dr. Halpin had been directed by the sanitary authorities, under the Labourers Act, to institute inquiries as to whether certain houses required to have their accommodation increased. After inspecting twenty-two houses he furnished his account, but the guardians declined to allow him anything for his services, alleging that, being in the receipt of a salary as medical officer, he was not entitled to make any charge.

The Judge stated that he was entirely against the guardians in this contention, and that the Local Government Board had informed him that, in their opinion, the medical officer of health should be paid, and he, accordingly, gave a decree for the full amount (£22) with costs. The question here decided by the judge of the County Court will be brought before the higher court in Dublin by the Irish Medical Association within the next month, by an action taken on behalf of the medical officer of health against the Youghal guardians.

The guardians have entered a defence to the action, and the object of the Association in taking the case into the superior courts is to obtain a decision which will govern all similar claims throughout Ireland. It is, however, very satisfactory that the view taken by the Association is now confirmed by the judgment of the county court judge and, as regards the equity of the case, by the Irish Local Government Board.

MEDICAL MAGISTRATES.

IN the House of Commons last week, Mr. Sexton asked the Chief Secretary to the Lord Lieutenant of Ireland how many workhouse or dispensary medical officers in Ireland had been appointed to act in the commission of the peace since the rule was made excluding such officers from the Commission; how many of the medical officers so appointed were protestants; whether, with reference to the case of Dr. Flannery, of Tubbercurry, county Sligo, it was the fact that Mr. Reynolds, of Tubbercurry, was appointed to the commission of the peace, although as manager of the bank acting as treasurer to the local union, he was disqualified

from acting as an ex-officio guardian; and, whether, having regard to the provision which prevents a Poor-law medical officer from acting as an ex-officio guardian, and the fact that many such officers actually hold the commission of the peace, the rule excluding them from the commission would now be reconsidered.

Mr. Trevelyan said that since 1872, when a rule was made to exclude workhouse or dispensary doctors from the commission of the peace ten medical gentlemen had been appointed magistrates, but with regard to eight of the ten the records of the Hanaper Office did not show whether they were, or they were not, dispensary officers. Two were appointed by the Lord Chancellor with the knowledge that they were dispensary doctors, but the rule to the contrary had not then been brought to his lordship's notice. The official records did not show the religious professions of these gentlemen. Previous to the case of Dr. Flannery, the present Lord Chancellor had declined to appoint dispensary doctors, and he believed the rule was a wise one, and ought to be maintained. As to the case of a gentleman who was a manager of a bank that was not a disqualification for the magistracy.

FEES FOR SANITARY PROSECUTIONS.

AT the Bruff Quarter Sessions, before T. Purcell, Esq., Q.C., County Court Judge, the following case was decided:—Dr. Henry Donovan, of Killinane, sued the Kilmallock Board of Guardians for £7 7s. for attending on seven occasions as witness in prosecutions under the above Act. The Guardians were represented by counsel instructed by the solicitor for the Board. Mr. O'Shaughnessy, of Charleville, appeared on behalf of Dr. Donovan.

Dr. Donovan, on being sworn, produced the written orders of the Board for his attendance at the Petty Sessions on the several occasions. The defence made by the Guardians was that it was part of the doctor's duty as Medical Officer of Health to assist at those prosecutions. The learned chairman, in giving his decision, said that the duty of the Medical Officer of Health consisted in inspecting and reporting on nuisances, and that the additional duty of attending as witness under the Act, when not "included in the salary," should be paid for by the guardians. A decree for the full amount with costs was accordingly given.

POOR-LAW SUPERANNUATION.

A MIDWIFE of Kilmegaw Dispensary, Naas Union, has been obliged to resign from rheumatism contracted during her duties of over eleven years. She had two medical certificates, but there was such opposition shown when a superannuation was mentioned, it was

believed to be useless to bring the question to a division; although a midwife had been given an allowance after a shorter service a couple of years before, because she had the necessary religious qualification.

THE HEALTH OF DUBLIN.

ACCORDING to the Quarterly Summary just issued by authority of the Registrar-General, the number of deaths registered in the Dublin Registration District during the quarter ending March 29 amounted to 2,435, affording an annual ratio of 27·7 in every 1,000 of the estimated population. The average rate registered in the first quarter of the ten years 1874-83 was 33·6 per 1,000 persons.

The ratio of deaths north of the Liffey was 27·3; south of the river, 32·8; in the suburban districts, 18·7 in every 1,000.

The ratio of deaths registered in London during the quarter was 20·3; in Glasgow 25·7; and in Edinburgh 20·4 in every 1,000 of the population.

The deaths from zymotics were 239, being 75 under preceding quarter, and 189 under average for the first quarter of the ten years 1874-83.

Deaths from scarlatina, which in the preceding three months amounted to 137, fell last quarter to 65, being 4 under average. There has also been a material diminution in the number of cases of this disease receiving treatment in the Dublin hospitals.

The total number of deaths from fever registered is 65, being 18 over the number for the preceding quarter, but 30 under average. Thirty of the 65 deaths recorded last quarter were from typhus, being 17 in excess of the deaths from this cause in the preceding three months, but 3 under average; 29 (or 19 under the average) were from enteric fever.

Thirty-six deaths were caused by whooping cough (being 25 under average), and the remaining deaths from zymotic diseases comprise 25 from diarrhoea and dysentery, 10 from diphtheria, 8 from erysipelas, 3 from measles, &c.

DROGHEDA UNION.

LABOURERS' DWELLINGS.

A BILL was sent in by Dr. Smythe for inspection of houses under the Labourers' Act.

	March 28, 1884.
One house at Ford of Fin	£1 0 0
Two at Greenanstown	1 0 0
Four at Stamulen	1 0 0
Attending at Julianstown Petty Sessions in case of Guardians against owners of houses at Bettystown Cross.	1 0 0
For attending at the Board Room to give evidence under the Labourers' Act.	1 0 0
	5 0 0

P. J. SMYTHE, L.R.C.S.I., L.M.,
L.R.C.P.E.,
Sanitary Officer.

Mr. Everitt—I really think the doctor's labors should not be got for nothing: we are only getting the fine end of the wedge in now. We should beg of the doctors to report on all the houses in the union, go through the whole union, and examine every house, and then the doctor should get so much and the SSO so much. I would say £10 for each doctor; I would not object to that at all.

Mr. Dowdall—Then you will defer dealing with this?
Mr. Everitt—I would say that the doctor should get £10 and the SSO should be also paid; let them go through the whole union. It is time enough; write to him that it will be considered in July or August.

CORRESPONDENCE.

ABUSES OF POOR RELIEF IN IRELAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have been for nearly seven years a dispensary medical officer, and during that time have exerted myself to try and limit the abuse in the class of persons obtaining medical relief. Having, I must confess, failed signally, I now write to you, Sir, to know, would it not be possible to get the Local Government Board to define who are poor persons. I am at present attending a farmer in my district who holds twenty-five acres of land, and at the last committee meeting of my dispensary I brought the ticket before the members, who considered the man entitled to dispensary relief, as he was not in affluent circumstances. Surely such persons were never intended to obtain medical relief!

I find the abuse increasing daily, as since the land agitation a class of men are becoming members of dispensary committees who do not scruple to give tickets to those not entitled; but as the law at present stands the unfortunate dispensary doctor has but poor redress. Knowing the interest you have always taken in our grievances, I trouble you with this letter, and am

Yours very truly,
AN OVERWORKED AND BADLY-PAID
DISPENSARY DOCTOR.

[It would certainly not be possible to induce the Local Government Board to define the words "poor person," but it would be quite possible, we think, to combat the gross abuses of the system by improving the system of cancelling tickets.

These abuses have their strength in the fact that the system affords no ready opportunity of appeal by the medical officer against a fraudulent ticket, and in the fact that the tribunal to which the appeal is to be made is composed of the persons who are themselves the originators and patrons of the abuse. It was some years since proposed by the Irish Medical Association to pass an Act empowering the magistrates at Petty Sessions to cancel a ticket on good cause shown. If this were done the medical officer might make his appeal within a week, and to independent judges, and the proposition seems reasonable.—ED.]

EXCHANGES BETWEEN IRISH DISPENSARY DOCTORS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have often thought that a great boon would be conferred on the Irish Poor-law medical officers by allowing them to exchange positions with the sanction of their respective committees. How many medical men in indifferent health living in large towns or crowded cities would be anxious to exchange the turmoil and worry of large centres of population for the calm and retirement of the country? And, on the other hand, how many young, ardent, medical men holding country dispensaries in which there is little to do would be glad to find more extensive fields for their irrepressible energies? There are, I doubt, not many doctors reading

in cities with delicate families, who would be most anxious to change appointments with a *confrère* residing at the sea-side. There are also many medical men in the country with large families, the education of whose children is for them a matter of the most serious consideration. Education cannot be had cheap only in cities or large towns. Hence it is that I think I am right in saying a doctor in the country with a large family would be anxious to exchange with one in town having no family, and *vice versa*. From experience I believe it is injudicious for a young practitioner to set up in "*his own country*," but circumstances often oblige him to do so, having no interest elsewhere. It would be often well for him if he could put a hundred miles between himself and his relations. Moreover, we are all liable to error, particularly when young and inexperienced, and the consequences of a serious mistake made in early life will haunt the perpetrator for years. I have known a practitioner who, just after being appointed to a dispensary, mistook a case of pregnancy for ascites, and ordered a warm bath, in which the neogonos was nearly drowned. This happened about twenty years ago, and it is fresh in the memory of the people yet. The life of the doctor to whom it occurred has been a failure, and he does not make £5 yearly by private practice. If that man could exchange appointments with another, and begin again in fresh fields and pastures new, being well read, he would be probably successful. I believe I have said enough to show how desirable it would be to allow medical men in the Poor-law service to exchange posts.

Yours, &c.,

DISPENSARY HACK.

[Our correspondent's remarks seem to point to a permanent exchange and not to a temporary exchange for a few months, which might be made without either party vacating his office. In either case his suggestion is worthy of notice, and we see no reason why it should not be widely acted upon, in cases in which both dispensary committees would be willing. For a temporary change of scene for a few weeks there would be little difficulty in arranging, but for a permanent change it would be necessary that each party should vacate his office, and permit it to be advertised, and should go through the form of an election which would be hazardous. We fear the Local Government would not recognise an exchange otherwise effected.—Ed.]

IRISH MEDICAL ASSOCIATION.

REPORT OF PROCEEDINGS.

From 20th November, 1883, to 15th April, 1884.

(Adopted at Ordinary Meeting of the Council, held 15th April, 1884),

MR. WILLIAM THOMSON, Chairman of Council,
in the Chair.

(Continued.)

LABOURERS' (IRELAND) ACT.

THE case referred to in the *ad interim* report (pp. 284, 285) which has been selected to test the liability of Boards of Guardians to pay reasonable remuneration to Dispensary Medical Officers for their services in connection with the improvement of labourers' dwellings under the "Labourers' (Ireland) Act," has not yet been heard in Court; but Mr. T. A. Purcell, Q.C., and Mr. John N. Gerrard have been retained as counsel on behalf of the Association, and it is expected the case will soon come up for trial.

The following correspondence on the subject has occurred:—

Irish Medical Association,
Royal College of Surgeons,
3rd December, 1883.

SIR,—Referring to previous correspondence (viz., my letter of the 24th, and your reply thereto, of the 29th of

October), respecting the remuneration of medical officers of health for services rendered in inspecting and certifying [as to the condition of labourers' dwellings in conformity with Section 5 of the Labourers' (Ireland) Act, I am directed to state that the Council of the Irish Medical Association have given special consideration to the subject and—in view of the terms of that Section—are unable to concur in the interpretation put upon the words of the Section by the Board. I am respectfully to submit that the statement that a representation when presented to the guardians "must be accompanied by the certificate of a sanitary officer of the union" should be read to mean that for the satisfaction of the Sanitary Authority the opinion of some person known by them to be skilled and experienced in sanitary matters should be presented to them. I am furthermore to point out that, according to the wording of the 5th section, *any* medical officer of health within the Union might legally be employed to inspect and certify, and it therefore does not appear to have been intended by Parliament to compel the particular medical officer of health for that portion of the Sanitary Authority's district referred to in the "representation" to give his services as part of his official duty under the Public Health Act.

The Council of this Association are unable to regard the examination of houses respecting which no specific nuisance is alleged (as a preliminary to the rebuilding or repairs of such houses) as coming within the duties of the medical officer of health as defined by the 11th Section of the Public Health Act, and by the general sanitary orders issued by your Board; and they therefore must respectfully dissent from the proposition that the medical officer is, in a legal sense, bound to perform such a duty; they contend, moreover, that if such services are rendered, they should be paid for by the persons engaging them—whether ratepayers or the Sanitary Authority—as entirely outside official duty.

While urging these considerations upon your Board's attention, the Council admit that it is very desirable that the function in question should be performed preferably by the medical officer of health of the district, but they consider that a general understanding as to the fee payable for same should be arrived at. It appears beyond question that the certificate of *any* medical officer of health of the Sanitary Authority is receivable as evidence in support of a "representation;" and as it will be admitted that the medical officer of health for any portion of the Sanitary Authority's district than that referred to in such representation might reasonably decline to inspect and certify gratuitously, it appears obvious that the medical officer of health for the district referred to in the "representation," is entitled to reasonable remuneration for his inspections and reports notwithstanding the interpretation of the law (in which the Council do not coincide), that it is a part of his duty as medical officer of health to inspect and report.

The Council therefore respectfully ask the Local Government Board to consider the propriety of issuing a general circular to boards of guardians throughout Ireland, expressing an opinion on the part of the Board that a reasonable fee ought to be paid, and suggesting the amount thereof.

The adoption of such a course by the Local Government Board would, the Council believes, prevent inconvenient disputes from arising on the subject, would greatly encourage the medical officers of health to give their services with willingness, and would prevent injustice being done which, in the absence of such an expression of opinion by your board, would certainly occur.

I am, Sir, your obedient Servant,
ROBERT BROWN, F.R.C.S.I.,
Hon. Sec. to Council.

To this communication the following reply has been received:—

No. 43435—1883.
Miscellaneous.

Local Government Board for Ireland,
Dublin, December, 6th, 1883.

SIR,—I am directed by the Local Government Board for Ireland to acknowledge the receipt of your letter of the 3rd inst., relating to the duties and remuneration of Medical Officers of Health under the Labourers' (Ireland) Act, 1883, and in reply, I am to state that, as a rule, the Local Government Board believe that the certificates required under the Act have been obtained from the Medical Officer of Health in the sanitary district concerned, although the terms of the 5th section of the Act admit of the certificate being given by any sanitary officer of the Sanitary Authority to which the representation is made.

The Local Government Board for Ireland will be prepared to communicate the views to the Sanitary Authority in any case in which difficulties or disputes may arise with respect to the discharge of the duties referred to or the remuneration of the medical officer of health, but the Board do not deem it necessary at present to issue a circular on the subject.

By order of the Board,

W. D. WODSWORTH, Sec.

NOTIFICATION OF INFECTIOUS DISEASES.

The Executive Committee of the Dublin Sanitary Association having invited this Association to join them in a deputation to the Chief Secretary to urge upon him the necessity for legislation regarding the notification of infectious diseases, the Committee of Council assented on the distinct understanding that no other method of notifying than that of Mr. Meldon's Bill should be brought forward.

The Royal College of Surgeons also joined in the deputation, which was received on the 17th January last, having been introduced by Mr. Maurice Brooks, M.P., and Mr. Findlater, M.P. Dr. Robert M'Donnell, past President Royal College of Surgeons; Mr. Edward Hamilton, President of the Dublin branch of the British Medical Association; Mr. Robert O'Brien Furlong, Chairman of the Dublin Sanitary Association; Dr. A. H. Jacob, President of the Irish Medical Association; Mr. Edward H. Bennett, Vice President of the Royal College of Surgeons; Dr. Duffey and Dr. J. W. Moore addressed the Chief Secretary in favour of the principles of Mr. Meldon's Bill, which they put forward as the only method suitable for Ireland.

Mr. Trevelyan, in reply, said it appeared that there was absolutely no dissent amongst the deputation as to the question of extending the system of notification to Ireland, and in fact over the kingdom. Neither was there any dissent as to the great advantage which had resulted from that system in those towns and cities where it had been adopted. If that had been their only business, he could not have detained them beyond two or three minutes. Undoubtedly he could have at once acceded to the wish of the deputation for the notification of infectious diseases in Ireland if there had been only one bill. Most of the speeches which he had listened to came to a narrow point to which the gentlemen who spoke attached very great importance, and upon which they had quite made up their minds—minds of such a nature that the greatest respect must be paid to any conclusion they arrive at. He was, however, unwilling to express any definite opinion to-day on the subject. He would consult with Sir Charles Dilke, and obtain a great deal of information of such a nature that it could only be obtained from prints and documents, and which would probably con-

firm everything that had been said by the deputation to-day. If the statement which had been made that in 99 cases out of 100 the system which finds favour with the deputation would be as effective as the system which had been adopted in the English towns was confirmed it was a matter of great importance, and would be a very strong argument in favour of their views. He was very anxious, indeed, to get information as to the views of those medical men who had experience of the system in those towns where it was worked, and if any of the deputation could suggest where he could obtain it he would be happy to receive it. Had any evidence been given in regard to this particular point before the committee?

Dr. Jacob replied such evidence had been tendered to the committee, which sat in 1882, but the committee had declined to receive it.

Mr. Trevelyan continued to say it was quite plain that before any attempt was made to extend the system to Ireland and the whole kingdom this point must be cleared up. The Government would use great diligence in coming to a conclusion, and would be very considerably influenced by the very moderately expressed opinions he had the pleasure of hearing to-day. Those opinions, he was quite convinced, proceeded in the largest degree from public spirit and philanthropy.

The President had an interview with Mr. Hastings, M.P., when in London in last February, for the purpose of urging him to adopt Mr. Meldon's Bill as a substitute for his own compulsory Bill, at which interview he ascertained that Mr. Hastings did not intend introducing his own Bill in the present session, and that if Mr. Meldon's Bill came forward, he would consider it with a view of accepting it, if possible, as a settlement of the question. Mr. Hastings did not, however, think that any bill had a chance of passing this session, in view of the opposition of Messrs. Hopwood, Burt, Thomassen, P. Taylor, and other representatives of the Vigilance Association.

Local bills containing compulsory notification clauses have been since introduced for Brighton and Croydon, and they have been remitted to a committee similar to that which considered bills of this class last year. Both these bills are strongly opposed by the medical practitioners of the respective towns, and the President has had communications with Dr. Carter, of Liverpool, hon. sec. of the Association for opposing such bills, with a view to combined action against these local bills.

PRISON SURGEONS.

As notified in the *ad interim* report (pp. 285, 286), an appeal was lodged on behalf of this Association against the decision of the Recorder of Galway in the case of *Dr. Rice v. The General Prisons Board*; Dr. Rice's claim being remuneration for services rendered while performing the duties of the prison surgeon at the request of the Governor of the prison. The Committee of Council are gratified at being able to report that when the case was heard on appeal a decision in favour of Dr. Rice was given.

Of late, reference has frequently been made in the reports of the Committee of Council to the refusal on the part of the General Prisons Board to pay for the services of medical gentlemen acting for prison surgeons during their enforced absence from duty on Crown summons or otherwise; but it is right to state that, judging by the correspondence on the subject, the General Prisons Board appeared to be quite willing to pay in such instances if only permitted to do so by the Treasury, and as no appeal has been lodged against the decision above referred to, it is assumable that the General Prisons Board willingly accepts that decision. This suit has been won really against the Lords' Commissioners of Her Majesty's Treasury.

(To be continued.)

IRISH POOR-LAW INTELLIGENCE.

THE TRAFFIC IN DISEASED MEAT BY THE DUBLIN POOR-LAW GUARDIANS.

THE observations which we recently made respecting the disgusting trade in the flesh of cattle dying of lung-fever which is carried on by the Dublin guardians with the apparent approval of the Privy Council authorities has given rise to considerable criticism in the *Dublin Daily Express* and others of our contemporaries, but nothing has been said by the advocates of this traffic to cause us in any way to modify our expression of disgust that those whose special function it is to watch over the health of the poor should themselves share the nefarious gains arising from the sale of this fever-laden carrion for consumption by the families of the artisans of Dublin. Indeed, what has been said on the other side rather confirms our condemnation of the practice. The Chairman of the North Dublin Guardians replies that "the best proof that the use of the flesh of pleuro-pneumonic cattle does no harm is that it has gone for so long without causing disease"—a statement which we entirely deny. There is, indeed, no specific disease which can be identified as the direct result of eating diseased meat, but there is no question that it acts as an irritant poison, producing diarrhoea, dysentery, gastritis, anthrax, and other diseases of blood-poisoning, and anyone who looks at the Registrar-General's returns for Dublin can satisfy himself that these diseases are, from some cause or other, enormously and unusually prevalent and fatal in that city, and we believe that that prevalence is in a great degree chargeable against the sale of this noisome carrion by the Dublin Guardians. At any rate, it may be reasonably taken for granted that fever-laden meat is unwholesome, and it remains for those who defend its use to prove that it is not sufficiently deleterious to justify its prohibition. We invite them to prove this by comparing the statistics of diarrhoea and other allied diseases in Dublin and in towns in which diseased meat is not publicly sold.

"An Indignant Guardian" writes to say that the Guardians do not make any profit by the sale of pleuro-pneumonic meat. We insist that they do. They sell for £5 the carcase of a cow which is worth nothing except for manure or boiling down. If they did not do so they would lose, not £10, but £15 by each animal

destroyed, and inasmuch as they seek to recoup themselves for their payment to the owner of the animal by selling its flesh for consumption by the poor at less than a fourth of its health value, they must be held to have engaged in this traffic with the full knowledge that the meat is, by reason of the disease, not fit to be sold at the market price of wholesome meat. Indeed, "An Indignant Guardian" makes no concealment of this, for he states that, "though the paupers at the unions are not allowed to get the meat, there is nothing to prevent its being sold to guardians, editors, and all others who can pay 10d. per pound for it." Such a confession coming from one of the vendors of the article in question needs no comment from us.

As to the public health aspect of the matter, we can offer no statements more convincing than those published by the Medical Officer of Health for the City of Dublin in the *Dublin Medical Journal* of December 1, 1877. We are obliged to omit much that is strongly corroborative of our view, for which we have to refer our readers to the article itself.

After describing at length the development of the lung fever and the changes to be found on post-mortem examinations—being those, in fact, of the most acute and violent form of epidemic febrile disease—Dr. Cameron proceeds:—

The malady is the result of a blood-poison; the animal is in a highly febrile condition, and its lungs—the great purifying agents of its system—are rendered more or less incapable of performing one of their functions, namely, the purification of the blood. We do not believe that the flesh of oxen affected with this malady is an immediate poison; it does not act like arsenic or strychnine. If it be a poison at all it is a slowly acting one. In this respect it resembles water which, though foul, nevertheless does not contain the poison of a specific disease. Such water produces diarrhoea, and other maladies, but as a rule not in all cases, and generally only when used for some time.

There is, however, evidence that the flesh of cattle affected with pleuro-pneumonia has produced disease in man. Professor Gamgee states that in a convict establishment, in which the flesh of animals affected with pleuro-pneumonia was constantly consumed, there occurred from 40 to 50 carbuncles per month amongst 1,520 persons. On the discontinuance of the use of diseased meat the carbuncles ceased to appear.

According to the Registrar-General of England, the deaths from carbuncles and phlegmons have increased enormously since the introduction of contagious lung

distemper into England thirty-five years ago. *Apropos* of this statement it is worth noting that boils, anthracoses, and carbuncles have, during the last few months, been exceedingly common in Dublin. This is significant, for during that period the North Dublin Union Board of Guardians have been most active in selling, or at least in permitting to be sold, carcases of oxen affected with pleuro-pneumonia to the Dublin butchers.

Dr. Letheby, Medical Officer of Health for London, traced to the use of one quarter of beef the illness of 66 persons, of whom one died. The cow from which the meat had been obtained had been affected with pleuro-pneumonia, and the meat had been made into sausages; but Dr. Letheby found that this had been done whilst the meat was quite fresh.

According to the late Dr. Livingstone, Europeans and natives who used the flesh of oxen affected with pleuro-pneumonia suffered severely from malignant anthrax.

At least 100 persons have made complaints to us with respect to the quality of meat—nearly always beef—and which they alleged had caused them nausea and severe diarrhoea. We are perfectly satisfied that many cases of diarrhoea and of other diseases result from the use of diseased meat, but as the diseases generally make their appearance after the bad meat has been consumed, it is all but impossible to trace effect to cause in such cases.

In September, 1877, the Corporation of Dublin addressed a circular letter to every medical man in the city or county:—

"1st.—Do you consider the flesh of oxen killed whilst suffering from contagious pleuro-pneumonia fit for food for man?

"2nd.—If you consider that such flesh may be used under certain circumstances, please state whether or not it is fit for food in the second stage of the disease, in which the lungs are usually much increased in size, partially hepatized, and sometimes more or less infiltrated with pus?"

Out of the 250 medical men who expressed opinions upon the subject, 220 replied in the negative to both queries. That is, 88 per cent. of the 250 medical men who replied were of opinion that the flesh of animals affected with pleuro-pneumonia was under no circumstances fit food for man.

The circular letter was also addressed to the Medical Officer of Health of every town of more than 20,000 inhabitants in the United Kingdom. There were received 75 replies; four of the Medical Officers of Health declined to express any opinion upon the subject; 56 were of opinion that the flesh of oxen affected with pleuro-pneumonia was unfit for food; and 15 considered that it might be used under certain circumstances. The great majority of the Dublin medical men and the Medical Officers of Health who stated that the flesh of pleuro-pneumonic oxen might be used as food, considered that in the second stage of the disease it was unfit for use.

Dr. Cameron then gives in detail the opinions of the leaders of the profession in Dublin, strongly condemnatory of the use of pleuro-pneumonic meat.

With respect to veterinary opinions upon the subject, very little need be said. Mr. Fleming, in his work on "Veterinary Police," is strongly of opinion that pleuro-pneumonia does not render the flesh of oxen unfit for food, and he does certainly make out a strong case in support of his views. Professor Gamgee is exactly of an opposite opinion. Some years ago, when the first real attempt was made in Dublin to prevent the traffic in diseased meat, an application was made to the Lord Mayor to order the destruction of the carcase of an ox affected with pleuro-pneumonia. We were forcibly supported by Professor H. Ferguson. The application was granted. Upon that occasion Professor Ferguson

informed us that he had invariably found pleuro-pneumonic beef to produce diarrhoea in dogs fed with it.

Circulars were sent by the Public Health Committee to the twelve veterinarians who are practising in Dublin and its suburbs. Six only replied, all of whom considered the flesh of pleuro-pneumonic animals unfit for food in any stage of the disease.

IRISH MEDICAL ASSOCIATION.

REPORT OF PROCEEDINGS.

From 20th November, 1883, to 15th April, 1884.

(Adopted at Ordinary Meeting of the Council, held 15th April, 1884),

MR. WILLIAM THOMSON, Chairman of Council,
in the Chair.

(Continued.)

DISPENSARY MEDICAL OFFICERS' SUBSTITUTES.

Dr. Hanlon, of Portarlinton, a member of the Association, informed the Committee of Council that he had acted as substitute for the medical officer of the Cloneygowan dispensary district during his illness (two weeks), and that, although he had been duly appointed as such by the Dispensary Committee at £3 3s. a week remuneration, the Board of Guardians of Mountmellick Union refused to pay him the full amount £6 6s., on the ground that Dr. Hanlon had not been formally appointed as substitute until some days after he had begun to discharge the duties.

The facts of the case are:—Dr. Tabuteau, the medical officer of the district, suddenly became seriously ill, and at once provided for the discharge of his duties by Dr. Hanlon; and in a few days (as soon as he felt himself able to do so) he reported his incapacity for duty to the hon. secretary of his dispensary committee, who thereupon convened a special meeting of the Committee, at which Dr. Hanlon was appointed substitute from the date of the commencement of Dr. Tabuteau's illness, at £3 3s. a week remuneration. The observance of the specified formalities in this case (owing to the nature of Dr. Tabuteau's illness) occasioned some slight extra delay, and the Mountmellick Board of Guardians sought to take advantage of it by repudiating the act of the Dispensary Committee.

The Committee of Council accordingly instructed Mr. Clifford Lloyd, Solicitor to the Association, to take proceedings to recover Dr. Hanlon's remuneration, and on the hearing of the case a decree for the amount claimed, with costs, was given.

The following report of the trial is copied from the *Leinster Express*, of 5th April, 1884, heard before Joseph Clarke, Esq., Q.C., County Court Judge:—

IMPORTANT TO POOR-LAW MEDICAL OFFICERS.

Dr. Hanlon v. The Mountmellick Board of Guardians.

This was an action to recover the sum of £6 6s. remuneration alleged to be due by the defendants to the plaintiff for having acted for a fortnight as temporary medical officer of the Cloneygowan dispensary district. Mr. Roe (acting for Mr. Clifford Lloyd, Solicitor for the Irish Medical Association), appeared for the plaintiff; Messrs. T. and H. Turpin appeared for defendants.

Mr. Roe, in moving the process, said—This is an action brought by Dr. Hanlon, of Portarlinton, against the guardians of the Mountmellick Union for the recovery of £6 6s. for fees due for medical attendance in connection with the Cloneygowan Dispensary in the Union of Mountmellick. Of that dispensary Dr. Tabuteau is the medical officer, and he being struck down suddenly by

illness, the dispensary committee, in pursuance of the powers invested in them under act of parliament, and the orders of the Local Government Board, appointed Dr. Hanlon as a *locum tenens* for Dr. Tabuteau, so that the wants of the poor might be attended to. The time of the attendance was one fortnight, and the sum charged was the ordinary thing for temporary services. Dr. Hanlon is a highly respectable medical practitioner, and, fortunately perhaps for himself, he is not dependent on the Mountmellick board of guardians. But at all events he gave his attendance in pursuance of the powers vested in the committee, and why he is not paid I am puzzled to know, and why it is a certain portion of guardians who call themselves "Nationalists" —

Mr. H. Turpin—Don't import these things.

Mr. Roe—It is a noisy section of the guardians opposes the payment of these £66s. for the services rendered to the sick poor of the district. The month previously, I am instructed, the guardians paid two other gentlemen in the union who filled the same position as Dr. Hanlon, without murmur or complaint. Perhaps these two gentlemen were more in concord with their feelings, but Dr. Hanlon and Dr. Tabuteau not being of the same stuff, and their mode of thought being different, they resisted paying these £66s. The dispensary committee passed the resolution that Dr. Hanlon should act as substitute for Dr. Tabuteau, and none of the committee were against it. I have only to say that if every doctor who is brought in this way for a temporary purpose is resisted in this manner, it will be very difficult to get any medical gentleman to give his services. I will now call Dr. Hanlon and Mr. Phillips, the chairman of the dispensary committee, and there is no more kind-hearted man, and no man more anxious to look after the interests of the poor.

Dr. Hanlon, the plaintiff, swore that in the beginning of December he was called in by Dr. Tabuteau, who is medical officer of the Cloneygowan dispensary district. Dr. Tabuteau was ill, and unable to attend to his duties as medical officer. Witness discharged the duties of medical officer from the 3rd to the 17th December. Witness had acted as *locum tenens* occasionally during the last thirty years, and was paid by the guardians.

Cross-examined by Mr. Turpin—I was called in about the 2nd or 3rd December.

Mr. H. Turpin—Do you know if Dr. Tabuteau gave notice to the dispensary committee?

Witness—He was not capable of doing so. He was suffering from inflammation of the throat, which ended in abscess. He was unable to write a letter.

Could he get no one to write for him?—I cannot say that. Dr. Tabuteau did not go to Dublin while I was attending the dispensary.

Don't you know that he went to attend an operation which was being performed on a friend of his?—I don't know anything of the sort. He did not leave the house from the time I commenced to attend him. He was confined to bed for about six or seven days. I acted for Dr. Tabuteau while he was suffering from scarlatina. I have been in the habit of performing his duties when he was a day absent.

And he used to pay you himself?—No.

Do you swear that?—Whenever I was appointed *locum tenens* I was paid by the board.

When did you receive an official notification that you were appointed *locum tenens*?—I think about the 10th or 12th December.

And you were acting from the 3rd December to the 12th without being appointed by the committee?

Mr. Roe—I don't know any power in the board of guardians to revise the action of the dispensary committee.

Mr. Turpin—Is it not the habit of the dispensary committee to recommend payment of your remuneration to the board of guardians, and is it not on that they act?

Witness—It was never questioned before.

Did you not act on the faith of Dr. Tabuteau paying you himself?—No.

But you received no directions from the dispensary committee from the 3rd December to the 12th?—No.

Mr. William Phillips, J.P., chairman of the dispensary committee, produced the minutes of a special meeting of the committee held on the 12th December, appointing Dr. Hanlon as *locum tenens* during Dr. Tabuteau's illness.

In answer to Mr. Turpin, witness said he received a letter from Dr. Tabuteau, stating he was ill on the 9th instant, and he at once convened a meeting for the 12th instant.

His Worship—Mr. Turpin, surely this is a matter of common Christian charity. It is a matter of common Christian duty, and there ought not to be any point raised about it. I am sure you are the last man who would do such a thing, because I believe you are a thorough gentleman in every sense of the word.

Mr. Turpin—I am obliged to rely on the legal position of the guardians.

Mr. Phillips—It was insinuated that Dr. Tabuteau was well enough to attend his mother-in-law's funeral, but that is not the case. Dr. Tabuteau was not able to attend.

Dr. Tabuteau—I was not away at all.

Mr. Turpin—My case is shortly this; and though your Worship may now think it a case that ought not to be insisted on, I don't think your Worship, when you hear the article of the Local Government Board's regulation bearing on the case, you will think it such a hardship. Dr. Tabuteau took his appointment under the rules relating to the Poor-law Acts. He was well aware of the restrictions to which he was subject. The 22nd article provides: "If a medical officer of the dispensary district be temporarily incapacitated by illness or other cause from performing his duties, he shall immediately, if practicable, communicate with the chairman or hon. secretary of the dispensary committee, and shall recommend to the committee a medical practitioner qualified as hereinbefore provided to perform his duties during his temporary incapacity; and on the fact of the medical officer's incapacity becoming known, a special meeting of the dispensary committee shall be at once called for the purpose of appointing a temporary medical officer, and the committee shall report the circumstances of the case to the Board of Guardians, who shall, subject to the approval of the commissioners, determine the amount of remuneration (if any) to be paid to the temporary substitute." Dr. Tabuteau, according to the evidence we have heard to-day, was rendered unable to perform his duties on the 3rd December, and there was no satisfactory evidence that some one on Dr. Tabuteau's behalf could not have sent notice to the committee, informing them of his illness, on the 3rd or 4th December. But Mr. Phillips has told your Worship he got no notice until the 9th December. I submit that the dispensary committee had no power under the circumstances to provide for the appointment during the period that intervened between the 3rd and 12th December. There is really no hardship on Dr. Hanlon, because Dr. Tabuteau is very well able to pay him. Dr. Tabuteau is medical officer of the dispensary district, and draws £160 a year. There is nothing whatever entitles your Worship to grant a decree against the Guardians, because the Guardians are not bound to grant any remuneration. But I dare say the Guardians will pay him £2 2s. as remuneration for the period from the date of the meeting of the committee (12th December) and the 17th December.

Mr. Richard Goodbody, clerk of the Mountmellick Union, produced the minutes of the guardians' meetings at which the Board refused to pay Dr. Hanlon. It appeared that at these meetings amendments were pro-

posed to the effect that Dr. Hanlon should be paid the full amount of his claim, but the resolutions refusing payment were carried by a majority.

Mr. Roe—Do you know whether a substitute for Dr. Higgins was paid a month before?

Witness—He was, but under different circumstances. Dr. Higgins had resigned.

Mr. Roe said that there was no question that the services for which the claims were made were rendered and properly rendered. If the medical officer of a district is temporarily incapacitated by illness from performing his duties, it was provided by the regulations that he should give immediate notice to the committee "if practicable." But however that might be, he submitted that the Guardians had no power to review the action of the dispensary committee. Dr. Tabuteau was incapacitated by reason of serious illness from discharging his duties, and as soon as he was able he communicated with the committee. If the article of the regulations were carried out in the manner that Mr. Turpin contended it should be, when a dispensary medical officer got ill a district would be left without a doctor until a meeting of the committee had been called and its proceedings had been approved of by the Board of Guardians.

Mr. Turpin—We make a fair offer of £2 2s., and it ought to be accepted. Dr. Tabuteau is drawing a salary of £160 a year.

His Worship made a decree for £6 6s., the full amount claimed by the plaintiff, and costs.

In answer to Mr. Roe, his Worship said he would not give witnesses' expenses.

(To be continued.)

THE HEALTH OF IRELAND.

ACCORDING to the quarterly return, during the quarter ended 31st March last, there was registered in Ireland an annual birth-rate of 24·2 in every 1,000 of the estimated population—and an annual death-rate of 19·5.

In England last quarter, the birth-rate represented was 33·1, and the death-rate 19·5.

The birth-rate in Ireland is 1·7 under average. The death rate is 3·9 below the rate of same quarter last year, and 3·2 under the average of five years.

The returns of pauperism, show on the quarter a decrease of 3,904 in workhouse inmates, and a decrease of 4,076 in out-door relief.

Compared with the first quarter of ten years, the number of workhouse inmates shows a slight decrease, but the outdoor relief is much in excess of the average.

Deaths.—The deaths registered in Ireland amounted to 24,149—annual ratio 19·5 per 1,000 of population, being 3·2 per 1,000 under the five years average for the corresponding quarter. The death-rate in Leinster was 21·6, Munster 18·3, Ulster 18·6, Connaught 15·0. The country death-rates range from 14·0 in Sligo to 26·9 in Dublin.

The general death-rate for last quarter is considerably below average, and is under the rate for the first quarter of any year since 1874. The zymotic rate, also, compares favourably with that for the corresponding period in past years, although whooping-cough caused 507 deaths, being in excess of any quarter since 1880.

Diseases.—The deaths from zymotic diseases were 96 under preceding three months and 333 under first quarter of 1883. The annual death-rate from these causes is 1·5 : in the first quarter of 1883 the rate was 1·7.

Small-pox.—There were no deaths from this disease recorded in any part of the country.

Measles.—The deaths from measles number 201, against 142 in the preceding three months, still the mortality is below average, and the disease was not widely diffused. The total number for the county of

Mayo was 53, being more than one-fourth of the mortality in the entire country.

Scarlatina.—Deaths, which had risen to 599, fell last quarter to 313, of which 82 occurred in Leinster, 78 in Munster, 140 in Ulster, and 14 in Connaught. In ten localities 210 of the 313 deaths from scarlatina occurred, so that although very fatal in some places, the disease was not generally prevalent in a virulent form.

Typhus.—The deaths (172) from typhus, are 108 under corresponding quarter of 1883, and 10 under the number for the quarter ended 31st December last.

Whooping-cough.—The decline in the mortality from whooping-cough has not been maintained, the deaths from this cause amounting to 507, being 89 over December quarter, and 6 in excess of the high number for the first quarter of last year.

Diphtheria.—Although there were only 83 deaths from this disease, the number is 24 over preceding quarter, and 14 in excess of the number for the first quarter of last year.

Simple continued and ill defined Fever.—The number of deaths is 88—an increase of 32 as compared with the preceding three months, but 21 under the number for the first quarter of last year.

Enteric Fever.—The number of deaths from enteric fever is 174, being 1 under the number for the preceding quarter, and a decline of 52 compared with the deaths in the first quarter of last year.

Diarrhœa.—Three hundred and twenty deaths were returned as caused by this disease, being 119 under corresponding three months of last year.

Cholera.—There were but two deaths ascribed to this cause.

Hydrophobia.—Three deaths from hydrophobia were returned as having been registered during the quarter.

THE DISEASED MEAT TRADE.

WE extract from the *Medical Press* an article on the sale of diseased meat by the Poor-law guardians in Dublin, which will be read with disgust and horror. We have called attention in our columns at various times to the abominable practice; but its character is pointed out with more emphasis and authority by a medical journal. We find that in a period of less than two years, ending last month, the number of animals affected by contagious diseases which were slaughtered in Dublin was 879. Of these 155 went to the knacker, but 724 were sold as human food to the poor of the city. Our police reports have frequently contained descriptions of the meat which was thus allowed to be sold. In many instances it was so putrid as to be absolutely poisonous, and prosecutions were brought; but where the quality was not so bad, the evil effects of it were left to develop themselves imperceptibly until disease was engendered and the death-rate increased. Even the poor excuse of keeping down the rates by selling the carcasses cannot be urged in this case with any force, for, while the disgusting and dangerous practice is carried on in Dublin, which would not be permitted in other cities, the fact is that the cost of carrying out the Contagious Diseases (Animals) Act is six times as great in Dublin as it is in Liverpool, Birmingham, Manchester, Edinburgh, Glasgow, Belfast, and London, all put together. In all those great cities the cost was £2,336, and in Dublin it was £12,732. This is a subject which calls for attention on the part of the Government. The control of the guardians is vested in this matter, not in the Local Government Board, but in the Privy Council; and it reflects little credit upon that body that the guardians should be allowed to sell for human food the carcasses of cows which have died of pleuro-pneumonia and other diseases, which, whatever may be said to the contrary, must be not only nauseous to think of, but prejudicial to health.—*Dublin Daily Express*.

IRISH POOR-LAW INTELLIGENCE.

CORRESPONDENCE.

IRISH POOR-LAW SALARIES.

TO THE EDITOR OF THE MEDICAL PRESS AND
CIRCULAR.

SIR,—I beg to enclose herewith an advertisement for a medical officer for Comber Dispensary in Newtownards Union, which appeared in the *Belfast News Letter* of the 10th inst. It will be seen that the munificent salary offered to a duly-qualified medical practitioner who may be appointed to the post is £60 per annum. This is the remuneration which is considered equivalent to the services of a medical man who in each year will attend at the dispensary 588 new cases, and who (throughout a district having an area of 16,650 acres and a population numbering 6,280) will have to attend at their own homes 165 new cases. I am taking the average numbers for three recent years. When the cost of a vehicle for conveyance to the residences of patients at a distance is deducted from the salary a very unsubstantial remainder is left. Hitherto the salary attached to the office of dispensary medical officer for Comber has been £100 per annum, but the very economical board of guardians of Newtownards Union (who can proudly boast that they have never yet granted a superannuation allowance to any of their retiring officers, regardless of the length of his service, his age, or state of health) have now apparently a good opportunity for cheeseparing by offering a salary reduced by £40 per annum, and utterly incommensurate with the faithful discharge of the duties of the appointment, relying, no doubt, on a spirit similar to that of trade competition to procure candidates. Would it be too much, Sir, to hope that those gentlemen who may offer themselves for the vacant appointment will, acting individually, or, preferably, by mutual agreement, refrain from presenting themselves as candidates before the dispensary committee as long as the paltry sum of £60 per annum is all that is offered? By such a course they would be consulting, not merely the general advantage of the profession, but ultimately their own individual benefit.

I am, Sir, &c.,

CYCLE.

[We hardly hope that the candidates will take the course suggested to them, though its wisdom in their own interest is obvious. No doubt the Newtownards guardians will get for £60 a medical officer worth that figure, and we wish the paupers of the locality joy of a medical adviser bought at such a price. He will, no doubt, have the necessary diplomas, but what more he may have to fit him for the charge of the lives and health of his pauper-patients remains to be seen.—ED.]

IRISH CONSTABULARY MEDICAL RELIEF TICKETS.

TO THE EDITOR OF THE MEDICAL PRESS AND
CIRCULAR.

SIR,—I would feel much obliged if you would inform me, whether the constabulary have a right to seek for tickets for people who meet with accidents, or are assaulted, knowing at the time that they are able and sometimes willing to pay for medical advice; and I would also feel obliged by being informed when the constabulary do obtain a red ticket for the medical officer to attend a patient at the barrack, or elsewhere, is the medical officer bound to give his opinion as to the nature of the case; and if he does give an opinion, can he legally claim a fee from the Government? The constabulary send me red tickets for parties able to pay, and then state that they have a right to my opinion as to the nature of the case.

A few days ago a merchant driving into this town met with an accident by his horse running away. I was called in to see this gentleman, who was suffering from a dislocation of the shoulder, which I reduced. He at once said he would send me my fee, which he did. This accident occurred early in the evening, but about nine o'clock, p.m., in my own house, I was informed that a constable had left a ticket for me immediately after the accident. I could not understand the meaning of this, and immediately went to the barrack to make inquiries, where I was informed that the issuer of the ticket was at fault, and not the constabulary. I may mention that this ticket was cancelled by the Dispensary Committee, who placed the following resolution on the book:—"No. 329..... was cancelled, and the Committee are of opinion that the medical officer is entitled to a fee; and they are of opinion that the police should not have applied for a ticket."

There was a man assaulted here on the fair day (12th inst.) who got some cuts on the head, which were dressed by our local apothecary. Afterwards the constabulary applied for a red ticket in order to get the medical officer's opinion as to the nature of the case, but the issuer of tickets informed the constabulary that the man was *able to pay*; but, notwithstanding this, they *pressed* for a ticket, but were refused. Apologising for the length of this letter,

I am, Sir, your obedient servant,

F. W. SMARTT, M.D.

1. The medical officer must attend on a relief ticket whether rightly or wrongly issued.

2. He is not called upon to give any opinion, and would act very foolishly in doing so without being secured his fee.

3. If formally and officially requested by the constabulary officer to give such opinion, he should do so in writing, and he would be unquestionably entitled to his fee for it, and could recover it by law.

4. If the ticket were subsequently cancelled, he could recover his fees for attendance on the patient, not from the constabulary, but from the issuer or the patient. The latter could not be held liable unless it could be shown that he or his representatives were party to the issue of the ticket. For instance, if he were brought to the station house in an insensible condition, he could not be afterwards made to pay.

We should be very glad of an opportunity to test the right of the authorities of Dublin Castle to issue the instructions upon which the constabulary act on these occasions. In any case, we hope our correspondent will insist on being paid on the cancelled ticket if he has not been already fully remunerated.

EXCLUSION OF DISPENSARY MEDICAL OFFICERS FROM THE MAGISTRACY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR

SIR,—As a Poor-law medical officer, and one, like many more in my position, who has never been desirous of becoming a magistrate, permit me, nevertheless, to bring under your notice that the reply of the Chief Secretary to Dr. Lyons brings with it nothing short of a most audacious insult to the medical profession, or at least that very important branch of it, the Poor-law medical staff in Ireland. I address you, Sir, as the ever-vigilant guardian of our interests, begging you will arrange to have this insult fully brought under notice at the annual meeting, and a copy of a resolution—potent in its wording—passed at said meeting sent to this English Chief Secretary, who had to admit that our professional brethren in England were not insulted by him as we in Ireland are. It is patent to everyone that every other petty shopkeeper in the country and illiterate farmer is dubbed a J.P., whereas the educated member of an honorable profession is told that he should be excluded from those on whom that trifling bit of patronage is conferred.

I am, Sir, yours, &c.,

A SENSITIVE M.D. WHO WOULD NOT BE J.P.

LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND) FOR THE MONTH OF APRIL, 1884:—

- APRIL 1ST.—Falkiner, N. W., 45 Lower Dominick Street, Dublin, M.B. Univ. Dub. 1884.
2nd.—Fleming, H. H., Clifden, co. Galway, M.B. Univ. Dub. 1883, Bac. Surg. Univ. Dub. 1884.
3rd.—Smith, V. E., Sandymount, Belfast, M.B. and Bac. Surg. Univ. Dub. 1884.
3rd.—Warren, H. E. A., 6 Belgrave Park, Charleston Rd., Dublin, Lic. R. Coll. Surg. Irel. 1883.
4th.—Boles, W. S., 12 Belgrave Square, E., Dublin, M.B., Univ. Dub. 1883, Bac. Surg. Univ. Dub. 1884.
7th.—Daly, C. C. de B., 8 Upper Temple Street, Dublin, M.B. and Bac. Surg. Univ. Dub. 1883.
9th.—Neill, J., Tallaght, co. Dublin, Lic. R. Coll. Surg. Irel. 1879, Lic. and Lic. Mid. K. Q. Coll. Phys. Irel. 1883.
16th.—Manning, N. S., Ballyhaise, co. Cavan, Lic. R. Coll. Surg. Irel. 1883, L. and L. Mid. K. Q. Coll. Phys. Irel. 1884.
17th.—Cochrane, J. J., Virginia, co. Cavan, M.B. Univ. Dub. 1883, Bac. Surg. Univ. Dub. 1884.

- 19th.—Smartt, H. W., Castlepallard, Lic. R. Coll. Surg. Irel. 1883, L.A.H. Dub. 1884.
19th.—McCanlley, H. W., 9 Abercorn Terrace, Rathgar, Lic. R. Coll. Surg. Irel. 1883.
21st.—Doyle, P. J., Ballylarkin, Gorey, M.D. R. Univ. Irel. 1883.
21st.—McCauley, J. H., 39 Lower Dorset Street, Dublin, Lic. R. Coll. Phys. and Surg. Edin. 1884.
22nd.—McGrath, E. H., Grangeview, Cork, Lic. R. Coll. Phys. and Surg. Edin. 1884, L.A.H. Dub. 1884.
24th.—Drake, T. G., 3 Vergemount Hall, Clonskeagh, Lic. R. Coll. Surg. Irel. 1883, Lic. and Lic. Mid. K. Q. Coll. Phys. Irel. 1884.
25th.—Ward, J. S., Lisburn, Lic. R. Coll. Phys. Edin. 1884.

APPOINTMENT AND REMUNERATION OF SUBSTITUTES FOR DISPENSARY MEDICAL OFFICERS.

Irish Medical Association,
Royal College of Surgeons, Dublin.

SIR,—The attention of the Council of the Irish Medical Association has been frequently directed to the proceedings of Boards of Guardians and Dispensary Committees with reference to the above subject, respecting which the regulations of the Local Government Board seem to be very imperfectly understood, so that frequent disputes have arisen from the omission of the Dispensary Medical Officer to adopt the course indicated by those regulations. With the object, therefore, of preventing contests of opinion on this subject, the Council deem it desirable to recapitulate the regulation governing the matter, and to point out the course to be pursued by both medical men.

That course is governed by the 22nd article of the Dispensary Regulations, which is as follows:—

"If a Medical Officer of a Dispensary District be temporarily incapacitated, by illness or other cause, from performing his duties, he shall immediately, if practicable, communicate with the Chairman or Honorary Secretary of the Committee, and shall recommend to the Committee a Medical Practitioner qualified as hereinbefore provided (in Article 20), to perform his duties during such temporary incapacity. And on the fact of the Medical Officer's incapacity becoming known a special meeting of the Committee shall be at once called in accordance with Article 13 of the Order, for the purpose of appointing a temporary substitute for the Medical Officer; and the Committee shall report the circumstances of the case to the Board of Guardians, who shall, subject to the approval of the Commissioners, determine the amount of remuneration, if any, to be paid to the temporary substitute. And for the time during which such temporary substitute, appointed by the Committee of Management, shall act as Medical Officer, he shall perform all the duties of the Medical Officer, and shall duly enter up the books of the dispensary for such time, before any remuneration that may be agreed upon to be paid to him."

This regulation provides for the temporary incapacity of the officer not only from illness, but from any other cause outside his control, as for instance, a *subpoena* to give evidence in court, or an order from his Committee to perform duties incompatible with his dispensary work. In conformity with this regulation—the duty of a Dispensary Medical Officer, in case of his being "temporarily incapacitated by illness or other cause," is strictly confined—*first*, to his "immediately, if practicable, communicating with the Chairman or Honorary Secretary," and *secondly*, to "recommending a duly qualified *locum tenens*." The Medical Officer is not authorised to appoint his substitute, and the Committee have full discretion to act upon his recommendation, or

to disregard it, as they see fit—nor has he any authority whatsoever to make official arrangements with the *locum tenens* as to his remuneration, nor would any promises made by him be in the least binding either on the Committee or the Board of Guardians. The Medical Officer is simply directed to suggest to the Committee the name of a medical man who possesses the qualifications required by the regulations, and in doing so he will, of course, act rightly in recommending a practitioner who can conveniently and effectually discharge the duties for the advantage of the sick poor.

The Council do not fail to recognise the circumstances which may make it frequently desirable for the Dispensary Medical Officer to arrange *ad interim* for the discharge of his duty, until he shall have had time to communicate with the Chairman or Secretary of the Committee, and on these occasions the *locum tenens* may act upon arrangement with the Secretary until the Committee can be summoned; but in these cases, the practitioner who acts as *locum tenens* should recollect that his acting for the Medical Officer is irregular until he has had a definite appointment from the responsible officer of the Dispensary Committee, and that he has no claim whatever for remuneration except on a definite arrangement on the subject with that officer. He should also take care that the duty done temporarily by him at the request of the Medical Officer or the Committee's Secretary is covered by a subsequent resolution of the Committee by which his appointment is legalised, and the entire period of his service approved.

The *locum tenens* should distinctly understand that by such temporary arrangement he acquires no claim—moral or legal—upon the Medical Officer, and that if he omits to obtain, at the hands of the Committee or its responsible officer, a definite appointment and a definite understanding as to payment, he, in undertaking his duties, does so at his own risk, inasmuch as it is the regulation that Guardians "shall, subject to the approval of the Local Government Board, determine the amount of remuneration (if any) to be paid" to the temporary substitutes, and the Guardians have frequently, through a short-sighted policy, availed themselves of these words to refuse to pay anything for such services. The Council entirely dissent from this interpretation of the regulation, and hold that the words "if any," are introduced in order to free the Guardians from payment in cases in which the remuneration had been voluntarily arranged for between the Medical Officer and the *locum tenens*, and that in all cases the Guardians are bound to pay the sum agreed for with the Dispensary Committee.

As regards the continuance of the salary of the Dispensary Medical Officer during his illness, the Council desires to point out that the officer who complies strictly with the terms of the regulations, as above referred to, is entitled, *as a matter of right*, to receive his salary during the continuance of illness or other incapacity for duty, and it is not within the power of the Guardians to refuse payment, or to make any deduction from the amount, either for remuneration of the *locum tenens* or for any other purpose, nor is it within the authority of a Board of Guardians, by any resolution made at the time or previously, to alter the provisions of the regulations or to create a rule having such effect, and in case of their refusal to pay the *locum tenens*, the Dispensary Medical Officer is not bound in honour or in law to make good such payment, unless he has previously entered into an implied or expressed understanding with the *locum tenens* to that effect, which he is no way called upon to do.

The Council—though considering it necessary to offer to Poor-law Medical Officer this explanation of the regulations—have no intention of interfering with the discretion or personal convenience of such officers in this matter, and they trust that Medical Officers will interpret the regulations or the advice now offered

to them in any spirit which might interfere with the efficient working of the Poor-law Medical System or the proper care of the sick poor.

Your obedient servant,
ROBERT BROWN, F.R.C.S.I.,
Hon. Secretary to Council.

LIMERICK SANITARY AUTHORITY.

THE LABOURERS' DWELLINGS ACT.

MR. MILLANE observed that he believed the doctors' expenses for visiting the different houses in the union, and reporting thereon, in connection with the Labourers' Act, would be rather heavy.

Mr. Ryan supposed that they would be paid what was reasonable.

Mr. Millane—If they charge a pound a visit to each house it will be very nice.

Mr. Ryan—Oh, they won't charge that.

Mr. Millane—Or even ten shillings a visit would amount to a heavy sum. I may tell you that it is the opinion of people outside that the doctors would be entitled to a pound a visit, and there is a test case taken before the Queen's Bench from the Youghal Union in which they are looking for one pound a visit to each house.

Mr. Farrell—At all events the matter has not come before us yet.

Mr. Millane.—No matter. I do not think we will get out of it easily. We may have to pay £600 or £700 to the doctors for visiting the houses, while we might have had it done for £50 or so, if we had only entered into an agreement with them at the proper time.

Chairman—We made an order agreeing to consider the accounts of all officials by and by.

Mr. Millane—I am afraid the consideration of the doctors' fees will not be left to you.

Chairman—My opinion is that if the doctors visited these houses and reported them as unfit for human habitation, we can come at them for not reporting it before now, because they were bound to do so. They neglected their duty if this is the case.

Mr. O'Farrell did not think the Board would be put to any trouble in the matter.

The subject then dropped.

IRISH MEDICAL ASSOCIATION.

REPORT OF PROCEEDINGS.

From 20th November, 1883, to 15th April, 1884.

(Adopted at Ordinary Meeting of the Council, held 15th April, 1884).

MR. WILLIAM THOMSON, Chairman of Council,
in the Chair.

(Continued.)

DISPENSARY MEDICAL OFFICERS.

The Committee of Council are glad to observe that the guardians' award of the maximum superannuation allowance to Dr. Wilson, of Edgeworthstown, has been sanctioned by the Local Government Board, to whom the following letter relating thereto was addressed—viz.:

Irish Medical Association,
Royal College of Surgeons in Ireland,
3rd December, 1883.

SIR,—Having been informed that a resolution recently adopted by the Board of Guardians of the Granard Union will come before the Local Government Board for their

sanction of a pension granted thereby to Dr. Wilson, Medical Officer of Edgeworthstown and Street Dispensaries, in Granard Union, the Council of the Irish Medical Association respectfully appeal to the Local Government Board, in the hope that they will give their most favourable consideration to the special circumstances of the case.

The Council have been informed that Dr. Wilson, when proceeding to visit a dispensary patient for whom he had just received a dispensary ticket, met with a most serious injury of his foot and ankle joint, in consequence of the upsetting of his carriage, and not only has suffered intensely ever since from disease of the bones and ankle joint, but has been rendered a cripple probably for life, unable to perform his public duties or actively to engage in the private practice of his profession.

The Council have further been informed that Dr. Wilson, upon finding it necessary to resign his appointments, has, in consideration of his good service and the special circumstances, been voted by his Board of Guardians the maximum retiring allowance permitted by the Act of Parliament. The Council, therefore, earnestly hope that the Local Government Board may be pleased to sanction the full amount of that award in consideration of the following circumstances, viz:—

1. That Dr. Wilson was a faithful, zealous, and most efficient dispensary medical officer for many years, during which time his prompt and devoted attention to his duties, and the kind manner in which he discharged them, earned for him not only the confidence and respect of his dispensary committee and board of guardians, but also the love and esteem of the sick poor.
2. That the accident by which he has been reduced from a position of prosperity to one of almost complete dependence for support upon the amount of pension granted him, was incurred in the direct discharge of his duty as a dispensary medical officer, and without any default on his part.
3. That at the date of his accident the Local Government Board had not issued the circular which they subsequently promulgated, by which they advised boards of guardians that pensions granted to their officers in excess of the Civil Service scale would not be sanctioned by the Local Government Board. The Council respectfully submit that it would be very unjust to Dr. Wilson to limit the discretion of the guardians as to amount of pension by an order made at a period subsequent to the occurrence which entitled him to seek superannuation.

I am, Sir,

Your obedient servant,

ROBERT BROWNE, F.R.C.S.I.,
Hon. Sec to Council.

EXAMINATION OF DANGEROUS LUNATICS.

A dispensary medical officer, who is a member of this Association, had been called upon during the past few years by the justices to examine several persons alleged to be dangerous lunatics, and certify as to their mental conditions. In each case he was awarded by the justices the maximum fee of £2; but the Board of Guardians ignored the justices' order, and paid only one guinea in each case. The medical officer, in acknowledging the receipt of the cheques sent to him, took the precaution to state that the amount in each case was received *on account*, and ultimately sent in a bill for the balances due. The guardians refused to pay the claim, and the medical officer communicated with the Committee of

Council, who gave instructions to Mr. Clifford Lloyd, solicitor to the Association, to take legal proceedings to recover the amount claimed. The case was heard at Castleblaney Quarter Sessions on 28th March last, and a decree given for payment of the balance of the last fee only. The Committee of Council, acting upon the advice of the solicitor to the Association, appealed against the decision, in expectation of getting a decree ordering payment of the full amount claimed on all the awards of the justices.

MEDICAL WITNESSES AT COURT.

The Committee of Council are indebted to Dr. Hayes, of Rathkeale, for a communication relating to a correspondence which had recently taken place between him and the Under Secretary to His Excellency the Lord Lieutenant, as to the time at which a medical witness's "day" begins and terminates. The Under Secretary is reported to have ruled that "the day" begins at six o'clock a.m. and terminates at 8 o'clock p.m., as far as the obligations of medical witnesses are concerned. As no medical witness is allowed more than £2 2s. a day, one obliged to spend the entire of such a day of 14 hours is to be paid at the rate of three shillings an hour! as right and proper remuneration for a professional gentleman's time and skilled evidence without any allowance for loss of fees from private practice, or for the payment of his substitute during his necessary absence.

Under this ruling, it appears that any medical witness duly summoned to give evidence at Court who cannot, between 6 o'clock a.m. and 8 o'clock p.m., have begun and terminated his necessary travelling from home, &c., for the purpose of obeying the summons, is entitled to claim the specified fee for another day, no matter whether the commencement of his necessary movements for the purpose be much later than 6 o'clock a.m., or the termination thereof much earlier than 8 o'clock p.m., provided either *necessarily* extends further; or in other words, a medical witness obliged to leave home before 6 o'clock a.m. can claim two days' fees, even though he may reach home after attendance at Court long before 8 o'clock p.m., and, *vice versa*, a medical witness who cannot reach home by 8 o'clock p.m., no matter when he started, is entitled to another day's fee. Further, it appears that a medical witness who is obliged to begin his journey before 6 o'clock a.m., and is unable to terminate it before 8 o'clock p.m. the same day, is entitled to claim fees for three days. As the hours of commencement and termination of a medical witness's day has been so precisely fixed, the Committee of Council will be glad to be informed of any claims made for the second or third days' fees under such circumstances.

OBITUARY.

DR. RIGGS, OF ARMAGH.

ON the 3rd inst., Dr. Riggs, who had been ailing for the last few weeks, died. The deceased gentleman was medical officer of the Armagh Workhouse, which appointment he held since the 20th April, 1847. He took a lively interest in a great many public boards, amongst them being that of the Great Northern Railway Company, at the meetings of which he was a constant attendant. He was also one of the directors of the Armagh Gaslight Company, and recently he took a very active part in the agitation with regard to the Ulster canals.

IRISH POOR-LAW INTELLIGENCE.

IRISH MEDICAL ASSOCIATION.

ANNUAL GENERAL MEETING,
2ND JUNE, 1884.
REPORT OF COUNCIL

For the Year Ending 31st May, 1884.

MR. PRESIDENT AND GENTLEMEN,

During the past year your Council held 7 meetings, and the Committee of Council 43 meetings; 53 new members were elected, 7 resignations accepted, and 5 members died.

In this report your Council have approved of making but brief reference to subjects which have already been brought under notice in the periodical reports circulated amongst the members since last annual meeting.

MEDICAL ACT AMENDMENT BILL.

Your Council have endeavoured to have this Bill amended in accordance with the principles of medical legislative reform approved of by several successive annual general meetings of this Association.

The President of the Association (Dr. Jacob), at the request of your Council, lately proceeded to London, and had an audience of the Lord President of the Privy Council (Lord Carlingford), Mr. Lennox Peel (Secretary to the Privy Council), and the Lord President's Secretary, when he brought under notice the alterations in the measure which this Association desires.

Your Council have reason to believe that the suggestions offered to Government on behalf of this Association are regarded with favour, and, probably will be introduced into the Bill if they be influentially brought forward and supported in the House of Commons, as they are not out of harmony with the principles of the Bill, or the recommendations of the royal commission.

The amendments urged upon the attention of Government by the Association, are as follows:—

- (a) That the State examinee should be attached to a licensing body during his period of study, and that this affiliation should be necessary to registration.
- (b) That the curriculum and period of study should be uniform throughout the kingdom.
- (c) That the direct representative and the crown nominee should have seats on the divisional board for each division of the kingdom.
- (d) That university matriculants should not be admitted to the final examination at a reduced fee, unless they had fulfilled, at least, three years' study in arts.
- (e) That the surplus funds in the hands of the Medical Council and Divisional Board should be divided between the licensing bodies in proportion to the

educational and examinal work done by each respectively.

- (f) That the representation of the Irish College of Physicians on the Divisional Board should be increased.

The last of these amendments, however, has since been accepted.

Pending the decision of the Government regarding the introduction of the above amendments in the Bill, your Council have not taken any step to promote the progress of the measure; and they are of opinion unless these amendments, or the greater part of them, be adopted in the Bill, that measure should not receive any support from this Association.

The following correspondence between your Council and the chairman of the Reform Committee of the British Medical Association has taken place:—

IRISH MEDICAL ASSOCIATION,
ROYAL COLLEGE OF SURGEONS,

April 8th, 1884.

DEAR SIR,—I am requested by the Council of the Irish Medical Association to offer, for consideration of the Medical Reform Committee of the British Medical Association, the views of the Council respecting amendments needful to make the Medical Bill acceptable to the profession, and effectual as a measure of reform. Your Committee is, probably, aware that the Association, for many years past, urged persistently and emphatically the passing of a measure based upon the principles of this Bill, and it is, therefore, with much regret that this Association has found itself unable, in consequence of the many faults of important detail which the Bill contains, to take as active steps in support of it as it adopted when preceding medical reform bills were before Parliament. The object of this communication is, therefore, to enlist the co-operation of the Medical Reform Committee in obtaining such amendments in the Bill as will make the Bill generally acceptable, will weaken or neutralise the anticipated opposition to it on the part of the licensing bodies, and will make the measure as perfect in detail as the medical law of the future ought to be.

The Council submits that, considering the uncertainty of legislative prospects for the current session, the anticipation of a violent opposition to the Bill if views of opposing bodies be not, in some degree, met, and the probability that, if the Bill be not passed this session, no government will take the subject in hands for many years, the bodies interested in reform would act wisely by meeting hostility by conciliation, and arriving at a community of opinion and policy in respect of indispensable amendments.

The Council of the Irish Medical Association desires amendments in the Bill to meet the following objections, which I am to state very briefly:—

EDUCATIONAL.—(a.) That the primary administration of all medico-educational affairs is left *exclusively to the licensing bodies* which form the Divisional Boards—the representatives of the profession having no voice in these matters.

b. That as three—probably diverse—medico-educational schemes will be made by the Divisional Boards, and not by the General Council, it will be totally impossible for the latter body to bring these into even approximate uniformity, and we shall continue to have the same diversity of educational standards in the three divisions of the kingdom which the Bill is created to prevent.

c. That, as the student need not be in any way connected, either during his period of study or afterwards, with any of the recognised examining bodies, there will be no sufficient guarantee for the sufficiency of his primary examinations.

RE-CONSTITUTION.—(d.) That the direct representative is placed by the Bill in a subordinate position, and his influence minimised by confining it to the brief and limited, supervisory functions of the General Council, while the licensing bodies are given full control of all medico-educational arrangements.

COLONIAL PRACTITIONERS.—(e.) That the Bill will admit to home practice an unlimited number of American, colonial, and foreign practitioners, for whose education or examination up to the home standard no sufficient guarantees are required.

UNLICENSED PRACTICE.—(f.) That the law which has been heretofore used in England to check illegitimate practice is to be repealed without any adequate alternative being enacted.

g. That the Bill gives new power to the Medical Council to forbid defence associations or private persons to prosecute medical quacks, while it refuses the Council the same prohibitory powers in the case of dental quacks.

Finally, the Council of the Irish Medical Association expresses the opinion that the Bill deals most unjustly with existing licensing corporations. *Firstly*, by making no proper provision for allocating to their maintenance any part of the very large annual income which will accrue to the General Council. *Secondly*, in according to students of certain universities, which are nothing more than examining centres, the same privileges as those accorded to students of *bona fide* universities which educate, train, and examine, such privileges the having effect of a large money inducement to attract students to those universities.

I am desired to inform you that, if the Medical Reform Committee is willing to consider the amendment of the Bill in the matters here indicated, or in other directions, this Association will be glad to confer with your Committee, or, in any way, to afford any information desired.

I am, dear Sir, yours faithfully,

ROBERT BROWNE,
Hon. Sec. to Council.

In reply to this communication a letter was received from Dr. Waters, chairman of the Medical Reform Committee of the British Medical Association, informing your Council that the Committee had carefully considered the representations made, and had embodied their reply thereto as follows:—

NOTE 1.—(a) The divisional boards will only act under the supreme control of the Medical Council.

NOTE 2.—(b) The Medical Reform Committee are of opinion that the Medical Council cannot possibly sanction really diverse schemes.

NOTE 3.—(c) The Medical Reform Committee carefully considered the question of placing the direct representation on their respective divisional boards, and, while not opposing the proposal, cannot oppose the Bill on that ground. The proportion of direct representation on the Medical Council (four in eighteen) makes them a deal fewer, whereas one in a board of sixteen in Ireland could exert little influence in the divisional board. The Medical

Reform Committee do not oppose the proposal. They have pressed it on the attention of Government, and the Government are not hostile to the point. The Government, however, reply to the Medical Reform Committee that the demand has never been made by the Association or the profession, and that they have conceded all that has been asked.

NOTE 4.—(d) The clause has been strengthened in this year's Bill. The Medical Council will exercise supervision, but for this clause or something of the kind, M. Gueneau de Mupy, a professeur agrégé, physician to one of the large Parisian hospitals, on coming over to this country could not have acted as physician to the ex-King of the French without subjecting himself to pains and penalties.

NOTE 5.—(e) The present law against illegal practice is not as strong as that proposed in the present Bill; witness the failure in prosecution of an unregistered "doctor" by the Liverpool Defence Association quite recently, while the clause referring to such cases in the present Bill would have reached him.

NOTE 6.—(f) The Association has suggested that these prosecutions will be best placed in the hands of a public prosecutor.

FINALLY.—The Medical Reform Committee have no power to interfere in matters involving the pecuniary interests of the corporations or universities.

NOTA BENE.—The Medical Reform Committee will move clauses rendering it incumbent on the Medical Council to visit the examinations, &c., of the divisional boards, as of the very essence of their duties.

UNION OFFICERS' SUPERANNUATION BILL.

Your Council regret to state that no satisfactory progress has been made with regard to this measure, chiefly in consequence of the opposition of several Irish Members and the great difficulties in the way of legislation at present.

The expressed intention of Government is to have this Bill at first presented to the House of Lords by Lord Carlingford, the Lord President of the Privy Council—Mr. Herbert Gladstone, M.P., still taking charge of it in the House of Commons.

An offer of support by the Irish Members was made, provided the Bill was so altered that the granting of pensions to union officers should still be left to the discretion of the boards of guardians, subject to an appeal to the Local Government Board; but your Council decline to entertain such a proposal, so long as Government continues to express the intention to exercise every effort to pass the Bill in its present form at the earliest possible date, without, however, holding out any hope that that time may soon arrive.

LABOURERS' (IRELAND) ACT.

Your Council regret that, owing to unaccountable delays, the very strong claim by a Medical Officer of Health for remuneration for his services in connection with the improvement of labourers' dwellings, as referred to in recent reports, has not yet come before the Court, but it is expected that this case will be disposed of soon.

Your Council have noticed that a similar claim has already been adjudicated upon by Dr. Darley, Q.C., County Court Judge, at the late Wicklow Quarters Sessions. The medical officer of health (who is not a member of this Association) sued the Board of Guardians of Rathdrum Union for £11, as reasonable remuneration for having, in compliance with their instructions, examined and reported upon 22 labourers' dwellings for the purpose of the Labourers' (Ireland) Act.

The County Court Judge gave a decree for the plaintiff. When giving his decision, the judge is reported to have stated that the Public Health Act does not impose upon a Medical Officer of Health gratuitously the duty of inspect-

ing and reporting on labourers' dwellings for the purposes of the Labourers' (Ireland) Act, and that his opinion of the matter was borne out by the Local Government Board, the Secretary of that body having written to him to the effect that the Local Government Board considered the medical officer of health fairly entitled to be remunerated for his extra services in connection with the administration of that Act.

This appears to be the first and only legal decision on such claims, and it is an extremely important judgement.

NOTIFICATION OF INFECTIOUS DISEASES.

Your Council, recognising the great public advantage which would accrue from an effective and satisfactory system of compulsory notification of all cases of infectious disease to the Sanitary Authorities, supported a deputation to the Chief Secretary on the 17th January last. The deputation comprised representatives of the Dublin Sanitary Association, the Royal College of Surgeons, the Irish Medical Association, and the Dublin Branch of the British Medical Association. The Chief Secretary's attention was specially directed to the principles of the Bill for the Notification of Infectious Diseases (Ireland), introduced into the House of Commons in the Sessions of 1882 and 1883 by Mr. Meldon, M.P. The provisions of that Bill had been previously accepted as satisfactory by your Council, as well as by the College of Physicians, the Royal College of Surgeons, and the Dublin Branch of the British Medical Association, and, subsequently, they were adopted by the Dublin Sanitary Association. The principle advocated was that the penal duty should be imposed upon the householder or custodian of the patient, with regard to each case of infectious disease, to report the same forthwith to the sanitary authority, provided the medical attendant, if any, had not already voluntarily accepted that responsibility and the liability thereto attaching. The Chief Secretary admitted the importance of the subject brought under his notice, and said he would make further inquiries relative to it; and, further, that the Government would consider the subject as soon as they could conveniently do so, and would doubtless be considerably influenced by the opinions and statements brought under his notice, which, he was convinced, proceeded in the largest degree from public spirit and philanthropy.

PRISON SURGEONS.

Your Council have much pleasure in reporting that a very important precedent has been recently established relative to the payment of substitutes for prison surgeons during their temporary absence from duty on Crown or official business.

The surgeon of Galway prison, in compliance with an official order from the authorities, proceeded to Dublin to give evidence before the Prisons Commission, but, before leaving his duty, he suggested to the Governor of the prison that Dr. Rice was a fit and proper person to be employed to discharge the duty, and the Governor requested Dr. Rice to undertake the temporary medical charge of the prison. Dr. Rice, having performed the duties, claimed remuneration for his services from the authorities, but the General Prisons Board referred him to the Secretary of the Royal Commission, who referred him to the prison surgeon. The General Prisons Board then directed the prison surgeon to pay his substitute, but Dr. Rice declined to accept the payment offered, under protest, by that gentleman. The matter was then referred to the Lords Commissioners of Her Majesty's Treasury, who ruled that the prison surgeon should pay for the services of his substitute.

Dr. Rice having appealed to your Council for advice and support, your Council, in his name, took legal proceedings to recover from the General Prisons Board the amount claimed, but the Recorder of Galway gave judgment against Dr. Rice.

REPORT OF PROCEEDINGS.

From 20th November, 1883, to 15th April, 1884.

(Adopted at Ordinary Meeting of the Council, held 15th April, 1884).

MR. WILLIAM THOMSON, Chairman of Council,
in the Chair.

(Continued.)

SANITARY PROSECUTIONS.

The case referred to in last ordinary report (pp. 264, 265), in which a medical officer of health claimed £2 2s. for his evidence given at the request of his Sanitary Authority in a prosecution under the Public Health Act, was heard at Newry Quarter Sessions on the 15th Jan. last, and adjourned in order to obtain information from the Local Government Board as to the power or right of the Sanitary Authority to pay a fee in such case, no one appearing to know of the issue or terms of the Local Government Board's order of 11th November, 1878, under the 258th section of the Public Health (Ireland) Act, 1878.

The plaintiff in the case—viz., the medical officer of health, should have been able to give this information had he read and recollected the reference to his case above recited, and accordingly might have saved himself some trouble and another day's attendance in court to prove his claim.

HON. TREASURER'S STATEMENT OF ACCOUNTS.

DR.	£	s.	d.
Balance in hand on 1st June, 1883:—			
Deposit Account... ..	£101	16	7
Current "	5	8	0
		107	4 7
499 Subscriptions	261	19	6
Interest on Deposit	0	7	5
		£262	6 11
		369	11 6

CR.	£	s.	d.
Expenditure:—			
Salary	£50	0	0
Commission	24	19	10
Stationery and Printing ...	33	16	9
Postage, Telegrams, and			
Conveyance	20	4	3
Deputation Expenses	57	15	0
Annual Meeting Expenses	17	1	0
Law Costs	30	0	0
Incidentals	4	4	1
		238	0 11

Balance in hand:—			
Deposit Account	£82	4	0
Current "	49	6	7
		131	10 7
		£369	11 6

15th April, 1884.

H. MINCHIN, Hon. Treas.

NAAS BOARD OF GUARDIANS.

MEDICAL OFFICERS AND LABOURERS ACT.

AN application for payment of £6 6s. from Dr. Bleakley, medical officer at Blessington, for inspecting and reporting upon a number of unsanitary dwellings, came up for consideration.

Mr. Cotton said the amount was very small, and should be at once paid.

Mr. Fenelon—How many houses did he inspect?

The Clerk—All within a radius of a mile.

Mr. Fenelon—I read his letter to the board very carefully, and I cannot make out how many houses he inspected. I may state here that I, at the suggestion of the Board, got Dr. Barker, of Kilcullen, to inspect some in that locality, and he went over twenty-seven of them in one evening. He made his report, which I handed in to the guardians myself, and he never lodged a claim for a single penny for making the inspection. The reason why I want to know how many houses Dr. Bleakley inspected is that we may be assisted very much in measuring the remuneration he may be entitled to.

Mr. Cotton—I do not see how he could charge anything lower than he has done.

Mr. Driver—I propose that this sum be paid. It is not too much at all for three days' work.

Mr. M'Dermott—There might only be two or three houses within a radius of a mile.

Mr. Driver—Oh! goodness me (laughter.)

Mr. Fenelon—I dissent from this payment. I do not see why we should follow the example of any one in this matter, because a County Court Judge decided in favour of a medical officer the other day. The Kilcullen medical officer never asked for payment.

The Chairman—But he may do so yet.

Mr. Driver—The guardians of the district are in favour of the payment being made.

The Chairman—So far as my experience goes, I must say we are not overcharged.

Mr. Fenelon—Six guineas for three days would represent a large sum in the year. So far as I can learn he has applied for more than he is entitled to for the duty performed.

It was decided to pay the money.

ATHY UNION.

LEAVE OF ABSENCE.

THE Local Government Board forwarded the following letter.

"SIR,—The Local Government Board for Ireland observe from minutes of proceedings of the board of guardians of Athy union, on the 15th inst., that a communication was received from the medical officer to the workhouse to the effect that he would require to be absent from his duties for a few days during the week, and that the guardians appointed Dr. Kilbride to act as his temporary substitute, at a remuneration of £3 per week; and I am to state that the Local Government Board cannot recognise or approve of any arrangement under which a medical officer is to be allowed to absent himself from his duties at periods to be selected by him according to his convenience, such periods not being specified in the leave granted to him. The General Regulations of the Local Government Board do not admit of any officer performing his duties by deputy; and if leave of absence is granted to a medical officer under article 41 of the Regulations the guardians should define the actual time and extent of such leave. The Local Government Board must decline to sanction the payment of remuneration to Dr. Kilbride for his temporary services until they have further information on the subject, and they request that the guardians will be good enough to take the matter again into consideration.

Chairman—The Article in the General Regulations which they refer to is as follows:—

"If any officer or assistant appointed to or holding any office under this order, be at any time prevented by sickness or accident or other sufficient reason from the performance of his duties, the guardians may appoint a fit person to act as temporary substitute, and may, subject to the approval of the Local Government Board, pay him a reasonable compensation for his services, and

every such appointment shall be reported to the Local Government Board by the clerk to the guardians, as soon as the same shall have been made."

The matter was referred to Dr. O'Neill himself.

COMBER DISPENSARY.

A MEETING of dispensary committee was held for the purpose of making arrangements with regard to the appointment of medical officer for the dispensary, in the room of the late Dr. Frame (deceased). The Chairman said Dr. Frame had not only been a physician, but a true-hearted friend, and was respected by them all. In his death the public had lost a most faithful and devoted servant, whose place would be very hard to fill indeed. He did not think it was necessary for him to say anything further, but in his opinion it would be only right and proper that this committee should express to the friends of Dr. Frame, by a vote of sympathy, with deep regret at his death, and their sympathy with his relatives in their sad bereavement. A committee was appointed to draw up an address of condolence. The chairman said that there were three candidates for the vacant office, and the Guardians were of opinion that the salary should be £60 per annum, while the Local Government Board held that the salary should be £100. The secretary then read a letter from the Local Government Board stating that they desired to inform the committee of management of the Comber dispensary district that the salary at present fixed for the medical officer was £100 per annum, and that the committee had no power to alter that amount, that being a matter which rests with the Board of Guardians, subject to the sanction of the Local Government Board. A letter was also read from Dr. F. Scott, one of the candidates, stating that he had retired from the contest. Resolved "That the dispensary committee cannot proceed in the election of medical officer until the question of salary is settled by the Board of Guardians and the Local Government Board." The present *locum tenens*, Dr. Henry, was reappointed for another month.

NEWTOWNARDS GUARDIANS.

LETTER read from the Local Government Board enclosing the copy of a communication addressed to the committee of the Comber dispensary district, to the effect that the attention of the Board had been called to the advertisement in reference to the appointment of a duly qualified medical practitioner to succeed Dr. Frame. The salary at present fixed was £100, and the committee had no power to alter that amount, the fixing of the salary being a matter that rested with the Board of Guardians, subject to the sanction of the Local Government Board. The committee should be convened at once to issue a new advertisement, and the rate of remuneration should be the same as that received by the late medical officer of the district. Mr. M'Master said the committee had made a mistake in publishing the advertisement before the Board of Guardians sanctioned the amount of salary. He therefore, moved that the Board ratify the decision arrived at by the dispensary committee, and declare the salary to be £60 a year. Mr. J. Andrews, considered that £60 of a salary was quite inadequate, and the £40 additional would only involve a rate of four-tenths of a penny on the valuation of the entire district. He proposed that a fresh advertisement be issued, as suggested and directed by the Local Government, and that the salary be fixed at £100. The car hire for such a large district would amount to at least £1 per week. A vote was taken, when three voted for the amendment and seven against, and the motion fixing the salary at £60 was passed.

IRISH POOR-LAW INTELLIGENCE.

IRISH MEDICAL ASSOCIATION.

THE annual general meeting of this Association was held on Monday, 2nd of June, in the library of the College of Surgeons. The President of the Association, Dr. Jacob, occupied the chair.

Amongst those present were—Drs. Hemphill, Clonmel (the newly-elected President); Molony, Bolton, Carlow; Willes, Rathmines; Hepburn, Dublin; Ferguson, J. R., do.; Walsh, Kilmacthomas; O'Rourke, Crossakiel, Co. Meath; Monogh, J. P., Dublin; Tagert, do.; Kinkad, Galway; Leonard, Athenry; Cutler, Waterford; Nixon, F. A., Dublin; Auchinleck, do.; Chapman, do.; Kelly, Drogheda; Moore, J. W., Dublin; O'Reilly, F. J., Trim; Jacob, Dublin; Corley, do.; Moore, C. F., do.; Stokes, do.; Brody, Limerick; David Jacob, Maryborough; Darby, Bray; Purcell, Dublin; Truell, J. P., Wicklow; Boyce, Stillorgan; Oulton, Dublin; Croly H. G., do.; Stoker, Thornley, do.; Ormsby, do.; Minchin, do.; Little, P. C., do.; Slevin, Longford; Wharton, Dublin; Pollock, Blackrock.

The report, which we publish elsewhere, having been read, Dr. Tagert moved the adoption of the Report of Council. He said that the report was a clear and able statement, showing that a large amount of work had been done during the past year by the Association in the interest of the medical profession both in town and country.

Dr. Hemphill, of Clonmel, seconded the resolution.

The Chairman, in putting the resolution, said that the report had intimated that the judge of assize had declared that a medical substitute should be paid by the Prisons Board, but notwithstanding that the Treasury had sent directions to the Prisons Board to deduct from the salary of the medical officer the payment made to the substitute. In this way they were again brought into collision with the Treasury. Nevertheless, he believed the result would be favourable to the Association. The judge of assize had expressed in the strongest terms his opinion on the subject, and his reasons for the judgment he had given. There was no legal authority for such a deduction from the salary of the medical officer. Now, as to the payment of substitutes for dispensary medical officers, he had received from a gentleman in the country a communication which he had received from the Local Government Board on the subject. This gentleman had been subpoenaed to attend as a witness at the assizes, and in due course he nominated his substitute, but the board of guardians refused to pay the substitute, and appealed to the Local Government Board, and that board replied stating that when a dispensary medical officer was summoned as a witness at the assizes on business unconnected with the public service of the union it was the usual practice for the medical officer to provide a substitute at his own expense, as it was

presumed that he would be remunerated for his attendance at the assizes. Now, the remuneration for attendance as a witness at the assizes was so insignificant that he (the President) did not think it at all justified a deduction being made from the salary of the medical officer for the payment of his substitute. With respect to the appointment of medical officers to the magistracy he had reason to believe that the Government had caved in. Dr. Lyons had taken up the question very warmly, and within the last few days he (the President) believed that a medical officer had been appointed to the magistracy. However, a memorial would be prepared on the subject, and he trusted that it would be extensively signed.

The resolution was adopted.

Dr. A. H. Corley moved the following resolution:—“That the council be instructed to continue to urge Government to adopt the amendments of the Medical Act Amendment Bill approved of by this Association, and that in the event of such amendments as seem to them necessary not being introduced into the Bill the support of this Association shall not be given to that measure.”

Dr. Truell seconded the motion.

Mr. Stokes, of Dublin, wished to propose an amendment. One of the amendments urged upon the attention of the Government was—“That the curriculum and period of study should be uniform throughout the United Kingdom.” In the Bill proposed, the “uniformity of fee” was left out. The question of finance might be a vulgar consideration, yet it was as important as any of the others, and if the amendment which he would now propose were not made, one of the great defects of the present system, and which had led to an exodus from this country to England and Scotland, would continue. He proposed that an uniformity of fee should be established. If the charge were thirty guineas here there would be nothing to prevent a Scotch body charging thirty shillings, or what they liked less than that charge. He would venture to suggest that in addition to the proposal that the curriculum and period should be uniform throughout the United Kingdom, the fee also should be uniform. He thought it would be very desirable to have that added to the resolution.

Dr. Bellew Kelly, of Drogheda, seconded the amendment, which, with the resolution, was adopted.

Dr. Darby, of Bray, moved—“That the Association having observed with much regret that in consequence of the persistent opposition given to it by certain members for Irish constituencies, the Union Officers' Superannuation Bill has not been pressed upon the attention of Parliament, re-asserts its opinion that the poor-law medical officer is entitled in equity to receive a pension, as a matter of right, whenever he shall be incapacitated from the discharge of his duty, and therefore respectfully urges the Government and Mr. Herbert

Gladstone to exercise with determination their influence in Parliament to pass, in the present session, a measure so generally approved and so just in principle. That a copy of this resolution be forwarded to the Chief Secretary, Mr. Herbert Gladstone, and the Vice-President of the Local Government Board for Ireland."

Dr. Bellew Kelly seconded the motion, which was adopted.

Dr. Moloney, of Tulla, moved—"That this Association approves of Mr. Meldon's 'Notification of Infectious Diseases (Ireland) Bill,' and hereby directs the council to exercise the influence of the Association in its favour, and to oppose any Bill which proposes that the duty of notifying infectious diseases to the sanitary authorities shall be made obligatory upon the medical attendant."

Dr. T. Purcell seconded the resolution, which passed.

Dr. Cutler moved the following:—"That the indiscriminate issue of dispensary tickets to persons whose circumstances do not entitle them to charitable relief is a practice grossly unjust to the medical officer, and to the ratepayers, at whose expense such relief is given, and its prevalence in Ireland demands the earnest attention of the Government authorities. That the legal precedents established by the Association, by the recovery of fees for services rendered on these tickets, are eminently satisfactory, and that the Council be requested to consider the propriety of testing the question whether the cancelling of the ticket is an indispensable precedent to the recovery of such fees." Dr. Cutler said the issuing of dispensary tickets was liable to great abuse in cities and towns, and that tradesmen and artisans who were able to employ a doctor had not the slightest scruple in taking the services of medical men for nothing. If certain restrictions were put on the issuing of those tickets an abuse would be prevented.

Dr. Leonard, of Athenry, said that after an experience of twenty-two years as dispensary medical officer he did not think that he had reason to complain, though he believed that many of his professional brethren had been very badly treated with regard to the issuing of those tickets.

Dr. O'Reilly, of Trim, said he spoke after an experience of sixteen years, and he suggested that no person should have the power to issue those tickets but the relieving officer, who usually lived close to the residence of the doctor, and who knew the circumstances of the people. He would be a responsible person, and he (Dr. O'Reilly) believed that the members of the Dispensary Committee would be glad to get rid of the responsibility which was imposed on them by law.

Dr. Molony did not concur with the suggestion of the last speaker, for the relieving officer could not know the circumstances of all the persons living in a district, some parts of which might be a dozen miles away from him.

Dr. W. H. Oulton spoke in favour of the responsibility being thrown on the relieving officer, and said that in Dublin and other cities those tickets were in many instances issued by publicans to persons who came into their place of business, had some drink, and got the order.

The resolution was adopted.

On the motion of Dr. O'Rorke, seconded by Dr. Kinkead, of Galway, the following resolution was adopted:—"That the action of Council in instituting a suit to establish the right of medical officers of health to payment for inspections under the Labourers (Ireland) Act is approved, such functions not being, in the opinion of the Association, a legitimate part of the duty of the medical officer under the Public Health Act."

Dr. Kinkead moved the following resolution:—"That the Association regards the exclusion of dispensary medical officers from the Commission of the Peace in Ireland as derogatory to the social and professional position of those officers, and entirely unjustified by

experience as to the manner in which the magisterial functions have been heretofore discharged by those officers who have held her Majesty's Commission; that the Council be requested to use their utmost influence to cause any understanding which may exist as to the exclusion of dispensary medical officers to be abrogated." Dr. Kinkead said he did not know any class of persons in whom the people would have more confidence than in the members of the medical profession, but it was not in reference to the right of medical gentlemen to hold the Commission of the Peace that reforms were required. When resident magistrates attended the assizes they were allowed as expenses £1 1s. a day, sub-inspectors of police received 15s. a day, but the doctor was supposed to live on starvation allowance, and he was rated at 10s. 6d. per day. The Association would do good service if it insisted on justice being done to men of education, intelligence, and social position, such as were the members of the medical profession.

Dr. Oulton seconded the motion.

Dr. Leonard, of Athenry, said he attended the last assizes at Sligo, and the beggarly pittance allowed to medical gentlemen was brought under the notice of the judge, who spoke to the Clerk of the Crown. The judge considered that three guineas a day was only a reasonable remuneration to allow him (Dr. Leonard), and 30s. a day expenses, so that he received £4 13s. per day, and that was the rate of payment now given to medical gentlemen coming from Sligo to Galway. The Crown Solicitor remonstrated with the judge, and said that he could not allow more than two guineas per day and 10s. hotel expenses, and that he had received a communication from the Castle to that effect. The judge replied that the gentleman who framed that circular was not fit to put gum on a halfpenny envelope. (Laughter.)

The resolution was adopted.

Dr. Thornley Stoker moved the following resolution:—"That the thanks of this Association are hereby tendered to the professional and general press for having advocated the fair claims of the medical profession, as well as for having given publicity to the proceedings of the Association, with reasonable commendation."

The resolution was adopted.

Dr. Hemphill, of Clonmel, having taken the chair as president,

Dr. Martin, of Portlaw, moved the following resolution:—"That the warmest thanks of this Association are hereby given to our late president, Dr. Jacob, for the dignified manner in which he has filled that office, as well as for the zealous interest he has ever evinced in the welfare and objects of the Association."

Dr. Chapman seconded the resolution, which was adopted.

Dr. Jacob expressed his acknowledgments, and

Dr. Hemphill said he felt that the honour done him was a compliment to medical practitioners in the country.

The proceedings then terminated.

The following gentlemen were elected officers and members of the Council for the year ending 31st of May next:—

President.—Dr. W. D. Hemphill, Oakville, Clonmel.

Vice Presidents.—Leinster: Dr. Edward Hamilton, 120 Stephen's Green, Dublin. Ulster: Dr. W. Malcomson, Cavan. Munster: Dr. John Russell, Thurles. Connaught: Dr. Heily, Roscommon.

Council.—Dr. C. Bent Ball, Dr. J. W. Boyce, Dr. Brown, Dr. William Carte, J.P., Dr. Chaplin, Dr. A. H. Corley, Dr. H. G. Croly, Dr. T. Darby, Dr. R. V. Fletcher, J. R. Harvey, W. J. Hepburn, A. H. Jacob, David Jacob, J. B. Kelly, Richard John Kinkead, James Martin, A. Meldon, G. J. Mackesy, R. M'Donnell, F. V. M'Dowell, G. Morrough, J. Molony, A. O'K. Nolan, J. F. Pollock, Sir G. H. Porter, T. Purcell, J. Ridley,

J. M. Tabuteau, R. M. Tagert, Wm. Thomson, J. W. Usher, J. L. Walshe.

Auditor.—Dr. Albert Croly, Rathfarnham.

THE DINNER.

The forty-fifth annual dinner took place in the evening in the Albert Hall of the College of Surgeons.

Dr. WM. D. HEMPHILL, President, occupied the chair.

On the right of the President sat Dr. Moore, President of the College of Physicians; Sir George H. Porter, Surgeon-in-Ordinary to the Queen in Ireland; Sir George Owens, Mr. Maurice Brooks, M.P., D.L.; Dr. Croker King, Local Government Board; and Dr. Jolliffe Tufnell.

On the President's left sat Dr. E. H. Bennett, the newly-elected President of the College of Surgeons; Dr. Edward Hamilton, Dr. Lyons, M.P.; the Registrar-General, and Surgeon-General Clarke.

Among those present were:—Mr. Purcell, Q.C.; Dr. Carte, J.P.; Mr. Pelham Mayne, Mr. H. G. Croly, Dr. Pollock, Dr. Anthony Corley (Vice-President of the College of Surgeons), Mr. Wm. Stokes, Mr. Lambert Ormsby, Dr. Hepburne, Dr. Robert Browne, Mr. J. A. Scott, Dr. Humphrey Minchin, Mr. Minchin, Dr. Purcell, Dr. A. H. Jacob, Mr. Arthur Benson, Dr. Duigenan, Dr. Chapman, Dr. Austin Meldon, Dr. Carte, Mr. John Brennen, Registrar Royal College of Surgeons; Mr. Purcell, Mr. Arthur Patten, Mr. Thomas Gick, Mus. Doc., Mr. Henry Beaumont.

After dinner,

The Chairman, in proposing the toast of the Queen, said they all had to express their deep sympathy with Her Majesty in the loss of her beloved son.

The toast was warmly drunk, and the National Anthem sung.

The Chairman then gave the toast of "The Prince and Princess of Wales and the rest of the Royal Family," observing that his Royal Highness the Prince of Wales had shown a marked interest in the question of the dwellings of the poor in connection with the Royal Commission now sitting—a commission which promised to confer great benefits in connection with the promotion of sanitary science. He (the President) said he could not but think that many of the evils that affected this country might have been mitigated if the children of the Queen had come oftener amongst us. (Loud cries of "Hear hear.")

The toast was heartily drunk.

Quartet—"Cytherea"—Sir R. P. Stewart.

The President then proposed the toast of "The Houses of Lords and Commons," and said he feared that the passing of the Medical Acts Amendment Bill was inevitable, and that they would have to accept it subject to any amendments that might be made in committee. He expressed the hope that the surplus funds would be appropriated in such a way as that these Colleges would not suffer. It seemed hard to take from licensing bodies that had done their duty well—such as the Irish Colleges of Physicians and Surgeons—the power of sending men out into the profession. He believed that if there was a uniform standard of education, with *bond fide* attendance at lectures and proper attendance at the hospitals, and notes taken at the clinical observations made, it would be better for the students themselves. (Hear, hear.)

The toast having been honoured,

Mr. Maurice Brooks, M.P., in responding, said he would take care not to introduce the subject of party politics—(hear, hear)—which had been happily banished from these halls. With regard to medical politics, he was given to understand medical men were all agreed and that there was not a scintilla of difference between them. (Oh, and laughter.) However, as there might be a difference amongst them, he felt bound to say—

and what he had heard confirmed him in the view—that it would be better for him to be careful when he ventured to express an opinion upon medical politics. Therefore he would also refrain from very much reference to medical politics. (Laughter.) He must, however, say that he took a deep and sincere interest in the question of the superannuation of the union medical officers. (Applause.) He regarded the conduct of the Government towards those medical officers as little less than iniquitous. (Hear, hear.) It would be a source of great privilege to him to do his humble share, in association with his learned colleague (Dr. Lyons) to correct that very serious injustice. He had carefully studied the various amendments to the Medical Bill—occupying, he thought, 33 pages—and they would receive his careful attention. As for the House of Lords, he regretted that there was no noble member present to speak to that portion of the toast. What he (Mr. Brooks) would say in reference to it was that he hoped the House of Lords would last (hear, hear, and applause)—so long as it should continue to do the good work that had marked its career hitherto. (Hear, hear.)

Dr. Lyons, M.P., also responded. He said he had always believed that one of the most useful ways in which a change could be effected in the House of Lords would be by incorporating the representatives of all the learned professions of the country, and he ventured to think that the time was coming when the recognition of the public position and importance of the great bulk of the profession to which they had the honour to belong should be accorded to them in this great assembly. In suggesting such a course he was not at a loss for a precedent. Six life peerages had been added in representatives of the legal profession to the House of Lords, and the feeling day by day was fast growing that a similar recognition could be fairly claimed by the profession of medicine. (Applause.) He believed such a recognition would materially increase the public capacity of usefulness of their profession, for many important questions could be much more successfully dealt with in the calmer atmosphere of the House of Lords; when for the next 10 or so years there was a certainty that questions of high political importance which greatly agitate the public mind would occupy the attention of the House of Commons. He believed the proposition he now referred to would come before very long within the domain of practical politics. With reference to medical legislation, he believed there should be a settlement on a new basis of the questions which had agitated the medical mind for the last 20 or 25 years, and he would ask the members of the profession to do their part by formulating their views in clear and unmistakable terms, so that they in the House of Commons might be informed of their opinions. (Hear, hear.) As to the representation of the profession in the magistracy of the country—(hear, hear)—there was no wish that the magistracy should be flooded with doctors—(No)—but he thought he fairly represented the general feeling when he said that when a man had a certain standing in the profession he should be free to be chosen for the magistracy irrespective of any arbitrary rules. He decidedly objected to the fact of a certain man filling a particular position disqualifying him from holding a position which was one of dignity and trust, and which was looked upon as a social mark carrying a certain amount of distinction throughout the length and breadth of the country. (Hear, hear.)

Song—"Afterwards"—J. W. King Mullen.

Surgeon-General Clarke responded on behalf of the army to the toast of the "Army and Navy," and Surgeon Henry Croly on the part of the navy.

Serenade—"Maiden Fair"—Haydn.

The toast of the "Colleges of Physicians and Surgeons" was then drunk.

Dr. William Moore, President of the College of Physicians, first responded, and spoke of the sympathy of his College with the objects of the Association. He insisted that the dispensary medical officers must have retirement allowances. Every other branch of the public service had, and why should not professional men in Ireland, who were in the public service, have it? (Hear, hear.) He also strongly deprecated the change proposed to be wrought by the Medical Amendment Bill.

Dr. E. H. Bennett, President of the College of Surgeons, next responded, and pointed out, in answer to the invitation of Dr. Lyons, that the Irish College of Surgeons had already closely formulated their opinions, and no later by a resolution passed by the College on Saturday last.

Cavatina—"Come into the Garden, Maud"—Balle.

The President gave the toast of the Dublin branch of the British Medical Association, whose useful and important operations he spoke of in warm terms of eulogy. That great organisation, which was in no sense a rival of the Irish Medical Association—(hear, hear)—was going to hold its third annual meeting this year at Belfast, and they wished it success. He hoped it might be a means of much benefit to the cause of medical science in Ireland. (Applause.)

The toast having been duly honoured,

Dr. Edward Hamilton responded, and said it was a source of great pride to him, as the president of the Dublin branch of an organisation whose members numbered thousands, and whose branches extended wherever British rule was known, to have the privilege of speaking on its behalf. They were not ashamed to follow in the path of the Irish Medical Association, which had proved so successful a pioneer. (Hear, hear.)

Quartet—"The Three Chafers."—Pruhn.

Sir George Porter proposed the toast of the President of the Irish Medical Association, whom he spoke of as an accomplished gentleman and distinguished county infirmary surgeon.

The toast was cordially drunk.

Dr. Hemphill responded.

Song—"Father O'Flynn."—Words by Graves. Music arranged by C. V. Stanford.

The toast of the "Visitors" was responded to by Mr. Pheham Mayne and Mr. Purcell, and the health of the Council and Officers of the Irish Medical Association and of the Press having been drunk, the company separated.

IRISH MEDICAL ASSOCIATION.

ANNUAL GENERAL MEETING,

JUNE 2, 1884.

REPORT OF COUNCIL

For the Year ending 31st May, 1884.

(Continued.)

YOUR council were not satisfied that the facts of the case had been fully submitted, and, acting under legal advice, notice of appeal was lodged against the Recorder's decision. When the case was heard at assizes, the judge gave a decree for the amount claimed, with costs, and ruled that, under the circumstances, the authorities were liable to pay for the services of the prison surgeon's substitute. No notice of further appeal has been lodged.

Your council consider that this decision is very noteworthy, and they would recommend medical gentlemen holding public appointments, when compelled to be absent from duty in such instances as crown summonses or official requirements, merely to nominate, but not appoint or make any arrangement as to the payment of

their substitutes; leaving it to the latter to take the steps necessary to recover from the proper source the amount of their claims for services rendered. The medical officers will thus most effectually resist the imposition of unfair deductions from their salaries.

WORKHOUSE MEDICAL OFFICERS.

Regarding the order of the Local Government Board of 18th December, 1882—relating to the delegation to boards of guardians of the right to dismiss medical officers of unions upon sufficient grounds—which was referred to in last annual report (pp. 206, 207) and appendix (pp. 233—245), your council have to report that no instance of dismissal of a workhouse medical officer has been brought under their notice, and, consequently, no opportunity has arisen of testing the legality of the Local Government Board's order of 18th December, 1882, in the Court of Queen's Bench.

DISPENSARY MEDICAL OFFICERS' SUBSTITUTES.

A member of the Association informed your council that he had acted as substitute for the medical officer of a dispensary district during his illness (two weeks), and that, although he had been duly appointed as such by the dispensary committee at £3 3s. a week remuneration, the board of guardians of Mountmellick Union refused to pay him the full amount, £6 6s., on the ground that he had not been formally appointed as substitute until some days after he had begun to discharge the duties.

The facts of the case are:—The medical officer of the district suddenly became seriously ill, and at once provided for the discharge of his duties by deputy: and in a few days (as soon as he felt himself able to do so) he reported his incapacity for duty to the hon. secretary of his dispensary committee, who thereupon convened a special meeting of the committee, at which the substitute was appointed from the date of the commencement of the medical officer's illness, at £3 3s. a week remuneration. The observance of the specified formalities in this case occasioned some extra delay, and the Mountmellick board of guardians sought to take advantage of it by repudiating the act of the dispensary committee.

Your council accordingly instructed Mr. Clifford Lloyd, solicitor to the Association, to take proceedings to recover the substitute's remuneration, and on the hearing of the case a decree for the amount claimed, with costs, was given.

This judgment is more important than it might from a hasty glance appear to be, inasmuch as it acknowledges the right of a dispensary committee to enter into a pecuniary contract as an authorised agent of the board of guardians, and makes the latter responsible for liability thereby incurred in such cases, notwithstanding the wording of Article 22 of the "General Rules and Regulations for the Government of Dispensary Districts," which declares that "the board of guardians shall, subject to the approval of the commissioners, *i.e.*, the Local Government Board, determine the amount of remuneration, if any, to be paid to the temporary substitute."

This decision further rules that a dispensary committee, by appointing a dispensary medical officer's substitute subsequently to the time he entered upon the duties, entitles him to claim remuneration for his services by such substitute, not merely from the date of his appointment, but from the day he, with the sanction of the Committee, commenced to discharge the duties.

It thus appears that the right of a board of guardians to "determine the amount of remuneration, if any," in such cases does not relieve them of liability to pay reasonable claims for services rendered and accepted.

(To be continued.)

IRISH POOR-LAW INTELLIGENCE.

FEEs FOR MEDICAL INSPECTORS OF LABOURERS' DWELLINGS IN IRELAND.

THE suit promoted by the Irish Medical Association to establish the right of Medical Officers of Health throughout Ireland to be paid for the functions performed by them in connection with the recently-enacted Labourers' Dwellings Act, came to a hearing on Saturday last in the Nisi Prius Court, Dublin, before Mr. Justice Lawson. The Association sued on behalf of Dr. Rogers, of Youghal, who had inspected over eighty cabins within his district upon a general order from his board of guardians. He had expended many days in the work, lamed a horse, travelled over dozens of miles of mountain road, attended on an expedition for fixing sites for new buildings, and afterwards presented himself at the board of guardians to answer questions on the subject. When he asked for his remuneration, the guardians declined to pay him a single shilling, either for his work or his travelling expenses, grounding their refusal upon the theory that his salary as Medical Officer of Health covered the duties. As a matter of fact, the year's salary was only £18, for which multifarious duties had been always discharged, irrespective of the inspections in question, which were entirely new, and not thought of when the duties and emoluments of the Medical Officer were fixed. Being met with this refusal, Dr. Rogers appealed to the Local Government Board, but—as might be expected—in vain. That Board did not order the guardians to pay, nor even advise them to do so; nor did it tell them that they were *not* to pay, because the work was part of the duty of the Medical Officer. As is its wont, whenever it is called upon to arbitrate between the officer and his masters, the Local Government Board tried to shirk all responsibility by saying as little as possible and doing nothing at all, and, as it is accustomed to do, it left the question to be fought out by a law suit, involving much delay, some bad blood, and great inevitable waste of money to all concerned.

When the suit was commenced by the Association, it

was expected that the Youghal Guardians, having no defence to make save the construction of the Acts of Parliament and the regulations, would take issue on the point of law and allow the question of the liability of the officer for these duties to be argued before the full court on a demurrer, but for some incomprehensible reason this course was not pursued, and the hearing of the case on Saturday last was before a jury. Mr. Lloyd, the solicitor of the Association, had retained Mr. John Gibson, Q.C., and Mr. Price, while the Youghal Guardians were represented by Mr. G. Waters. The evidence of Dr. Rogers as to the work done by him and the authority under which he performed it having been given, the defendants offered no testimony, and attempted no cross-examination. Mr. Justice Lawson, therefore, at once directed a verdict for the plaintiff for the full amount claimed. This decided the question of the reasonableness of the charges made by Dr. Rogers, but did not touch the point of law, for the arguing of which, if the Guardians think it necessary, leave was reserved to them to apply within one week to turn the verdict into one for them.

If they should make this application, it will be in the form of a motion for a conditional order, which, as the plaintiff will not be represented on the occasion, will probably be granted. If so, the real argument will be heard on the motion to make this conditional order absolute probably within the next three weeks. So far, the judgment is in favour of the Irish Medical Association, and, unless the Guardians disturb the verdict within a week, the rights of the Medical Officers of Health in Ireland will have been thereby established.

CORRESPONDENCE.

POOR-LAW MEDICAL OFFICERS AND THE MAGISTRACY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The Poor-law medical officers—a very numerous and influential body—confidently look to you and Dr. Lyons, M.P., as their champions and watchful protectors

against any insults or injustices heaped on them, not to allow the Chief Secretary to have the recent insult to an honorable profession rest on it like a loadstone without a vigorous and earnest effort to remove it. I know Dr. Lyons (whose name as a Dublin consultant is familiar with nearly every dispensary doctor in Ireland) is not to be put off by any "placebos" from any member of the Government, and consequently we are sanguine he will successfully fight out this point. I myself could have been a magistrate many years ago. I would not accept the office; but am I to be told by a Liberal Government, who had my political support for many long years, that because I am a member of the profession of medicine, and a graduate of a university, I am not one on whom (if I desired it) the Commission of the Peace would be conferred, though my father and brother, not members of any profession, had been at once appointed magistrates. It is a sting sent deeply into the vitals of every dispensary doctor in Ireland, and the greatest insult ever thrown on him.

Yours, &c.,

A DISPENSARY DOCTOR.

VACCINATION DEFAULT IN IRELAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—On the 1st of April ult. I sent to the board of guardians a list of defaulters under the Vaccination Act containing 120 names. Instead of at once summoning the defaulters the board directed their relieving officer to call on every one of them and request to have the children vaccinated without delay. Whether this was done or not, all I know is that only ten of those defaulters' children were vaccinated within the ensuing four weeks. I have a communication before me this day asking me to send again a new list of the parties with unvaccinated children over three months old. Now I have said this before, and I ask you, am I obliged to supply supplementary lists of defaulters every time the guardians apply for them? Is it a part of my business to do so? I have been under the impression that lists of defaulters were only to be supplied once a quarter. The fact of the matter is that vaccination as carried out in this union is a systematic humbug. There are children from 9 months to 4 years not yet vaccinated, and all this because the guardians will not do their duty and prosecute defaulters instead of sending their relieving officer to beg of them to have their children vaccinated. Moreover, I can hardly get any one to bring back their children on the eighth day for inspection. I supplied a list of those persons to the board, and stated that unless they were summoned I could not carry out efficiently the Vaccination Acts for want of fresh pure lymph. The action of the board was in this instance characteristic, they made an order that I summon the defaulters myself and prosecute them at my own expense, which I need scarcely say I objected to do. When will an inspector of vaccination be appointed in this country? Not I suppose until an epidemic of small-pox brings the Local Government Board to a sense of its duty. An easy and prevalent method of carrying out the Compulsory Vaccination Act is to transfer from the register of births the names of every child in that book into the register of successful vaccination, although the practitioner has never seen a single child. Believe me, Sir, that more than one efficient inspector of vaccination will find plenty of work to correct the abuses to which I refer. The defaulters consist of guardians themselves, their relations and defendants, hence their objection to prosecution. I consider it a very bad mode of doing business to summon defaulters in batches. I once knew a doctor who was witness against some twenty defaulters. On leaving

the Court he was greeted with a storm of hisses, and pursued by a threatening crowd through the town. He will not be in a hurry again to appear as a witness. The remedy for this state of things is: 1st. Let an inspector of vaccination be appointed for each province; 2nd. Let the Local Government Board take prosecutions altogether from the guardians into their own hands. Let the dispensary doctor report to the Local Government Board the name of every child when over three months old and not vaccinated, and let the defaulter be summoned forthwith. Of course the expense of prosecution incurred should come from the Local Government Board and not from the guardians. This is the plan adopted by the Registrar-General and it works well, in fact as Registrar I have very little trouble in doing the business of registration to my satisfaction, but between boards of guardians unwilling to carry out their duties, and screaming mammas unwilling to have their children vaccinated within three months, I am fairly pestered.

A DISPENSARY HACK.

[Our correspondent's suggestion as to the transfer of the vaccination jurisdiction from the guardians to the Local Government Board, is an excellent one, and should meet most of the difficulties of which he complains but there is not a shadow of a chance of the suggestion, being adopted. The Local Government Board neither desire the responsibility, nor would accept the duty, preferring to earn their money easy without troubling themselves with such matters as small-pox epidemics. The guardians also would raise a howl if it were proposed to strip them of any prerogative, no matter how irksome or expensive the performance of the duty might be. We do not believe the statement of our correspondent that "an easy and prevalent method of carrying out the Compulsory Vaccination Act, is to transfer from the register of births the name of every child in that book into the register of successful vaccinations, although the practitioner has not seen a single child of them." To do so would be roguery, well deserving and likely to result in condign punishment. But we fear that a very large percentage of the vaccinations paid for, are altogether unsatisfactory and inefficient because of the most reprehensible carelessness of the Local Government Board and their refusal to allow inspectors to be appointed.—ED.]

IRISH MEDICAL ASSOCIATION.

ANNUAL GENERAL MEETING,

JUNE 2, 1884.

REPORT OF COUNCIL

For the Year ending 31st May, 1884.

(Continued.)

SANITARY PROSECUTIONS.

In the last issued periodical report (p. 305) reference was made to a case in which a medical officer of health claimed a fee for attending at court, by direction of his sanitary authority, and giving his evidence in a case of prosecution under the Public Health Act, which had been heard of Newry Quarter Sessions on the 25th January last.

The case was then adjourned to admit of proof being produced as to the liability of the sanitary authority to

pay the fee claimed. At the adjourned hearing of the case the Local Government Board's order of 11th November, 1878 (under section 258 of the Public Health Act), was brought up to prove that the medical officer of health was entitled to remuneration from the sanitary authority, as he had, at their request, given his evidence in the case.

The "order" referred to is thus worded:—

To the Sanitary Authority of each of the Urban Districts; and to the Sanitary Authority of each of the Rural Districts in Ireland; and to all persons whom it may concern:

WHEREAS, under the "Public Health (Ireland) Act, 1878," Ireland is divided into Urban Sanitary Districts and Rural Sanitary Districts, as described in the said Act, respectively:

And whereas with respect to the appearance of sanitary authorities in legal proceedings it is provided in the said Act as follows:—

Section 257.—"Any sanitary authority may appear before any court, or in any legal proceeding by their clerk, or by any officer or member authorised generally or in respect of any special proceeding by resolution or such authority, and their clerk, or any officer or member so authorised, shall be at liberty to institute and carry on under this Act."

Section 258.—"Every officer of a sanitary authority shall attend and assist in any prosecution instituted by such authority on receipt of an order from such authority so to attend: Provided always, that if a medical officer of the sanitary authority shall so attend and assist, he shall be entitled to remuneration from the sanitary authority at such rate as the Local Government Board shall approve, unless it shall have been agreed that the duty of affording such attendance and assistance shall be included in his salary, or that his whole time shall be occupied in the discharge of the duties of his office; and such payment shall be deemed to be expenses incurred by the sanitary authority under this Act, and may be recovered as part of the costs of the prosecution."

Now therefore, We, the Local Government Board for Ireland, do hereby, in any case falling within the provisions recited, approve of such rate of remuneration, not less than one pound and one shilling, and not exceeding two pounds and two shillings per day or part of a day, and may be fixed by the sanitary authority in each case of legal proceeding as aforesaid.

Sealed with our Seal, this Eleventh day of November, in the Year of our Lord One Thousand Eight Hundred and Seventy-eight.

(Signed,)

A. POWER.

R. M. BELLEW.

CHARLES CROKER KING.

MARLBOROUGH,

I, JOHN WINSTON, DUKE OF MARLBOROUGH, Lord Lieutenant General and General Governor of Ireland, do hereby approve this Order.

By Command of His Grace,
HENRY ROBINSON.

On behalf of the sanitary authority the ingenious argument was put forth that, inasmuch as the Local Government Board's order did not definitely and precisely fix the amount of fee payable in such cases, but gave the sanitary authority power to determine the exact amount of the fee, which was to be not less than one guinea nor more than two guineas for each day or part of a day in each case; and as the sanitary authority had not fixed the exact amount of the fee, and positively declined to do so, the sanitary authority, therefore, was not technically liable to pay the exact amount of fee

claimed. A fee was, no doubt, payable, but whether it was to be one guinea or two guineas, or at what intermediate sum the amount of the fee was to be definitely fixed, appeared to be too difficult a problem to be decided at law, and the judge, accordingly, further adjourned the hearing of the case for the purpose of affording an opportunity to have the necessary steps taken to fix the precise amount of the fee payable.

Your council thereupon informed the Local Government Board of this ludicrous "dead-lock," and requested that whatever steps might be necessary to ensure due respect for their order, and justice to the medical officer of health, not only respecting this but all future cases, shall be taken as early as possible.

THE BRANCH SYSTEM.

In the *Ad Interim* report of 12th of February last, your council stated the steps taken to ascertain the opinions of the members of the Association individually concerning the advisability of forming local branches of the Association throughout the provinces, and also the result of the voting, which was—

In favour of the proposal	38
Against it	206

Adverse majority ...	168
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Only 303 members voted on the question, of whom 57 were doubtful, and two voting papers were spoiled. With an adverse majority of more than 5 to 1, your council consider this question settled in the negative.

MEDICAL MAGISTRATES.

The anxious attention of your council has been directed to the exclusion of dispensary medical officers from the Commission of the Peace in Ireland, which was recently brought under the notice of the House of Commons by Mr. Sexton, M.P., in connection with the case of Dr. Flannery, of Tubbercurry. The council had been aware that a previous Lord Chancellor was stated to have laid down a rule in the year 1872 that dispensary medical officers should not be appointed to the magistracy, but, being also aware that that rule, if it existed, had been departed from subsequently in several instances, they regarded it as abrogated, and, therefore, did not take any step to cause it to be repealed.

When the rule was again enunciated by the Chief Secretary, in reply to Mr. Sexton, M.P., the council thought it necessary to take action, and therefore requested the President to communicate with Mr. Sexton on the subject. The matter was subsequently taken up by Dr. Lyons, M.P., with whom also the President had several communications, and questions were put by him to the Chief Secretary which elicited the fact that the rule in question has no actual existence, that it was the arbitrary decision of a late Lord Chancellor, was in no way binding on his successors, had been broken in numerous instances since his lordship ceased to hold office, and, furthermore, that no similar rule exists in England or elsewhere.

Dr. Lyons, M.P., has given notice that he will call the attention of the House to the subject after the Whitsuntide recess, and the council, in order to strengthen his hands, have prepared a memorial, which is laid on the table to-day, and will be forwarded to each dispensary medical officer for signature as soon as possible. The council, upon inquiry, and upon consideration of the arguments adduced, have not been able to discover any valid reason whatever for the exclusion of dispensary medical officers from the magistracy, and, being aware that the duties have been discharged with perfect propriety, and without the least inconvenience to the public service by those medical officers who have held Her Majesty's commission, they are determined to use every influence to cause this most unnecessary, unwise, and derogatory exclusion to cease.

ROYAL MEDICAL BENEVOLENT FUND FOR IRELAND.

ON Monday, the 2nd inst., the annual meeting of the Royal Medical Benevolent Fund Society of Ireland was held in the College of Physicians, Kildare Street, Dr. WILLIAM MOORE, President of the College, in the chair.

Dr. John William Moore, hon. sec., read the report of the Central Committee, which we shall publish in our next.

Dr. James Little moved the first resolution—"That the report now read, together with the treasurer's financial statement as audited, be received and adopted, and that 1,500 copies of same be printed for circulation." He was surprised to find that they had not a larger meeting, but thought that probably the fact that it was being held in that room had something to do with it, for he had found that their meetings held in the College of Surgeons were always better attended, but perhaps those gentlemen who attended there had matters of greater interest to attract them. As long ago as 1852 he remembered meetings of the Society being held in Sir Patrick Dun's Hospital, when a much larger number of members of the profession attended, but at that time the Society did not rest upon the secure foundation which it did at present; and he fancied that some of their friends thought that the Society's position was one of such security that their countenance was of no importance. He hoped, however, that the idea would not prevail. They required the individual interest of all medical men throughout Ireland. He thought, considering the deplorable state of the country at the present time, that the financial condition of the Society was extremely satisfactory. No class of men, except the unfortunate landlords themselves, had suffered more than the medical men. He observed that the amount of money distributed amongst the medical men was, as compared with the grants to widows and orphans, very small, and he hoped that this was due to the recent legislative measures, which gave medical men the aid which they had a right to expect, and so not render it necessary for them to come to the Society.

Dr. Clarendon seconded the resolution, which was adopted.

Dr. Hemphill moved the second resolution—"That this meeting desires to convey its warmest thanks to the committee and officers of the parent society, as well as those of the provincial and Indian branches, for their hearty zeal in the Society's beneficent work, and also to those of our student brethren who have contributed a tangible proof of their generous sympathy in the cause." He thought it was a privilege to work in aid of such a Society, and he thought that the great success of the Society was due entirely to its officers. Speaking of the provincial branches, as he happened to be a provincial treasurer, he could not but express his sorrow, and regret, and shame that he had had to send such a small sum from the great county of Tipperary, and he also felt ashamed to ask influential patients to subscribe to the Society, when out of nearly one hundred medical men in the county he had hardly ten on his list of subscribers, and he believed that in the northern portion of the county very few sent their names in at all. With respect to the Indian branches, the increase of the subscriptions was certainly a very great cause for congratulation, as was also the hearty co-operation of the members of the Army Medical Department there. The support accorded by the students was also a pleasing feature. They were young men who had plenty to do with what money they had, and he thought the Society should feel very grateful to them for their contributions.

Dr. Barton seconded the resolution. He considered that the officers of the society were deserving of their warmest thanks. There were many difficulties, dis-

couragements perhaps, in collecting the funds, but it was very encouraging to see their distant friends and their students taking up the matters, and they had great matter for congratulation in the past as well as hope for the future. He thought the society deserved their highest approval, not only for the positive good and aid which it gave to those who required it owing to adverse fortune, but directly and distinctly, because it aided in maintaining a proper professional tone in their body. They had heard a great deal about medical legislation, and by many of their English brethren it was supposed that the Medical Bill at present before Parliament would be the means of benefiting the profession; but, looking at it from an Irish stand-point, no good would arise from it, but rather injury; and he believed that all the medical legislation which had taken place had tended to lower their profession rather than otherwise, and he held that it was the duty of the more successful members to assist in maintaining the proper position of their poorer brethren. He thought the executive of those who took part in the work in the country were deserving of the warmest thanks, and the Society, and it was to the co-operation of the medical men in the country to whom they to strengthen the Society in the future.

The resolution was then put to the meeting, and passed unanimously.

Dr. Moloney (Tulla) proposed the third resolution—"That the committee feel it their duty to urge strongly upon the profession that even a moderate annual contribution to this fund would enable them to assist more adequately our necessitous brethren and their families." He believed that the Society had certainly had a fair share of success in the past, but this success was owing to the generosity of a small number of the members of the profession. The resolution was one which should commend itself to all, and he hoped every member of their body in Ireland would act upon it.

Dr. Grimshaw (Registrar-General) said he found that there were 2,500 medical men in Ireland, and Dr. Benson had informed him that the Society had only 500 subscribers, about one-fifth of the entire number. If every one of the 2,000 non-subscribers would subscribe 2s. it would amount to a considerable sum of money, and it was to the annual subscribers that they should look to support the Society rather than to the accumulation of funds.

Dr. Kenny suggested that Dr. Grimshaw's observations should be printed on slips, and copies forwarded to the 2,000 non-subscribers.

Dr. Finny expressed his approval of this scheme.

Dr. Edward Hamilton proposed the election of officers and committee for the ensuing year, and referred in feeling terms to the sudden death of Dr. James Stannus Hughes, of whom he said it was not his place to speak of his merits, but he could say that as a professional gentleman Dr. Hughes was quiet, gentle and courteous, and beloved by all with whom he came in contact. (Hear, hear.)

Dr. Kinkead seconded the resolution, which was adopted.

Dr. Henry King proposed the fifth resolution, "That this meeting thankfully acknowledges the support which our Society has always received from the Press, and confidently relies on a continuance of the same."

Dr. J. Bellew Kelly seconded, and the resolution was passed.

On the motion of Dr. Wharton.

The second chair was taken by Dr. Corley, Vice-President Royal College of Surgeons.

Dr. Wharton then proposed a vote of thanks to the chairman, which was seconded by Dr. Darby, and passed with acclamation.

Dr. Moore having briefly responded,

The proceedings terminated.

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Dr. Kenny suggested that Dr. Grimshaw's observations should be printed on slips, and copies forwarded to the 2,000 non-subscribers.

Dr. Finny expressed his approval of this scheme.

Dr. Edward Hamilton proposed the election of officers and committee for the ensuing year, and referred in feeling terms to the sudden death of Dr. James Stannus Hughes, of whom he said it was not his place to speak of his merits, but he could say that as a professional gentleman Dr. Hughes was quiet, gentle and courteous, and beloved by all with whom he came in contact. (Hear, hear.)

Dr. Kinkead seconded the resolution, which was adopted.

Dr. Henry King proposed the fifth resolution, "That this meeting thankfully acknowledges the support which our Society has always received from the Press, and confidently relies on a continuance of the same."

Dr. J. Bellew Kelly seconded, and the resolution was passed.

On the motion of Dr. ...
The second chair ...
President Royal ...
Dr. Wharton ...
chairman, ...
passed with ...
Dr. M ...
The ...

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